

Return of Organization Exempt From Income Tax

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

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.**A For the 2021 calendar year, or tax year beginning and ending****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

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

325 WAUKEGAN ROAD

City or town, state or province, country, and ZIP or foreign postal code

NORTHFIELD, IL 60093

F Name and address of principal officer:

STEPHEN MYERS

SAME AS C ABOVE

D Employer identification number

36-2118323

E Telephone number

(847) 832-7000

G Gross receipts \$ 266,305,502.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

I Tax-exempt status: ☐ 501(c)(3) ☒ 501(c)(6) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.CAP.ORG**H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ 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 20
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 16
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5 789
	6	Total number of volunteers (estimate if necessary)	6 10,600
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 5,757,210.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 960,725.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 519,172. Current Year 269,962.
	9	Program service revenue (Part VIII, line 2g)	236,597,425. 251,304,338.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,965,170. 6,884,208.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	347,768. 152,392.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	239,429,535. 258,610,900.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	NONE NONE
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	98,383,648. 102,739,797.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	NONE NONE
b		Total fundraising expenses (Part IX, column (D), line 25) ▶	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	121,511,222. 134,390,182.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	220,197,970. 237,432,908.
19		Revenue less expenses. Subtract line 18 from line 12	19,231,565. 21,177,992.
Net Assets or Fund Balances		20	Total assets (Part X, line 16)
	21	Total liabilities (Part X, line 26)	215,627,876. 231,329,036.
	22	Net assets or fund balances. Subtract line 21 from line 20.	101,303,894. 130,579,236.

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

11/9/22



Stephen Myers

CEO

Type or print name and title

Paid**Preparer Use Only**

Print/Type preparer's name

JESS WAGENER

Preparer's signature

Date

Check ☐ if self-employed

PTIN

P01622613

Firm's name ▶ ERNST & YOUNG U.S. LLP

Firm's EIN ▶ 34-6565596

Firm's address ▶ 155 N. WACKER DRIVE CHICAGO, IL 60606

Phone no. 312-879-2000

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ ☒ **X****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 \$ NONE including grants of \$ NONE) (Revenue \$ NONE)
SEE SCHEDULE O

4b (Code:) (Expenses \$ NONE including grants of \$ NONE) (Revenue \$ NONE)
SEE SCHEDULE O

4c (Code:) (Expenses \$ NONE including grants of \$ NONE) (Revenue \$ NONE)
SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ☐ NONE

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.		X
2 Is the organization required to complete Schedule B, Schedule of Contributors? 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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II.		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.	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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II.		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		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? If "Yes," complete Schedule D, Part IV.		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V.		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? If "Yes," complete Schedule D, Part VI.	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? If "Yes," complete Schedule D, Part VII.	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? If "Yes," complete Schedule D, Part VIII.		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? If "Yes," complete Schedule D, Part IX.		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	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)? If "Yes," complete Schedule D, Part X.		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		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? If "Yes," complete Schedule F, Parts I and IV.	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? If "Yes," complete Schedule F, Parts II and IV.		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? If "Yes," complete Schedule F, Parts III and IV.		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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II.		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.		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? If "Yes," complete Schedule I, Parts I and II.	X	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	208	
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.	NONE	
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 789		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a X	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b X	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders 11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see the instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	
If "Yes," complete Form 6069.		

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**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 20 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent. 1b 16		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2 X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6 X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9	X

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

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

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
 YAROSLAVNA ZOLOTUKHINA 325 WAUKEGAN ROAD NORTHFIELD, IL 60093
 847-832-7324

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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 NONE			X				885,240.	NONE	60,553.
(2) PAMELA MIX VP, HR & GOVERNANCE	40.00 NONE				X			427,573.	NONE	57,181.
(3) MARY DE SOUSA SVP, SALES AND MARKETING	40.00 NONE				X			387,511.	NONE	54,465.
(4) JOHN SCOTT VP, ADVOCACY & POLICY	40.00 NONE				X			394,563.	NONE	46,773.
(5) DEREK WAGNER VP, INTERNATIONAL MARKET & DEV	40.00 NONE					X		371,319.	NONE	64,919.
(6) GREGORY GLEASON CHIEF INFORMATION OFFICER & VP	40.00 NONE				X			387,574.	NONE	46,923.
(7) WILLIAM GROSKOPF VP, LIP	40.00 NONE				X			348,870.	NONE	62,398.
(8) ANN NEUMANN VP, CAP LEARNING	40.00 NONE				X			337,775.	NONE	67,170.
(9) MARY ANN BARTLETT VP, FINANCE	40.00 NONE			X				344,120.	NONE	58,774.
(10) MARY KATHERINE KRAUSE VP, COMMUNICATIONS	40.00 NONE					X		326,749.	NONE	62,314.
(11) PAMELA WRIGHT SR. DIR ECONOMIC & REG AFFAIRS	40.00 NONE					X		328,766.	NONE	54,245.
(12) JENNIFER DAHMM VP, OPERATTIONS/SHARED SVCS	40.00 NONE				X			305,531.	NONE	58,075.
(13) MICHAEL GIULIANI SR. DIR LEGISLATION & POLIT.	40.00 NONE					X		303,131.	NONE	59,989.
(14) STEPHANIE PEDITTO SR. DIR QUALITY	40.00 NONE					X		314,636.	NONE	28,570.

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) GEORGE FIEDLER SR. VP, CAPABILITY & SPECIALTY	40.00 NONE				X			286,157.	NONE	36,097.
(16) GEOFFREY JAROCH VP, MEMBERSHIP & PROF DEVELOPM	40.00 NONE				X			279,151.	NONE	39,461.
(17) PATRICK E. GODBEY, MD, FCAP IMMEDIATE PAST PRESIDENT	30.00 NONE	X						157,735.	NONE	NONE
(18) EMILY E. VOLK, MD, MBA, FCAP PRESIDENT (START 9/25)	20.00 NONE	X		X				66,615.	NONE	NONE
(19) RICHARD R. GOMEZ, MD, FCAP SECRETARY-TREASURER (TRM 9/25)	16.00 NONE	X						48,026.	NONE	NONE
(20) ALFRED W. CAMPBELL, MD, MBA, SECRETARY-TREASURER	12.00 NONE	X		X				27,866.	NONE	NONE
(21) DONALD S. KARCHER, MD, FCAP PRESIDENT-ELECT	20.00 NONE	X		X				16,728.	NONE	NONE
(22) ERIC F. GLASSY, MD, FCAP GOVERNOR	12.00 NONE	X						8,036.	NONE	NONE
(23) QIHUI "JIM" ZHAI, MD, FCAP GOVERNOR	12.00 NONE	X						3,611.	NONE	NONE
(24) JONATHAN L. MYLES, MD, FCAP GOVERNOR	12.00 NONE	X						3,069.	NONE	NONE
(25) MONICA E. DE BACA, MD, FCAP GOVERNOR	12.00 NONE	X						2,242.	NONE	NONE
1b Sub-total								6,362,594.	NONE	857,907.
c Total from continuation sheets to Part VII, Section A								13,768.	NONE	NONE
d Total (add lines 1b and 1c)								6,376,362.	NONE	857,907.

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 ► 378

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
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? If "Yes," complete Schedule J for such individual		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

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			
(26) KALISHA ASHARA HILL, MD, FCAP GOVERNOR	12.00 NONE	X						2,129.	NONE	NONE
(27) RICHARD M. SCANLAN, MD, FCAP GOVERNOR	12.00 NONE	X						1,924.	NONE	NONE
(28) RAOUF E. NAKHLEH, MD, FCAP GOVERNOR (TERM 9/25)	12.00 NONE	X						1,393.	NONE	NONE
(29) ASSAD JOE SAAD, MD, FCAP GOVERNOR	12.00 NONE	X						1,348.	NONE	NONE
(30) C. LEILANI VALDES, MD, FCAP GOVERNOR (START 9/25)	12.00 NONE	X						1,151.	NONE	NONE
(31) BOBBI S. PRITT, MD, PHD, FCAP GOVERNOR	12.00 NONE	X						974.	NONE	NONE
(32) SANG WU, MD, FCAP VICE SPEAKER, HOD	8.00 NONE	X						921.	NONE	NONE
(33) BRADLEY S. KARON, MD, PHD, FC GOVERNOR	12.00 NONE	X						900.	NONE	NONE
(34) REBECCA L. JOHNSON, MD, FCAP GOVERNOR (START 9/25)	12.00 NONE	X						825.	NONE	NONE
(35) GUILLERMO MARTINEZ-TORRES, MD GOVERNOR (START 9/25)	12.00 NONE	X						771.	NONE	NONE
(36) NANCY A. YOUNG, MD, FCAP GOVERNOR (TERM 9/25)	12.00 NONE	X						639.	NONE	NONE
1b Sub-total										
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 ►

	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>		
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>		
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>		

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 RevenueCheck 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	269,962.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	NONE			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		269,962.			
	Program Service Revenue				Business Code		
2a		LABORATORY IMPROVEMENT PROGRAM	541990	182,336,178.	182,336,178.		
b		ACCREDITATION REVENUE	541990	53,427,632.	53,427,632.		
c		TERMINOLOGY	541990	2,954,777.	2,954,777.		
d		MEMBERSHIP DUES	541990	3,677,136.	3,677,136.		
e		PERIODICAL & PUBLISHED MATERIAL	511120	6,181,462.	586,714.	5,594,748.	
f		All other program service revenue		2,727,153.	2,727,153.		
g		Total. Add lines 2a-2f		251,304,338.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		5,165,822.		162,462.	5,003,360.
	4	Income from investment of tax-exempt bond proceeds .		NONE			
	5	Royalties		NONE			
	6a	Gross rents	(i) Real	(ii) Personal			
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c	NONE	NONE		
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses . .	7b	9,412,988.	7,694,602.		
	c	Gain or (loss)	7c	1,718,386.			
	d	Net gain or (loss)		1,718,386.			1,718,386.
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
b	Less: direct expenses	8b	NONE	NONE			
c	Net income or (loss) from fundraising events		NONE				
9a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses	9b	NONE	NONE			
c	Net income or (loss) from gaming activities		NONE				
10a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold	10b	NONE	NONE			
c	Net income or (loss) from sales of inventory		NONE				
Miscellaneous Revenue				Business Code			
	11a	ACCREDITATION CHECKLIST REVENUE	541990	92,700.	92,700.		
	b	CAP TODAY & ARCHIVES MISC REVENUE	541990	31,011.	31,011.		
	c	IMQIS JOINT VENTURE INCOME	541990	15,479.	15,479.		
	d	All other revenue	541990	13,202.	13,202.		
e	Total. Add lines 11a-11d			152,392.			
12	Total revenue. See instructions			258,610,900.	245,861,982.	5,757,210.	6,721,746.

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	302,929.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	4,731,758.			
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	77,898,976.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,726,521.			
9 Other employee benefits	7,743,543.			
10 Payroll taxes	5,638,999.			
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	345,759.			
c Accounting	396,432.			
d Lobbying	76,203.			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	337,883.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	19,750,232.			
12 Advertising and promotion	158,320.			
13 Office expenses	3,532,052.			
14 Information technology	10,118,156.			
15 Royalties	NONE			
16 Occupancy	2,098,153.			
17 Travel	8,560,847.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	2,267,417.			
20 Interest	155,159.			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	8,883,987.			
23 Insurance	NONE			
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a COST OF MATERIALS	70,340,635.			
b PRINTING	2,227,609.			
c POSTAGE	2,082,824.			
d EQUIPMENT RENTAL & MAINT.	806,806.			
e All other expenses	2,251,708.			
25 Total functional expenses. Add lines 1 through 24e	237,432,908.			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck 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	160.	1	1,922,039.
	2 Savings and temporary cash investments.	45,630,447.	2	58,139,764.
	3 Pledges and grants receivable, net	NONE	3	NONE
	4 Accounts receivable, net	102,418,031.	4	108,097,180.
	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	NONE	5	NONE
	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).	NONE	6	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	251,816.	8	215,073.
	9 Prepaid expenses and deferred charges	8,922,896.	9	8,000,313.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 149,011,888.		
	b Less: accumulated depreciation.	10b 115,594,375.		
	11 Investments - publicly traded securities.	31,734,048.	10c	33,417,513.
	12 Investments - other securities. See Part IV, line 11.	79,498,375.	11	96,486,992.
	13 Investments - program-related. See Part IV, line 11.	33,043,382.	12	49,968,245.
	14 Intangible assets	NONE	13	NONE
	15 Other assets. See Part IV, line 11	NONE	14	NONE
16 Total assets. Add lines 1 through 15 (must equal line 33)	15,432,615.	15	5,661,153.	
17 Accounts payable and accrued expenses.	316,931,770.	16	361,908,272.	
Liabilities	18 Grants payable	34,522,950.	17	38,972,973.
	19 Deferred revenue	NONE	18	NONE
	20 Tax-exempt bond liabilities	172,649,759.	19	184,661,620.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	20	NONE
	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	NONE	21	NONE
	23 Secured mortgages and notes payable to unrelated third parties	2,997,508.	22	NONE
	24 Unsecured notes and loans payable to unrelated third parties.	NONE	23	2,113,039.
	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	NONE	24	NONE
	26 Total liabilities. Add lines 17 through 25.	5,457,659.	25	5,581,404.
	27 Net assets without donor restrictions.	215,627,876.	26	231,329,036.
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.			
	28 Net assets with donor restrictions.	101,303,894.	27	130,579,236.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.	NONE	28	NONE
	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	101,303,894.	32	130,579,236.
33 Total liabilities and net assets/fund balances.	316,931,770.	33	361,908,272.	

Part XI Reconciliation of Net AssetsCheck 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	258,610,900.
2	Total expenses (must equal Part IX, column (A), line 25)	2	237,432,908.
3	Revenue less expenses. Subtract line 2 from line 1	3	21,177,992.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	101,303,894.
5	Net unrealized gains (losses) on investments	5	9,538,961.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O).	9	-1,441,611.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	130,579,236.

Part XII Financial Statements and ReportingCheck 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 on 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		

Form **990** (2021)

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

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

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

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

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

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

Name of organization	Employer identification number
COLLEGE OF AMERICAN PATHOLOGISTS	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 ▶ \$ 2,500.
- 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	NONE	200,834.
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990) 2021

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"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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) 2018	(b) 2019	(c) 2020	(d) 2021	(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					

Schedule C (Form 990) 2021

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	3,673,066.
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	485,300.
b Carryover from last year.	2b	-1,075,985.
c Total	2c	-590,685.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	3	1,285,573.
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	-1,876,258.

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.

Part IV **Supplemental Information** *(continued)*

SCHEDULE C, PART I-A, LINE 1, POLITICAL CAMPAIGN ACTIVITIES

THE COLLEGE OF AMERICAN PATHOLOGISTS TYPICALLY MAKES POLITICAL
CONTRIBUTIONS IN SUPPORT OF INDIVIDUALS RUNNING FOR VARIOUS ELECTED
OFFICES IN AMOUNTS RANGING FROM \$250-\$750.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

COLLEGE OF AMERICAN PATHOLOGISTS

Employer identification number

36-2118323

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

Part II Conservation Easements.

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

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule D (Form 990) 2021

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 **d** ☐ Loan or exchange program
- b** ☐ Scholarly research **e** ☐ Other _____
- c** ☐ Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ **Yes** ☐ **No**

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

- | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ _____ %
- b** Permanent endowment ▶ _____ %
- c** Term endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,045,725.		4,045,725.
b Buildings		28,889,197.	20,931,187.	7,958,010.
c Leasehold improvements				
d Equipment		2,537,490.	1,616,801.	920,689.
e Other		113,539,476.	93,046,387.	20,493,089.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				33,417,513.

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	49,968,245.	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	49,968,245.	

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	5,070,408.
(3) DEFERRED RENT DC	479,912.
(4) LIFE FELLOWSHIP	31,084.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	5,581,404.

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	267,641,340.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	9,538,961.
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	9,538,961.
3	Subtract line 2e from line 1	3	258,102,379.
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	493,042.
b	Other (Describe in Part XIII.)	4b	15,479.
c	Add lines 4a and 4b	4c	508,521.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	258,610,900.

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	236,939,866.
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	236,939,866.
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	493,042.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	493,042.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	237,432,908.

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.

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information *(continued)*

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 \$15,479

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Statement of Activities Outside the United States

► 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.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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	NONE	NONE	PROGRAM SERVICES	SEE PART V	46,637.
(2) NORTH AMERICA	NONE	NONE	PROGRAM SERVICES	SEE PART V	1,097.
(3) EUROPE	NONE	NONE	PROGRAM SERVICES	SEE PART V	38,870.
(4) MIDDLE EAST AND NORTH AFRICA	NONE	NONE	PROGRAM SERVICES	SEE PART V	74,093.
(5) SOUTH AMERICA	NONE	NONE	PROGRAM SERVICES	SEE PART V	7,705.
(6) SUB-SAHARAN AFRICA	NONE	NONE	PROGRAM SERVICES	SEE PART V	22,170.
(7) CENTRAL AMERICA/CARIBBEAN	NONE	NONE	PROGRAM SERVICES	SEE PART V	7,541.
(8) RUSSIA/INDEPENDENT STATES	NONE	NONE	PROGRAM SERVICES	SEE PART V	4,885.
(9) CENTRAL AMERICA/CARIBBEAN	NONE	NONE	INVESTMENTS	N/A	19,619,187.
(10) EUROPE	NONE	NONE	INVESTMENTS	N/A	515,901.
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	NONE	NONE			20,338,086.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	NONE	NONE			20,338,086.

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

Schedule F (Form 990) 2021

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**

Schedule F (Form 990) 2021

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)**

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

COLLEGE OF AMERICAN PATHOLOGISTS

Employer identification number

36-2118323

Part I General Information on Grants and Assistance

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

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

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.	NONE			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 NONE

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

Schedule I (Form 990) 2021

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.

SCHEDULE I, PART I, LINE 2

THE CAP PROVIDES GRANTS AND ASSISTANCE TO ORGANIZATIONS THAT ARE
RECOGNIZED PUBLIC CHARITIES ASSOCIATED WITH SCIENCE AND MEDICINE. THE CAP
MONITORS GRANTS BY ACTIVE PARTICIPATION IN, AND ATTENDANCE AT, MEETINGS
OF THE GRANTEEES.

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.

SCHEDULE I, PART II, COLUMN (H), LINE 1

THE CAP FOUNDATION CONTRIBUTION IS AN OPERATING GRANT TO COVER THE

ORGANIZATION'S OPERATING AND FUNDRAISING EXPENDITURES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2021

**Open to Public
Inspection**

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 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) 2021

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 and/or 1099-NEC 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				
STEPHEN MYERS 1 CEO	(i)	631,769.	248,830.	4,641.	29,000.	31,553.	945,793.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
GEORGE FIEDLER 2 SR. VP, CAPABILITY &	(i)	209,375.	75,472.	1,310.	21,342.	14,755.	322,254.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
PAMELA MIX 3 VP, HR & GOVERNANCE	(i)	348,546.	77,464.	1,563.	29,000.	28,181.	484,754.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JOHN SCOTT 4 VP, ADVOCACY & POLICY	(i)	321,724.	70,475.	2,364.	29,000.	17,773.	441,336.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
GREGORY GLEASON 5 CHIEF INFORMATION OFF	(i)	315,302.	69,294.	2,978.	29,000.	17,923.	434,497.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
WILLIAM GROSKOPF 6 VP, LIP	(i)	284,277.	63,483.	1,110.	29,000.	33,398.	411,268.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MARY ANN BARTLETT 7 VP, FINANCE	(i)	285,040.	56,954.	2,126.	29,000.	29,774.	402,894.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANN NEUMANN 8 VP, CAP LEARNING	(i)	276,100.	60,450.	1,225.	29,000.	38,170.	404,945.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MARY KATHERINE KRAUSE 9 VP, COMMUNICATIONS	(i)	264,793.	61,341.	615.	27,667.	34,647.	389,063.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
PAMELA WRIGHT 10 SR. DIR ECONOMIC & RE	(i)	279,833.	47,047.	1,886.	28,782.	25,463.	383,011.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DEREK WAGNER 11 VP, INTERNATIONAL MAR	(i)	280,940.	88,481.	1,898.	29,000.	35,919.	436,238.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
PATRICK E. GODBEY, MD, 12 IMMEDIATE PAST PRESID	(i)	NONE	NONE	157,735.	NONE	NONE	157,735.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JENNIFER DAHMM 13 VP, OPERATTIONS/SHARE	(i)	248,440.	54,829.	2,262.	25,827.	32,248.	363,606.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
STEPHANIE PEDITTO 14 SR. DIR QUALITY	(i)	268,764.	44,757.	1,115.	26,976.	1,594.	343,206.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MARY DE SOUSA 15 SVP, SALES AND MARKET	(i)	324,752.	61,308.	1,451.	23,607.	30,858.	441,976.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MICHAEL GIULIANI 16 SR. DIR LEGISLATION &	(i)	256,157.	45,831.	1,143.	26,803.	33,186.	363,120.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE

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 and/or 1099-NEC 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				
GEOFFREY JAROCK	(i)	228,641.	48,592.	1,918.	23,362.	16,099.	318,612.	NONE
1 VP, MEMBERSHIP & PROF	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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

FIRST-CLASS OR CHARTER TRAVEL:

FIRST-CLASS TRAVEL IS PROVIDED TO THE CAP BOARD PRESIDENT.

TRAVEL FOR COMPANIONS:

THE CAP PROVIDES TRAVEL FOR COMPANIONS TO BOARD MEMBERS TRAVELING ON CAP BUSINESS. THE CAP ALSO PROVIDES COMPANION TRAVEL TO EXECUTIVE STAFF TRAVELING TO BOARD OF GOVERNORS' MEETINGS. COMPANION TRAVEL IS TREATED AS TAXABLE COMPENSATION TO THE BOARD MEMBERS AND EXECUTIVE STAFF.

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

BONUS AND INCENTIVE COMPENSATION: INCLUDES INCENTIVE EARNED IN 2020 AND PAID IN 2021.

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 (C)

DEFERRED COMPENSATION: INCLUDES PENSION, AND 401K MATCH EARNED IN 2021.

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 ½ 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 ½ 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

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

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**Open to Public
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Employer identification number

COLLEGE OF AMERICAN PATHOLOGISTS

36-2118323

FORM 990, PART VI, LINE 2 - BUSINESS RELATIONSHIPS

STEPHEN MYERS AND GEORGE FIEDLER HAVE A BUSINESS RELATIONSHIP.

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.

INACTIVE FELLOW: A FELLOW WHO DOES NOT QUALIFY FOR EMERITUS STANDING BUT

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Department of the Treasury
Internal Revenue Service
Name of the organization

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WHO HAS RETIRED FROM PATHOLOGY FOR REASONS ACCEPTABLE TO THE BOARD OF
GOVERNORS, UPON APPLICATION MAY BE GRANTED INACTIVE STANDING.

JUNIOR MEMBER: PHYSICIANS OF GOOD MORAL CHARACTER SHALL BE ELIGIBLE IF
THEY ARE ACTIVELY ENROLLED IN, OR HAVE COMPLETED, A FORMAL TRAINING
PROGRAM IN PATHOLOGY TOWARDS THE QUALIFICATIONS OF THE AMERICAN BOARD OF
PATHOLOGY, THE ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA, OR THE
AMERICAN OSTEOPATHIC BOARD OF PATHOLOGY.

INTERNATIONAL FELLOW: PHYSICIANS RESIDING OUTSIDE OF THE UNITED STATES
AND CANADA WHO SPEND AT LEAST FIFTY PERCENT OF THEIR PROFESSIONAL TIME
PRACTICING PATHOLOGY, AND WHO HAVE TAKEN AND PASSED THEIR COUNTRY'S
CERTIFYING PATHOLOGY EXAM (IF THERE IS ONE ESTABLISHED), SHALL BE
ELIGIBLE TO BE INTERNATIONAL FELLOWS.

AFFILIATE MEMBER: QUALIFIED PHYSICIANS WHO ARE CERTIFIED IN PATHOLOGY IN
A FOREIGN COUNTRY BY AN INTERNATIONALLY RECOGNIZED CERTIFYING BODY,
AND/OR WHOSE MAJOR PRACTICE IN A FOREIGN COUNTRY IS DEVOTED TO PATHOLOGY,
SHALL BE ELIGIBLE TO BE AFFILIATE MEMBERS.

EMERITUS FELLOW, EMERITUS INTERNATIONAL FELLOW, AND EMERITUS AFFILIATE
MEMBER: UPON APPLICATION TO THE BOARD OF GOVERNORS, FELLOWS,
INTERNATIONAL FELLOWS, OR AFFILIATE MEMBERS WHO HAVE ATTAINED THE AGE OF
70 MAY BE GRANTED EMERITUS STANDING. FELLOWS, INTERNATIONAL FELLOWS, OR
AFFILIATE MEMBERS WHO HAVE ATTAINED THE AGE OF 65 OR SUCH AGE AS

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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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
ELECTIVE OFFICE. THEY MAY BE APPOINTED TO PARTICIPATE IN COMMITTEES
ELECTRONICALLY.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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► Attach to Form 990 or 990-EZ.

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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-OFICIO BOARD MEMBERS ARE REQUIRED ANNUALLY
TO SIGN A PLEDGE OF DUTY AND COMPLETE A COMPREHENSIVE CONFLICTS OF
INTEREST DISCLOSURE FORM COVERING A NUMBER OF AREAS OF POTENTIAL
CONFLICT. A DISCLOSURE REPORT IS THEN COMPILED FROM THE RETURNED
INFORMATION AND DISTRIBUTED TO THE ENTIRE BOARD FOR DISCUSSION AT ITS
FIRST MEETING OF THE YEAR. A PLAN OF REMEDIATION (I.E. RECUSAL FROM VOTE

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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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
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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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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.

FORM 990, PART VII, SECTION A - COMPENSATION OF BOG

THE REPORTABLE COMPENSATION FOR THE BOARD OF GOVERNORS (BOG) CONSISTS OF
COMPANION TRAVEL, PER DIEMS FOR BUSINESS TRAVEL, AND ROYALTIES AS
REASONABLE EXPENSE REIMBURSEMENTS AND/OR COMPENSATION FOR SERVICES
PROVIDED IN THE CAPACITY AS A MEMBER OF THE GOVERNING BODY AND THUS SUCH

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
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BOG ARE NOT CONSIDERED TO LACK INDEPENDENCE.

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

IMQIS PROFIT NOT RECORDED IN BOOKS: (\$ 15,479)

NON-OPERATING LAP BACKLOG EXPENSE (\$1,426,132)

TOTAL OTHER CHANGES IN NET ASSETS: (\$1,441,611)

Name of the organization

COLLEGE OF AMERICAN PATHOLOGISTS

Employer identification number

36-2118323

FORM 990, PART III - PROGRAM SERVICE

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LINE 4A, PROGRAM SERVICE

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.

LINE 4B, PROGRAM SERVICE

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

LINE 4C, PROGRAM SERVICE

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

Name of the organization

Employer identification number

COLLEGE OF AMERICAN PATHOLOGISTS

36-2118323

FORM 990, PART III - PROGRAM SERVICE

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

Name of the organization

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36-2118323

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
<p>INFOSYS LIMITED ELECTRONICS CITY, HOSUR ROAD BANGALORE KAMATAKA INDIA 56010</p>	IT CONSULTING	7,086,612.
<p>SIRIUS COMPUTER SOLUTIONS INC PO BOX 202289 DALLAS, TX 75320-2289</p>	IT CONSULTING	2,701,843.
<p>WEST MONROE PARTNERS LLC 222 WEST ADAMS CHICAGO, IL 60606</p>	IT CONSULTING	2,516,250.
<p>MIDLAND BUSINESS SYSTEMS INC DBA NVISIA 200 S WACKER DRIVE, SUITE 3600 CHICAGO, IL 60606</p>	IT CONSULTING	1,895,930.
<p>APPLICATIONS SOFTWARE TECHNOLOGY 4243 COMMERCE COURT, #701 LISLE, IL 60532</p>	IT CONSULTING	1,715,838.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► 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.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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 36-6134600 325 WAUKEGAN ROAD NORTHFIELD, IL 60093	CHARITABLE	IL	501 (C) (3)	7	CAP		X
(2) CAP POLITICAL ACTION COMMITTEE 52-1789874 1001 G STREET NW, STE 425 WEST WASHINGTON, DC 20001	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) 2021

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	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	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	737,097.	COST
(3) CAP-POLITICAL ACTION COMMITEE	L	200,834.	CASH
(4) CAP-POLITICAL ACTION COMMITEE	O	225,971.	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)													