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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2008 calendar year, or tax year beginning , 2008, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions	C Name of organization AMERICAN PSYCHOLOGICAL ASSOCIATION, I		D Employer identification number 54-1572590
		Doing Business As		E Telephone number (202) 336-5500
		Number and street (or P O box if mail is not delivered to street address) Room/suite 750 FIRST STREET, NE		G Gross receipts \$ 5,875,140.
		City or town, state or country, and ZIP + 4 WASHINGTON, DC 20002		H(a) Is this a group return for affiliates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions)
F Name and address of principal officer		H(c) Group exemption number 3263		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: WWW.APA.ORG				
K Type of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation		M State of legal domicile

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities SEE SCHEDULE O.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	660
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	660
	5	Total number of employees (Part V, line 2a)	5	NONE
	6	Total number of volunteers (estimate if necessary)	6	
	Revenue	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a
7b		Net unrelated business taxable income from Form 990-T, line 34	7b	
8		Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year
9		Program service revenue (Part VIII, line 2g)	2,587,343.	2,663,809.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,509,651.	826,609.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	401,807.	318,000.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	442,279.	2,066,722.
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,941,080.	5,875,140.
14		Benefits paid to or for members (Part IX, column (A), line 4)	53,800.	97,666.
Expenses		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		52,493.
	16b	Total fundraising expenses, Part IX, column (D), line 25		NONE
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	13,590.	
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,100,572.	4,469,362.
Net Assets or Fund Balances	19	Revenue less expenses Subtract line 18 from line 12	4,154,372.	4,619,521.
	20	Total assets (Part X, line 16)	786,708.	1,255,619.
	21	Total liabilities (Part X, line 26)	Beginning of Year	End of Year
	22	Net assets or fund balances Subtract line 21 from line 20.	12,346,616.	12,415,289.
		2,013,518.	1,619,608.	
		10,333,098.	10,795,681.	

Part II Signature Block

Sign Here	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	
	Signature of officer Archie L. Turner	Date 11-16-09
Paid Preparer's Use Only	Preparer's signature [Signature]	
	Firm's name (or yours if self-employed), address, and ZIP + 4 CBIZ MHM, LLC 3 BETHESDA METRO CENTER, SUITE 600 BETHESDA, MD 20814	Preparer's identifying number (see instructions) EIN 34-1862269 Phone no 301-951-3636

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

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Part III Statement of Program Service Accomplishments (see instructions)**1** Briefly describe the organization's mission:SEE SCHEDULE O.**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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 202,066. including grants of \$ _____) (Revenue \$ _____)DIVISION 39-CONFERENCES INCLUDING APA CONVENTION AND ANNUAL SPRING MEETING. MEMBERS COME TOGETHER TO SHARE KNOWLEDGE AND DISSEMINATE INFORMATION**4b** (Code _____) (Expenses \$ 142,591. including grants of \$ _____) (Revenue \$ _____)DIVISION 12-PUBLICATIONS AND COMMUNICATIONS WITH MEMBERS, INCLUDING JOURNALS AND NEWSLETTERS IN FURTHERANCE OF THE EVOLUTION AND DEVELOPMENT OF CLINICAL PSYCHOLOGY**4c** (Code _____) (Expenses \$ 135,349. including grants of \$ _____) (Revenue \$ _____)DIVISION 39-JOURNALS, NEWSLETTERS AND ABSTRACTS FOR THE PURPOSE OF DISSEMINATION OF SCIENTIFIC AND SCHOLARLY WRITING**4d** Other program services (Describe in Schedule O)(Expenses \$ 1,745,709. including grants of \$ _____) (Revenue \$ _____)**4e** Total program service expenses ► \$ 2,225,715. (Must equal Part IX, Line 25, column (B))

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	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 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	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4 X	
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	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	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11 X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the U S ?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly-compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	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>	36	X
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>	37	X

Form **990** (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a 38	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b NONE	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
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 NONE	
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 this return (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in 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 the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
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 question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Did the organization solicit any contributions that were not tax deductible?	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	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	X
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	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the 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	

Form 990 (2008)

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	1a	660
b	Enter the number of voting members that are independent	1b	660
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 or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organizations 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
9a	Does the organization have local chapters, branches, or affiliates?	9a	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	X
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13	Does the organization have a written whistleblower policy?	13	X
14	Does 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	
b	Other officers or key employees of the organization?	15b	
Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► APA FINANCIAL SERVICE OFFICE, 750 FIRST STREET, NE WASHINGTON, DC 20002
202-336-5818

(A)

Name and title

(B)
Average
hours per
week

(C)				
Position (check all that apply)				
Former				
Highest compensated employee				
Key employee				
Officer				
Institutional trustee				
Individual trustee or director				

(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

1b Total	NONE	NONE	NONE
----------	------	------	------

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► NONE

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

	Yes	No
3		X
4		
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization 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

(A)
Name and business address

(B)
Description of services

(C)
Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ► NONE

Part VIII Statement of Revenue

54-1572590

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b	2,386,977.			
	c	Fundraising events	1c	8,675.			
	d	Related organizations	1d	37,475.			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	230,682.			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		2,663,809.			
Program Service Revenue			Business Code				
	2a	WORKSHOPS		826,609.	826,609.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		826,609.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	STMT 1	292,636.			292,636.
	4	Income from investment of tax-exempt bond proceeds		NONE			
	5	Royalties		1,373,069.			1,373,069.
			(i) Real (ii) Personal				
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		NONE			
			(i) Securities (ii) Other				
	7a	Gross amount from sales of assets other than inventory		25,364.			
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)		25,364.			
	d	Net gain or (loss)		25,364.			
	8a	Gross income from fundraising events (not including \$ 4,170. of contributions reported on line 1c) See Part IV, line 18	STMT 2	4,170.			
	b	Less direct expenses					
	c	Net income or (loss) from fundraising events		4,170.			
	9a	Gross income from gaming activities See Part IV, line 19					
	b	Less direct expenses					
	c	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less returns and allowances		102,347.			
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory	STMT 4	102,347.				
Miscellaneous Revenue			Business Code				
11a	EDITOR/STIPENDS/ALLOWANCES		393,950.	393,950.			
b	ADVERTISING	541800	29,815.		29,815.		
c	JOURNAL LICENSING		71,121.	71,121.			
d	All other revenue		92,250.	92,250.			
e	Total. Add lines 11a-11d		587,136.				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		5,875,140.	1,383,930.	29,815.	1,665,705.	

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) but are not required to complete columns (B), (C), and (D).**

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 governments and organizations in the U.S. See Part IV, line 21 . . .	93,316.	93,316.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	4,350.	4,350.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. 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	NONE			
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	52,493.	31,750.	20,743.	
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	NONE			
9 Other employee benefits	NONE			
10 Payroll taxes	NONE			
11 Fees for services (non-employees)				
a Management	196,656.		196,656.	
b Legal	NONE			
c Accounting	7,262.		7,262.	
d Lobbying	NONE			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	11,553.	3,475.	8,078.	
12 Advertising and promotion	2,160.	1,400.	760.	
13 Office expenses	98,540.	31,498.	67,042.	
14 Information technology	361.		361.	
15 Royalties	NONE			
16 Occupancy	952.	952.		
17 Travel	647,015.	196,535.	450,480.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	976,287.	482,227.	489,874.	4,186.
20 Interest	763.		763.	
21 Payments to affiliates STMT. 5 . . .	500.		500.	
22 Depreciation, depletion, and amortization . . .	NONE			
23 Insurance	NONE			
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a AWARDS	184,672.	184,672.		
b CONSULTING/CONTRACTUAL SERV	742,550.	237,669.	498,381.	6,500.
c CONTRIBUTIONS/DUES/MEMB FEES	140,901.	24,528.	116,123.	250.
d HONORARIUMS/STIPEND	330,015.	165,328.	162,187.	2,500.
e EDUCATION	9,878.	261.	9,617.	
f All other expenses	1,119,297.	767,754.	351,389.	154.
25 Total functional expenses Add lines 1 through 24f	4,619,521.	2,225,715.	2,380,216.	13,590.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,246,784.	1	1,194,485.
	2 Savings and temporary cash investments	6,177,157.	2	7,383,437.
	3 Pledges and grants receivable, net		3	381,350.
	4 Accounts receivable, net	440,571.	4	59,801.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sales or use		8	
	9 Prepaid expenses and deferred charges	326,500.	9	322,283.
	10a Land, buildings, and equipment - cost basis 10a			
	b Less accumulated depreciation. Complete Part VI of Schedule D. 10b		10c	
	11 Investments - publicly traded securities SFMT: 6	4,141,038.	11	3,072,620.
	12 Investments - other securities. See Part IV, line 11	13,253.	12	NONE
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,313.	15	1,313.
16 Total assets. Add lines 1 through 15 (must equal line 34)	12,346,616.	16	12,415,289.	
Liabilities	17 Accounts payable and accrued expenses	326,827.	17	256,531.
	18 Grants payable		18	
	19 Deferred revenue SFMT: 8	1,522,204.	19	1,267,857.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	164,487.	25	95,220.
	26 Total liabilities. Add lines 17 through 25.	2,013,518.	26	1,619,608.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	9,318,007.	27	9,068,882.
	28 Temporarily restricted net assets	165,489.	28	1,105,198.
	29 Permanently restricted net assets	849,602.	29	621,601.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	10,333,098.	33	10,795,681.
	34 Total liabilities and net assets/fund balances	12,346,616.	34	12,415,289.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
c	If "Yes" to lines 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?	2c	
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?	3a	X
b	If "Yes," did the organization undergo the required audit or audits?	3b	

Form 990 (2008)

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Employer identification number

54-1572590

GROUP RETURN

Part I	Reason for Public Charity Status (All organizations must complete this part) (see instructions)

The organization is not a private foundation because it is (Please check only one organization)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally Integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box _____

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____

(ii) A family member of a person described in (i) above? _____

(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

h Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2008

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,546,447.	2,466,529.	2,635,318.	2,587,343.	2,663,809.	12,899,446.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3	2,546,447.	2,466,529.	2,635,318.	2,587,343.	2,663,809.	12,899,446.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						12,899,446.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.	2,546,447.	2,466,529.	2,635,318.	2,587,343.	2,663,809.	12,899,446.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	109,833.	214,134.	333,061.	401,807.	292,636.	1,351,471.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	162,819.	308,962.	245,429.	271,329.	585,761.	1,574,300.
11 Total support. Add lines 7 through 10						15,825,217.
12 Gross receipts from related activities, etc. (See instructions)					12	9,491,393.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	81.51 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	86.37 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
OTHER REVENUE	162,819.	308,962.	245,429.	271,329.	585,761.	1,574,300.
TOTALS	162,819.	308,962.	245,429.	271,329.	585,761.	1,574,300.
	=====	=====	=====	=====	=====	=====

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **To be completed by organizations described below.**
▶ **Attach to Form 990 or Form 990-EZ.**

OMB No 1545-0047

2008

**Open to Public
Inspection**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(cy)(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," to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization GROUP RETURN	AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.	Employer identification number 54-1572590
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Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.
See the instructions for Schedule C for details

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

Part I-B To be completed by all organizations exempt under section 501(c)(3).
See the instructions for Schedule C for details

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ **NONE**
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ **NONE**
- 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 To be completed by all organizations exempt under section 501(c), except section 501(c)(3).
See the instructions for Schedule C for details.

- 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 of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and 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-

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.**A** Check ☐ if the filing organization belongs to an affiliated group.**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												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount Enter the amount from the following table in both columns														
<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 Enter -0- if line g is more than line a														
i	Subtract line 1f from line 1c Enter -0- if line f is more than line c														
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 instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2008

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

	(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?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		7,500.
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X	
i Other activities? If "Yes," describe in Part IV		X	
j Total lines 1c through 1i			7,500.
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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 To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

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

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
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 (line 2c total minus 3 and 4)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5 and Part II-B, line 1i. Also, complete this part for any additional information.

Part IV Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public
Inspection

AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.

Employer identification number

54-1572590

GROUP RETURN

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

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

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

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

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

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition d ☐ Loan or exchange programs
 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 XIV

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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to 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 XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to 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 Investment earnings or 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 year end balance held as

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

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

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

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

Part VII Investments - Other Securities. 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
Financial derivatives and other financial products		
Closely-held equity interests		
Other _____		

Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ►		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. See Form 990, Part X, line 15.[illegible]**Part X** **Other Liabilities.** See Form 990, Part X, line 25

(a) Description of liability	(b) Amount
Federal income taxes	
OTHER	95,220.
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ►	95,220.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XIV Supplemental Information (continued)

[illegible]

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

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

2008

Open to Public Inspection

AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.

Employer identification number

54-1572590

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?

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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(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 non-cash assistance	(h) Purpose of grant or assistance
PRESIDENT AND FELLOWS OF HARVARD UNIVERSITY MASSACHUSETTS HALL CAMBRIDGE, MA 02138		501(C)(3)	7,500.				RESEARCH SUPPORT
UNIVERSITY OF VIRGINIA 1400 UNIVERSITY AVE		501(C)(3)	7,500.				RESEARCH SUPPORT
COUNCIL OF CLINICAL HLTH PSYCHOLOGY TRAINING C/O MARY DAVIS, TREASURER		501(C)(3)	6,000.				MEETING
TEMPLE UNIVERSITY 1801 N. BROAD STREET PHILADELPHIA, PA 19122		501(C)(3)	9,991.				SUPPORT OF EARLY CAREER DEVELOPMENT
CLEVELAND CLINIC 9500 EUCLID AVE CLEVELAND, OH 44195		501(C)(3)	10,000.				SUPPORT OF EARLY CAREER DEVELOPMENT
REGENTS OF UNIVERSITY CALIFORNIA IRVINE 4199 CAMPUS DRIVE, SUITE 300		501(C)(3)	20,000.				INTERDISCIPLINARY THESIS RESEARCH
UNIVERSITY OF NORTH CAROLINA CB# 3142 205 WILSON ST.		501(C)(3)	17,625.				REVIEW OF EBT RESEARCH
UNIVERSITY OF KANSAS 1450 JAYHAWK BLVD LAWRENCE, KS 66044		501(C)(3)	7,500.				2008 CONFERENCE SUBSIDIES

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) 2008

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

OMB No 1545-0047

2008

**Open to Public
Inspection**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer Identification number

GROUP RETURN

54-1572590

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
THOMAS BOUCHARD										
PAST PRESIDENT	5.	X		X				NONE	NONE	NONE
DONALD DEWSBURY										
PRESIDENT-ELECT	5.	X		X				NONE	NONE	NONE
HAROLD TAKOOSHIAN										
PAST PRESIDENT	5.	X		X				NONE	NONE	NONE
JOHN HOGAN										
PRESIDENT-ELECT	1.	X		X				NONE	NONE	NONE
RICHARD MEEGAN										
SECRETARY/TREASURER	5.	X		X				NONE	NONE	NONE
ROBIN COUTIN										
SECRETARY	1.	X		X				NONE	NONE	NONE
JANET CARLSON, PH.D.										
PRESIDENT	10.	X		X				NONE	NONE	NONE
VAL WHITTLESLEY, PH.D.										
SECRETARY	8.	X		X				NONE	NONE	NONE
ELIZABETH YOST HAMMER, PH.D.										
TREASURER	5.	X		X				NONE	NONE	NONE
DANA DUNN, PH.D.										
PRESIDENT-ELECT	6.	X		X				NONE	NONE	NONE
EDWARD WASSERMAN										
PAST PRESIDENT	1.	X		X				NONE	NONE	NONE
NELSON COWAN										
PRESIDENT	4.	X		X				NONE	NONE	NONE
RALPH MILLER										
PRESIDENT-ELECT	4.	X		X				NONE	NONE	NONE
VERONICA DARK										
SECRETARY-TREASURER	7.	X		X				NONE	NONE	NONE
GWYNETH BOODOO										
PRESIDENT	6.	X		X				NONE	NONE	NONE
IRVING WEINER										
PRESIDENT-ELECT	1.	X		X				NONE	NONE	NONE
AMY SCHMIDT										
SECRETARY	2.	X		X				NONE	NONE	NONE
BARBARA BYRNE										
TRESURER	4.	X		X				NONE	NONE	NONE
NANCY DESS, PH.D.										
PRESIDENT	3.	X		X				NONE	NONE	NONE
MARK BOUTON, PH.D.										
PRESIDENT-ELECT	3.	X		X				NONE	NONE	NONE
CHANA AKINS, PH.D.										
SECRETARY-TREASURER	3.	X		X				NONE	NONE	NONE

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Schedule J-2 (Form 990) 2008

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SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the Organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer Identification number

GROUP RETURN

54-1572590

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
LAURENCE STEINBERG, PH.D. PRESIDENT	10.	X		X				NONE	NONE	NONE
PAT MILLER, PH.D. PRESIDENT-ELECT	10.	X		X				NONE	NONE	NONE
JODIE PLUMMERT, PH.D. SECRETARY	10.	X		X				NONE	NONE	NONE
NEIL J. SALKIND TREASURER	10.	X		X				NONE	NONE	NONE
JEFFREY SMITH PRESIDENT	10.	X		X				NONE	NONE	NONE
LISA SMITH PRESIDENT-ELECT	10.	X		X				NONE	NONE	NONE
CHRISTINE CHARYTON SECRETARY-TRESURER	10.	X		X				NONE	NONE	NONE
IRVING WEINER, PH.D. PRESIDENT	10.	X		X				NONE	NONE	NONE
JOHN NORCROSS, PH.D. PRESIDENT-ELECT	5.	X		X				NONE	NONE	NONE
MARSHA LINEHAN, PH.D. PAST PRESIDENT	1.	X		X				NONE	NONE	NONE
ROBERT KLEPAC, PH.D. TREASURER	2.	X		X				NONE	NONE	NONE
DANNY WEDDING, PH.D. SECRETARY	1.	X		X				NONE	NONE	NONE
GREGORY PENNINGTON PRESIDENT	15.	X		X				NONE	NONE	NONE
STEWART COOPER PAST-PRESIDENT	5.	X		X				NONE	NONE	NONE
STEPHEN KINCAID PRESIDENT-ELECT	5.	X		X				NONE	NONE	NONE
LYNE DESORMEAUX TREASURER	5.	X		X				NONE	NONE	NONE
AMY OWEN NIEBERDING SECRETARY	2.	X		X				NONE	NONE	NONE
ELLEN MANDINACH PRESIDENT	3.	X		X				NONE	NONE	NONE
PAUL SCHUTZ PRESIDENT-ELECT	3.	X		X				NONE	NONE	NONE
ERIC ANDERMAN PAST-PRESIDENT	3.	X		X				NONE	NONE	NONE
CHRISTOPHER WOLTERS TREASURER	4.	X		X				NONE	NONE	NONE

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SCHEDULE J-2
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Continuation Sheet for Form 990

OMB No 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

Name of the Organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer Identification number

GROUP RETURN

54-1572590

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
HEATHER DAVIS SECRETARY	2.	X		X				NONE	NONE	NONE
NANCY PERRY MEMBER-AT-LARGE	1.	X		X				NONE	NONE	NONE
HELEN PATRICK MEMBER-AT-LARGE	1.	X		X				NONE	NONE	NONE
JENEFER HUSMAN MEMBER-AT-LARGE	1.	X		X				NONE	NONE	NONE
MICHAEL MARTINEZ COUNCIL REPRESENTATIVE	1.	X		X				NONE	NONE	NONE
TAMMY HUGHES PRESIDENT	5.	X		X				NONE	NONE	NONE
FRANK WORRELL PAST-PRESIDENT	5.	X		X				NONE	NONE	NONE
BONNIE NASTASI PRESIDENT-ELECT	5.	X		X				NONE	NONE	NONE
VINCENT ALFONSO SECRETARY	2.	X		X				NONE	NONE	NONE
TANYA ECKERT TREASURER	2.	X		X				NONE	NONE	NONE
SHANE JIMERSON VP FOR COMMUNICATIONS	2.	X		X				NONE	NONE	NONE
JESSICA HOFFMAN VP FOR MEMBERSHIP	2.	X		X				NONE	NONE	NONE
LEA THEODORE VP FOR PROFESSIONAL AFFAIRS	2.	X		X				NONE	NONE	NONE
ELAINE CLARK VP FOR EDUCATION	2.	X		X				NONE	NONE	NONE
LINDA REDDY VP FOR PUBLICATIONS	2.	X		X				NONE	NONE	NONE
KAREN STOIBER VP FOR SOCIAL AFFAIRS	2.	X		X				NONE	NONE	NONE
LINDA FORREST PAST-PRESIDENT, 1-08 - 8-08	5.	X		X				NONE	NONE	NONE
JANET HELMS PRESIDENT, 8-08 THRU 12-08	10.	X		X				NONE	NONE	NONE
JOHN WESTEFELD PRESIDENT-ELECT 8-08 - 12-08	5.	X		X				NONE	NONE	NONE
LINDA FORREST PAST-PRESIDENT, 8-08 - 12-08	5.	X		X				NONE	NONE	NONE
WILLIAM PARHAM PAST-PRESIDENT, 1-08 - 8-08	5.	X		X				NONE	NONE	NONE

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SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No 1545-0047

2008

**Open to Public
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Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

Name of the Organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer Identification number

GROUP RETURN

54-1572590

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
JENNY CORNISH TREASURER, 1-08 THROUGH 8-08	5.	X		X				NONE	NONE	NONE
TINA Q. RICHARDSON SECRETARY, 8-08 - 12-08	10.	X		X				NONE	NONE	NONE
LAURA PALMER TREASURER	10.	X		X				NONE	NONE	NONE
JULIA PHILLIPS VP COMMUNICATION 1-08 - 12-08	10.	X						NONE	NONE	NONE
ROBERT LENT VP OF SCIENCE, 1-08 - 12-08	10.	X						NONE	NONE	NONE
BARRY CHUNG VP OF EDUCATION, 1-08 - 12-08	10.	X						NONE	NONE	NONE
MICHAEL DUFFY VP OF PRACTICE, 1-08 - 12-08	10.	X						NONE	NONE	NONE
ROGER WORTHINGTON VP OF DIVERSITY 2008	10.	X						NONE	NONE	NONE
LOUISE DOUCE SENIOR COUNCIL REP.	10.	X						NONE	NONE	NONE
SANDRA SHULLMAN COUNCIL REP	10.	X						NONE	NONE	NONE
HELEN A. NEVILLE	10.	X						NONE	NONE	NONE
EMILIA BOESCHEN STUDENT AFFILIATE REP 2008	10.	X						NONE	NONE	NONE
JESSICA SEMLER STUDENT AFFILIATE REP 2008	10.	X						NONE	NONE	NONE
TIM LAWLER, PH.D. PRESIDENT	5.	X		X				NONE	NONE	NONE
EDMUND NIGHTINGALE, PH.D. PAST-PRESIDENT	3.	X		X				NONE	NONE	NONE
ROBERT MORGAN, PH.D. PRESIDENT-ELECT	3.	X		X				NONE	NONE	NONE
GILBERT SANDERS, EDD. SECRETARY-TREASURER	5.	X		X				NONE	NONE	NONE
PAMELA FISCHER, PH.D. COMMITTEE CHAIR	2.	X						NONE	NONE	NONE
DAWN CISEWSKI, PSY.D. EDUCATION CHAIR	2.	X		X				NONE	NONE	NONE
BILL SAFARJAN, PH.D. MEMBERSHIP	2.	X						NONE	NONE	NONE
WALTER PENK, PH.D. COUNCIL REPRESENTATIVE	2.	X		X				NONE	NONE	NONE

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SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

Name of the Organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer Identification number

GROUP RETURN

54-1572590

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
WILL WILSON										
PRESIDENT	20.	X		X				NONE	NONE	NONE
LARRY C. JAMES										
PRESIDENT-ELECT	10.	X		X				NONE	NONE	NONE
KATHRYN LINDSEY										
SECRETARY	15.	X		X				NONE	NONE	NONE
REBECCA PORTER										
TREASURER	15.	X		X				NONE	NONE	NONE
CHRISTOPHER HERTZOG										
PRESIDENT	1.	X		X				NONE	NONE	NONE
ELIZABETH ZELINSKI										
PRESIDENT-ELECT	1.	X		X				NONE	NONE	NONE
SCOTT HOFER										
TREASURER	2.	X		X				NONE	NONE	NONE
JOAN MCDOWD										
SECRETARY	1.	X		X				NONE	NONE	NONE
CINDY BERG										
SECRETARY-ELECT	1.	X		X				NONE	NONE	NONE
SCOTT SHAPPELL										
PRESIDENT	5.	X		X				NONE	NONE	NONE
FRANK DURSO										
PAST-PRESIDENT	5.	X		X				NONE	NONE	NONE
LEE GUGERTY										
SECRETARY-TREASURER	5.	X		X				NONE	NONE	NONE
CHUCK CALLAHAN, PH.D.										
PRESIDENT	1.	X		X				NONE	NONE	NONE
MARY HIBBARD, PH.D.										
PRESIDENT-ELECT	1.	X		X				NONE	NONE	NONE
BILL STIERS, PH.D.										
PAST-PRESIDENT	1.	X		X				NONE	NONE	NONE
SUZANNE BRUYERE, PH.D.										
SECRETARY	1.	X		X				NONE	NONE	NONE
JACQUELINE WALL, PH.D.										
TREASURER	1.	X		X				NONE	NONE	NONE
BARBARA HELD										
PRESIDENT	10.	X		X				NONE	NONE	NONE
LISA OSBECK										
SECRETARY-TREASURER	5.	X		X				NONE	NONE	NONE
JEFF SUGARMAN										
PAST-PRESIDENT	2.	X		X				NONE	NONE	NONE
KAREEN MALONE										
PRESIDENT-ELECT	2.	X		X				NONE	NONE	NONE

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SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

Name of the Organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer Identification number

GROUP RETURN

54-1572590

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
JAMES WALKUP MEMBER-AT-LARGE	1.	X		X				NONE	NONE	NONE
THOMAS TEO MEMBER-AT-LARGE	1.	X		X				NONE	NONE	NONE
ANGELA TRATTER MEMBER-AT-LARGE	1.	X		X				NONE	NONE	NONE
FRANK RICHARDSON COUNCIL REPRESENTATIVE	1.	X		X				NONE	NONE	NONE
LARRY A. ALFERINK, PH.D. PAST-PRESIDENT	2.	X		X				NONE	NONE	NONE
KATHRYN SAUNDERS, PH.D. PRESIDENT	5.	X		X				NONE	NONE	NONE
THOMAS CRITCHFIELD, PH.D. PRESIDENT-ELECT	3.	X		X				NONE	NONE	NONE
CHRISTINE E. HUGHES, PH.D. SECRETARY-TREASURER	4.	X		X				NONE	NONE	NONE
KURT SALZINGER, PH.D. APA COUNCIL REPRESENTATIVE	1.	X		X				NONE	NONE	NONE
BRUCE THYER, PH.D. APA COUNCIL REPRESENTATIVE	1.	X		X				NONE	NONE	NONE
SUNG WOO KAHNG, PH.D. MEMBER-AT-LARGE	1.	X		X				NONE	NONE	NONE
TOM ZENTALL, PH.D. MEMBER-AT-LARGE	1.	X		X				NONE	NONE	NONE
WILLIAM DUBE, PH.D. MEMBER-AT-LARGE	1.	X		X				NONE	NONE	NONE
TREY BUCHANAN SECRETARY-TREASURER	5.	X		X				NONE	NONE	NONE
DEBORAH JOHNSON PAST-PRESIDENT	5.	X		X				NONE	NONE	NONE
CHRISTOPHER GREEN PRESIDENT	5.	X		X				NONE	NONE	NONE
KIMBERLY KIRBY, PH.D. PRESIDENT	2.	X		X				NONE	NONE	NONE
JOHN ROLL, PH.D. PRESIDENT-ELECT	2.	X		X				NONE	NONE	NONE
KEN SHER, PH.D. COUNCIL REPRESENTATIVE	1.	X		X				NONE	NONE	NONE
NANCY PETRY, PH.D. MEMBER-AT-LARGE	1.	X						NONE	NONE	NONE
MARK FILLMORE, PH.D. MEMBER-AT-LARGE	1.	X						NONE	NONE	NONE

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SCHEDULE J-2
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Continuation Sheet for Form 990

OMB No 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

Name of the Organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer Identification number

GROUP RETURN

54-1572590

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
STACEY SIGMON, PH.D. MEMBER-AT-LARGE	1.	X						NONE	NONE	NONE
MARK SMITH, PH.D. SECRETARY	1.	X		X				NONE	NONE	NONE
JANE B. ACRI, PH.D. TREASURER	1.	X		X				NONE	NONE	NONE
NADINE KASLOW PRESIDENT	2.	X		X				NONE	NONE	NONE
JEFF BARNETT PAST-PRESIDENT	2.	X		X				NONE	NONE	NONE
JEFFREY MAGNAVITA PRESIDENT-ELECT	2.	X		X				NONE	NONE	NONE
STEVE SOBELMAN TREASURER	2.	X		X				NONE	NONE	NONE
JEFF YOUNGGREN SECRETARY	2.	X		X				NONE	NONE	NONE
BRENDA KING, PH.D. PAST-PRESIDENT	2.	X		X				NONE	NONE	NONE
IAN WICKRAMASEKERA, PSY.D. PRESIDENT	2.	X		X				NONE	NONE	NONE
KATHERINE DUHAMEL, PH.D. SECRETARY	2.	X		X				NONE	NONE	NONE
RONALD PEKALA, PH.D. TREASURER	2.	X		X				NONE	NONE	NONE
ERIC WILLMARTH, PH.D. PRESIDENT-ELECT	2.	X		X				NONE	NONE	NONE
MITCH EISEN, PH.D. MEMBER-AT-LARGE	1.	X		X				NONE	NONE	NONE
JEN TUZIKOW, PSY.D. MEMBER-AT-LARGE	1.	X		X				NONE	NONE	NONE
MELVIN GRAVITZ, PH.D. APA REPRESENTATIVE	1.	X		X				NONE	NONE	NONE
MICHAEL ROBERTS PRESIDENT	4.	X		X				NONE	NONE	NONE
JENNIFER KELLY PRESIDENT-ELECT	2.	X		X				NONE	NONE	NONE
MICHAEL MURPHY PAST-PRESIDENT	1.	X		X				NONE	NONE	NONE
NAN KLEIN SECRETARY	1.	X		X				NONE	NONE	NONE
BONNIE MARKHAM TREASURER	2.	X		X				NONE	NONE	NONE

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

Schedule J-2 (Form 990) 2008

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the Organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer Identification number

GROUP RETURN

54-1572590

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
FRANK FARLEY										
PAST-PRESIDENT	2.	X		X				NONE	NONE	NONE
MAUREEN O'HARA										
PRESIDENT	10.	X		X				NONE	NONE	NONE
SARA K. BRIDGES										
PRESIDENT-ELECT	5.	X		X				NONE	NONE	NONE
FREDERICK WERTZ										
SECRETARY	5.	X		X				NONE	NONE	NONE
THERESE LAFERRIERE										
TREASURER	5.	X		X				NONE	NONE	NONE
STEVE WARREN, PH.D.										
PRESIDENT (2007-2008)	5.	X		X				NONE	NONE	NONE
WARREN ZIGMAN, PH.D.										
PREDIDENT (2008-2009)	5.	X		X				NONE	NONE	NONE
ROBERT HODAPP, PH.D.										
SECRETARY-TREASURER	5.	X		X				NONE	NONE	NONE
SAUNDRA MURRAY NETTLES										
PRESIDENT FROM 9-08 TO PRESENT	1.	X		X				NONE	NONE	NONE
SUSAN CLAYTON										
PRESIDENT THROUGH AUGUST, 2008	1.	X		X				NONE	NONE	NONE
BRITAIN A. SCOTT										
SECRETARY	1.	X		X				NONE	NONE	NONE
ELISE L. AMEL										
TREASURER	1.	X		X				NONE	NONE	NONE
ALAN STEWART										
PRESIDENT-ELECT	1.	X		X				NONE	NONE	NONE
GREG WILMOUTH										
APA COUNCIL REPRESENTATIVE	1.	X		X				NONE	NONE	NONE
ETHEL TOBACH										
MEMBER-AT-LARGE	1.	X		X				NONE	NONE	NONE
PAT WINTER										
MEMBER-AT-LARGE	1.	X		X				NONE	NONE	NONE
SALLY AUGUSTIN										
MEMBER-AT-LARGE	1.	X		X				NONE	NONE	NONE
MARTHA E. BANKS										
PRESIDENT	10.	X		X				NONE	NONE	NONE
SUZANNA ROSE										
TREASURER	3.	X		X				NONE	NONE	NONE
MIMI OMEROD										
SECRETARY	3.	X		X				NONE	NONE	NONE
JACQUELYN WHITE										
PAST-PRESIDENT	1.	X		X				NONE	NONE	NONE

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SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the Organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer Identification number

GROUP RETURN

54-1572590

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
<u>WILLIAM HATHAWAY</u> PRESIDENT	5.	X		X				NONE	NONE	NONE
<u>EVERETT WORTHINGTON</u> PRESIDENT-ELECT	2.	X		X				NONE	NONE	NONE
<u>LISA MILLER</u> PAST-PRESIDENT	2.	X		X				NONE	NONE	NONE
<u>MARSHA CUTTING</u> TREASURER	1.	X		X				NONE	NONE	NONE
<u>MICHAEL DONAHUE</u> SECRETARY	1.	X		X				NONE	NONE	NONE
<u>GABRIELLE DY-LIACCO</u> MEMBER-AT-LARGE	1.	X		X				NONE	NONE	NONE
<u>JULIE EXLINE</u> MEMBER-AT-LARGE	1.	X		X				NONE	NONE	NONE
<u>BRIAN MCCORKLE</u> MEMBER-AT-LARGE	1.	X		X				NONE	NONE	NONE
<u>MARY REUDER</u> COUNCIL MEMBER	1.	X		X				NONE	NONE	NONE
<u>ELIZEBETH HALL</u> COUNCIL MEMBER	1.	X		X				NONE	NONE	NONE
<u>GLEN MORIARTY</u> MEMBERSHIP CHAIR	1.	X		X				NONE	NONE	NONE
<u>MICHAEL NIELSON</u> PROGRAM CHAIR	1.	X		X				NONE	NONE	NONE
<u>PATRICK TOLAN, PH.D.</u> PRESIDENT	2.	X		X				NONE	NONE	NONE
<u>CAROL FALENDER, PH.D.</u> PAST-PRESIDENT	2.	X		X				NONE	NONE	NONE
<u>CAROLYN SHROEDER, PH.D.</u> PRESIDENT-ELECT	2.	X		X				NONE	NONE	NONE
<u>LIZA SUAREZ, PH.D.</u> SECRETARY	2.	X		X				NONE	NONE	NONE
<u>MARK CHAFFIN, PH.D.</u> TREASURER	2.	X		X				NONE	NONE	NONE
<u>LATONYA WOOD, PH.D.</u> MEMBER-AT-LARGE (TASK FORCE)	2.	X		X				NONE	NONE	NONE
<u>JOAQUIN BORREGO, JR., PH.D.</u> MEMBER-AT-LARGE	2.	X		X				NONE	NONE	NONE
<u>MINDY FEINBERG GUTOW, PH.D.</u> MEMBER-AT-LARGE	2.	X		X				NONE	NONE	NONE
<u>KAREN SAYWITZ, PH.D.</u> REPRESENTATIVE TO APA COUNCIL	2.	X		X				NONE	NONE	NONE

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SCHEDULE J-2
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Continuation Sheet for Form 990

OMB No 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

Name of the Organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer Identification number

GROUP RETURN

54-1572590

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
ROBERT D. KERNS PAST-PRESIDENT	3.	X		X				NONE	NONE	NONE
BEVERLY THORN PRESIDENT	5.	X		X				NONE	NONE	NONE
MARY C. DAVIS SECRETARY	3.	X		X				NONE	NONE	NONE
DAVID A. WILLIAMS TREASURER	3.	X		X				NONE	NONE	NONE
KARINA DAVIDSON PRESIDENT-ELECT	2.	X		X				NONE	NONE	NONE
JERRY SULS MEMBER-AT-LARGE	1.	X		X				NONE	NONE	NONE
VANESSA MALCARNE MEMBER-AT-LARGE	1.	X		X				NONE	NONE	NONE
CHRISTOPHER FRANCE APA COUNCIL REPRESENTATIVE	1.	X		X				NONE	NONE	NONE
LARRY JAMES APA COUNCIL REPRESENTATIVE	1.	X		X				NONE	NONE	NONE
MARY BETH CRESCI PRESIDENT	7.	X		X				NONE	NONE	NONE
NANCY MCWILLIAMS PAST-PRESIDENT	5.	X		X				NONE	NONE	NONE
DENNIS DEBIAK SECRETARY	7.	X		X				NONE	NONE	NONE
MARSHA MCCARY TREASURER	7.	X		X				NONE	NONE	NONE
JACOBUS DONDEERS, PH.D. TREASURER	4.	X		X				NONE	NONE	NONE
GLENN SMITH, PH.D. PRESIDENT	6.	X		X				NONE	NONE	NONE
CELIANE REY-CASSERLY, PH.D. PRESIDENT-ELECT	4.	X		X				NONE	NONE	NONE
PAULA SHEAR, PH.D. SECRETARY	6.	X		X				NONE	NONE	NONE
SAUL KASSIN, PH.D. PRESIDENT	2.	X		X				NONE	NONE	NONE
EVE BRANK SECRETARY	2.	X		X				NONE	NONE	NONE
BRADLEY D. MCAULIFF, J.D., PH.D. TREASURER	5.	X		X				NONE	NONE	NONE
TAMARA MARTIN-CAUSEY PRESIDENT-ELECT 2008	15.	X		X				NONE	NONE	NONE

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SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

Name of the Organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer Identification number

GROUP RETURN

54-1572590

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
LAURA BARBANEL PAST-PRESIDENT 2008	10.	X		X				NONE	NONE	NONE
NANCY MOLITOR SECRETARY	10.	X		X				NONE	NONE	NONE
SANDRA SHULLMAN TREASURER	10.	X		X				NONE	NONE	NONE
JANA MARTIN PRESIDENT	15.	X		X				NONE	NONE	NONE
WILLIAM H. WATSON, PH.D. PAST-PRESIDENT	2.	X		X				NONE	NONE	NONE
MARGARET HELDRING, PH.D. PRESIDENT	3.	X		X				NONE	NONE	NONE
THOMAS L. SEXTON, PH.D. PRESIDENT-ELECT	2.	X		X				NONE	NONE	NONE
MARIANNE CELANO, PH.D. TREASURER	2.	X		X				NONE	NONE	NONE
TERRY SOO-HOO, PH.D. SECRETARY	2.	X		X				NONE	NONE	NONE
RUTH FASSINGER PAST-PRESIDENT	10.	X		X				NONE	NONE	NONE
RANDY GEORGE MILLER PRESIDENT	10.	X		X				NONE	NONE	NONE
BONNIE STRICKLAND PRESIDENT-ELECT	10.	X		X				NONE	NONE	NONE
CHRIS DOWNS SECRETARY-TREASURER	10.	X		X				NONE	NONE	NONE
JESUS MANUEL CASAS PRESIDENT	5.	X		X				NONE	NONE	NONE
ROBERT SELLERS PRESIDENT-ELECT	5.	X		X				NONE	NONE	NONE
BETH BOYD PAST-PRESIDENT	5.	X		X				NONE	NONE	NONE
TAMARA BROWN SECRETARY	3.	X		X				NONE	NONE	NONE
ALFIEE M. BRELAND-NOBLE TREASURER	3.	X		X				NONE	NONE	NONE
FRANK FARLEY, PH.D. PRESIDENT	5.	X		X				NONE	NONE	NONE
ROCHELLE BALTER, PH.D. PAST-PRESIDENT	5.	X		X				NONE	NONE	NONE
DANNY WEDDING, PH.D. PRESIDENT-ELECT	5.	X		X				NONE	NONE	NONE

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SCHEDULE J-2
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Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the Organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer Identification number

GROUP RETURN

54-1572590

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
PAULINE WALLIN, PH.D. SECRETARY	5.	X		X				NONE	NONE	NONE
SALVADOR SANTIAGO-NEGRON, PH.D.	5.	X		X				NONE	NONE	NONE
CHRIS CARR PRESIDENT	8.	X		X				NONE	NONE	NONE
VINCENT GRANITO SECRETARY-TREASURER	8.	X		X				NONE	NONE	NONE
ED ACEVEDO PRESIDENT-ELECT	8.	X		X				NONE	NONE	NONE
CHRIS JANELLE MEMBER-AT-LARGE	8.	X		X				NONE	NONE	NONE
NIKKE WEBBER MOORE MEMBER-AT-LARGE	8.	X		X				NONE	NONE	NONE
LUCINDA SEARES-MONICA PRESIDENT RUNNING PSYCH.	8.	X		X				NONE	NONE	NONE
DEBRA RAGIN PRESIDENT	10.	X		X				NONE	NONE	NONE
DAN MAYTON PAST-PRESIDENT	3.	X		X				NONE	NONE	NONE
EDUARDO DIAZ PRESIDENT-ELECT	5.	X		X				NONE	NONE	NONE
KATHLEEN DOCKETT SECRETARY	5.	X		X				NONE	NONE	NONE
JOHN GRUSZKOS TREASURER	3.	X		X				NONE	NONE	NONE
LYNN RAPIN PAST-PRESIDENT	3.	X		X				NONE	NONE	NONE
DONELSON FORSYTH PRESIDENT	15.	X		X				NONE	NONE	NONE
ROBERT CONYNE PRESIDENT-ELECT	4.	X		X				NONE	NONE	NONE
JENNIFER HARP SECRETARY	3.	X		X				NONE	NONE	NONE
ALLAN ELFANT COUNCIL REPRESENTATIVE	5.	X						NONE	NONE	NONE
ARTHUR (ANDY) HORNE MEMBER-AT-LARGE	2.	X						NONE	NONE	NONE
GLORIA GOTTSEGEN MEMBER-AT-LARGE	2.	X						NONE	NONE	NONE
JOSHUA GROSS MEMBER-AT-LARGE	5.	X						NONE	NONE	NONE

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SCHEDULE J-2
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Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the Organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer Identification number

GROUP RETURN

54-1572590

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
IRENE DEITCH MEMBER-AT-LARGE	2.	X						NONE	NONE	NONE
MICHAEL ANDRONICO MEMBER-AT-LARGE	2.	X						NONE	NONE	NONE
SALLY BARLOW MEMBER-AT-LARGE	2.	X						NONE	NONE	NONE
JOHN DAGLEY TREASURER	5.	X		X				NONE	NONE	NONE
THOMAS BRANDON, PH.D. PRESIDENT	12.	X		X				NONE	NONE	NONE
NANCY PIOTROWSKI, PH.D. PAST-PRESIDENT	5.	X		X				NONE	NONE	NONE
ANGELA BETHEA, PH.D. SECRETARY	2.	X		X				NONE	NONE	NONE
JENNIFER BUCKMAN, PH.D. TREASURER	3.	X		X				NONE	NONE	NONE
CHRIS KILMARTIN, PH.D. PAST-PRESIDENT	1.	X		X				NONE	NONE	NONE
MICHAEL ADDIS, PH.D. PRESIDENT	1.	X		X				NONE	NONE	NONE
AARON ROCHLEN, PH.D. PRESIDENT-ELECT	3.	X		X				NONE	NONE	NONE
CHEN OREN, PH.D. TREASURER	2.	X		X				NONE	NONE	NONE
UWE P. GIELEN PRESIDENT	6.	X		X				NONE	NONE	NONE
MICHAEL J. STEVENS PAST-PRESIDENT	6.	X		X				NONE	NONE	NONE
LYNN H. COLLINS PRESIDENT-ELECT	8.	X		X				NONE	NONE	NONE
ANI KALAYJIAN TREASURER	6.	X		X				NONE	NONE	NONE
NEAL S. RUBIN SECRETARY	6.	X		X				NONE	NONE	NONE
DANNY WEDDING COUNCIL REPRESENTATIVE	6.	X		X				NONE	NONE	NONE
GLORIA B. GOTTSEGEN MEMBER-AT-LARGE	4.	X		X				NONE	NONE	NONE
ANN M. O'ROARK MEMBER-AT-LARGE	4.	X		X				NONE	NONE	NONE
HAROLD TAKOOSHIAN MEMBER-AT-LARGE	4.	X		X				NONE	NONE	NONE

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SCHEDULE J-2
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Continuation Sheet for Form 990

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**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

Name of the Organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN

54-1572590

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
<u>RICHARD S. VELAYO</u>										
<u>MEMBER-AT-LARGE</u>	4.	X		X				NONE	NONE	NONE
<u>CHERYL KING</u>										
<u>PRESIDENT</u>	6.	X		X				NONE	NONE	NONE
<u>ELIZABETH MCCAULEY</u>										
<u>PAST-PRESIDENT</u>	4.	X		X				NONE	NONE	NONE
<u>MARY FRISTAD</u>										
<u>PRESIDENT-ELECT</u>	4.	X		X				NONE	NONE	NONE
<u>ANNE MARIE ALBANO</u>										
<u>SECRETARY</u>	4.	X		X				NONE	NONE	NONE
<u>RICHARD ABIDIN</u>										
<u>TREASURER</u>	6.	X		X				NONE	NONE	NONE
<u>MARILYN ERICKSON</u>										
<u>APA COUNCIL REPRESENTATIVE</u>	4.	X		X				NONE	NONE	NONE
<u>CATHERINE LORD</u>										
<u>APA COUNCIL REPRESENTATIVE</u>	4.	X		X				NONE	NONE	NONE
<u>LORI STARK, PH.D.</u>										
<u>PRESIDENT</u>	5.	X		X				NONE	NONE	NONE
<u>CHRISTINA ADAMS</u>										
<u>SECRETARY</u>	5.	X		X				NONE	NONE	NONE
<u>DAVID ELKIND, PH.D., ABPP</u>										
<u>TREASURER</u>	5.	X		X				NONE	NONE	NONE
<u>MORGAN SAMMONS, PH.D.</u>										
<u>PRESIDENT</u>	10.	X		X				NONE	NONE	NONE
<u>GLENN ALLY, PH.D.</u>										
<u>SECRETARY</u>	5.	X		X				NONE	NONE	NONE
<u>MARK SKRADE, PSY.D.</u>										
<u>TREASURER</u>	5.	X		X				NONE	NONE	NONE
<u>STEVE GOLD</u>										
<u>PRESIDENT</u>	10.	X		X				NONE	NONE	NONE
<u>LAURA S. BROWN</u>										
<u>PRESIDENT-ELECT</u>	10.	X		X				NONE	NONE	NONE
<u>BETH ROM-RYMER</u>										
<u>TREASURER</u>	10.	X		X				NONE	NONE	NONE
<u>KATHLEEN KENDALL-TACKETT</u>										
<u>SECRETARY</u>	10.	X		X				NONE	NONE	NONE

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

Schedule J-2 (Form 990) 2008

JSA

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**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

GROUP RETURN

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

**Open to Public
Inspection**

AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.

Employer identification number

54-1572590

990 REVIEW

PART VI, SECTION A. GOVERNING BODY AND MANAGEMENT, LINE 10

APA MANAGEMENT PERFORMS A THOROUGH REVIEW OF A DRAFT OF THE 990. BOARDS

OF THE DIVISIONS WERE REQUESTED TO DELEGATE THE POWER TO RECEIVE THE 990

TO THE PRESIDENT, AND A FINAL COPY OF THE 990 WAS PROVIDED TO THE

PRESIDENT OF EACH DIVISION INCLUDED IN THIS CONSOLIDATED RETURN AND TO

THE APA BOARD OF DIRECTORS PRIOR TO ITS BEING FILED WITH THE IRS.

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN**54-1572590**2PART VI SECTION B. POLICIES, LINE 12CTHE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO ALL DIVISIONS ANDOFFICERS ARE REQUIRED, ON A MEETING BY MEETING BASIS, TO RECUSETHEMSELVES FROM ANY CONFLICT IN VIOLATION OF THIS POLICY.

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN

54-1572590

3

PART VI, SECTION A. GOVERNING BODY AND MANAGEMENT, LINE 3

DIVISIONS 29 AND 56 ARE THE ONLY TWO DIVISIONS THAT DELEGATED CONTROL

OVER MANAGEMENT DUTIES CUSTOMARILY PERFORMED BY OR UNDER THE DIRECT

SUPERVISION OF OFFICERS, DIRECTORS OR TRUSTEES, OR KEY EMPLOYEES TO A

MANAGEMENT COMPANY OR OTHER PERSON.

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN**54-1572590****4****PART VI, SECTION A. GOVERNING BODY AND MANAGEMENT, LINE 2****FOR DIVISION 49, THE VOLUNTEER PRESIDENT ELECT AND VOLUNTEER PAST****PRESIDENT ARE MARRIED, NO OTHER DIVISION HAD A FAMILY RELATIONSHIP OR A****BUSINESS RELATIONSHIP BETWEEN OFFICERS, DIRECTORS, TRUSTEES, OR KEY****EMPLOYEES.**

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN

54-1572590**8****PART VI, SECTION A, GOVERNING BODY AND MANAGEMENT, LINES 9A AND 9B****DIVISION 10, SOCIETY FOR THE PSYCHOLOGY OF AESTHETICS, CREATIVITY AND THE****ARTS, DIVISION 18, PSYCHOLOGISTS IN PUBLIC SERVICE, DIVISION 37, CHILD,****YOUTH AND FAMILY SERVICES AND DIVISION 39 PSYCHOANALYSIS HAVE LOCAL****CHAPTERS AND HAVE WRITTEN POLICIES AND PROCEDURES GOVERNING THEIR****ACTIVITIES**

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN**54-1572590**9PART V, LINES 3A AND 3BTHE FOLLOWING DIVISIONS HAD UNRELATED BUSINESS INCOME AND FILED FORM990-T:DIVISION 5-EVALUATION, MEASUREMENT AND STATISTICDIVISION 12-SOCIETY OF CLINICAL PSYCHOLOGYDIVISION 13-SOCIETY OF CONSULTING PSYCHOLOGYDIVISION 16-SCHOOL PSYCHOLOGYDIVISION 29-PSYCHOTHERAPYDIVISION 31-STATE PROVINCIAL & TERRITORIAL PSYCHOLOGICAL ASSOCIATIONAFFAIRSDIVISION 39-PSYCHOANALYSISDIVISION 41-AMERICAN PSYCHOLOGY-LAW SOCIETYDIVISION 42-PSYCHOLOGISTS IN INDEPENDENT PRACTICEDIVISION 47-EXERCISE AND SPORT PSYCHOLOGYDIVISION 56-TRAUMA PSYCHOLOGY

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN**54-1572590****DIV. 1 - SOCIETY FOR GENERAL PSYCHOLOGY****MISSION****PROMOTING THE COHERENCE OF PSYCHOLOGY**

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN**54-1572590****DIV. 2 - SOCIETY FOR THE TEACHING OF PSYCHOLOGY****MISSION****EDUCATION**

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN**54-1572590****DIV. 3 - EXPERIMENTAL PSYCHOLOGY****MISSION****TO PROMOTE SCIENTIFIC INQUIRY AND SUPPORT EXPERIMENTAL PSYCHOLOGY**

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN

54-1572590

DIV. 5 - EVALUATION, MEASUREMENT AND STATISTICS

MISSION

TO ADVANCE THE QUANTITATIVE SCIENCES OF PSYCHOLOGICAL MEASUREMENT &

STATISTICS

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN**54-1572590****DIV. 6 - BEHAVIORAL NEUROSCIENCE AND COMPARATIVE PSYCHOLOGY****MISSION****SUPPORT THE SCHOLARSHIP OF PHYSIOLOGICAL & COMPARATIVE PSYCHOLOGICAL &****THEIR WORK**

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN**54-1572590**DIV. 7 - DEVELOPMENTAL PSYCHOLOGYMISSIONPROMOTE SCIENTIFIC STUDY OF DEVELOPMENTAL PSYCHOLOGY

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN**54-1572590****DIV. 10 - SOCIETY FOR THE PSYCHOLOGY OF AESTHETICS, CREATIVITY & ARTS****MISSION****SCHOLARLY SERVICE, FACILITATING EXCHANGE OF INFORMATION AMONG MEMBERS**

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN**54-1572590**DIV. 12 - SOCIETY OF CLINICAL PSYCHOLOGYMISSIONTO PROMOTE THE GENERAL OBJECTIVES OF THE APA AND TO SUPPORT AND ENCOURAGETHE EVOLUTION AND DEVELOPMENT OF CLINICAL PSYCH. IN ITS SCIENTIFIC ANDEDUCATIONAL ASPECTS

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN

54-1572590DIV. 13 - SOCIETY OF CONSULTING PSYCHOLOGYMISSIONENCOURAGE HIGH STANDARDS OF PSYCHOLOGICAL CONSULTATION; STIMULATE THEEXCHANGE OF KNOWLEDGE, IDEAS AND CONSULTING EXPERIENCE; PROMOTESCIENTIFIC RESEARCH ON PSYCHOLOGICAL PROBLEMS, ESPECIALLY IN THE AREA OFCONSULTING PSYCHOLOGY; SUPPORT THE ADVANCEMENT OF CONSULTING PSYCHOLOGYAS A SCIENCE, A PROFESSION AND A MEANS OF PROMOTING HUMAN WELL-BEING

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN**54-1572590**DIV. 15 - EDUCATIONAL PSYCHOLOGYMISSIONDIVISION REPRESENTS THE MAJOR SCIENTIFIC & PROFESSIONAL INTERESTS OFEDUCATION PSYCHOLOGISTS BY INFORMING MEMBERS OF INNOVATIONS IN THE FIELD,CONTRIBUTIONS TO RESEARCH

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN**54-1572590**DIV. 16 - SCHOOL PSYCHOLOGYMISSIONTHE APPLICATION OF SOUND PSYCHOLOGICAL PRINCIPLES TO SCHOOLING ANDEDUCATION AND ENHANCEMENT OF THE STATUS OF CHILDREN, YOUTH AND ADULTS ASLEARNERS AND PRODUCTIVE CITIZENS IN SCHOOLS AND OTHER SETTINGS

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN

54-1572590DIV. 17 - SOCIETY OF COUNSELING PSYCHOLOGYMISSIONTO BRING TOGETHER COUNSELING PSYCHOLOGISTS FOR THE PURPOSES OF EDUCATIONAND TRAINING, SCIENTIFIC INVESTIGATION, PRACTICE, DIVERSITY AND PUBLICINTEREST AND DISSEMINATION OF INFORMATION

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN**54-1572590**DIV. 18 - PSYCHOLOGISTS IN PUBLIC SERVICEMISSIONTO ADVANCE PSYCHOLOGY AND PSYCHOLOGISTS IN THE PUBLIC INTEREST

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN**54-1572590**DIV. 19 - SOCIETY FOR MILITARY PSYCHOLOGYMISSIONRESEARCH & APPLICATION OF PSYCHOLOGICAL RESEARCH & CLINICAL METHODS TOMILITARY PROBLEMS

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN**54-1572590****DIV. 20 - ADULT DEVELOPMENT AND AGING****MISSION****EDUCATION, SCIENCE AND RESEARCH**

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN**54-1572590**DIV. 21 - APPL. EXPERIMENTAL & ENGINEERING PSYCHOLOGYMISSIONTECHNICAL INFORMATION EXCHANGE AND DISSEMINATION

Name of the organization

AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.

Employer identification number

GROUP RETURN

54-1572590

DIV. 22 - REHABILITATION PSYCHOLOGY

MISSION

INFORM MEMBERS ABOUT CURRENT ISSUES IN REHABILITATION PSYCHOLOGY

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN

54-1572590

DIV. 24 - SOCIETY FOR THEORETICAL & PHILOSOPHICAL PSYCHOLOGYMISSIONPRESENT ARTICLES AND PROGRAMS ON THEORY AND PHILOSOPHY OF PSYCHOLOGY

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN**54-1572590****DIV. 25 - DIVISION OF BEHAVIOR ANALYSIS****MISSION****EDUCATION AND SCIENTIFIC PROGRAMMING IN APA**

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN**54-1572590**DIV. 26 - SOCIETY FOR THE HISTORY OF PSYCHOLOGYMISSIONSCHOLARLY RESEARCH IN THE HISTORY OF PSYCHOLOGY

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN**54-1572590****DIV. 28 - PSYCHOPHARMACOLOGY & SUBSTANCE ABUSE****MISSION****TO EXCHANGE SCIENTIFIC FINDINGS IN PSYCHOPHARMACOLOGY AND SUBSTANCE ABUSE**

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN**54-1572590**DIV. 29 - PSYCHOTHERAPYMISSIONTO ADVANCE THE TEACHING AND PRACTICE OF PSYCHOTHERAPY, THE TRAINING OFPSYCHOTHERAPISTS AND THE CONDUCT OF RESEARCH PSYCHOTHERAPY

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN**54-1572590****DIV. 30 - SOCIETY OF PSYCHOLOGICAL HYPNOSIS****MISSION****THE EXCHANGE OF SCIENTIFIC INFORMATION, TEACHING, RESEARCH AND****DEVELOPMENT OF STANDARDS FOR PSYCHOLOGICAL HYPNOSIS**

Name of the organization

AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.

Employer identification number

GROUP RETURN

54-1572590

DIV. 31 - STATE PROVINCIAL & TERRITORIAL PSYCHOLOGICAL ASSOCIATION AFFAIRS

MISSION

TO ADVANCE THE AFFAIRS OF STATE/PROVINCIAL/TERRITORIAL PSYCHOLOGICAL
ASSOCIATIONS IN THEIR RELATION TO THE ADVANCEMENT OF PSYCHOLOGY AS A
SCIENCE, AS A PROFESSION AND AS A MEANS OF PROMOTING HUMAN WELFARE

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN**54-1572590**DIV. 32 - SOCIETY FOR HUMANISTIC PSYCHOLOGYMISSIONRESEARCH AND EDUCATION

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN**54-1572590**DIV. 33 - INTELLECTUAL AND DEVELOPMENTAL DISABILITIESMISSIONUPDATE MEMBERS ON RESEARCH, CLINICAL AND TRAINING EFFORTS

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN**54-1572590****DIV. 34 - POPULATION AND ENVIRONMENTAL PSYCHOLOGY****MISSION****RESEARCH AND EDUCATION**

Name of the organization

AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.

Employer identification number

GROUP RETURN

54-1572590

DIV. 35 - SOCIETY FOR THE PSYCHOLOGY OF WOMEN

MISSION

DISSEMINATE INFORMATION ON THE PSYCHOLOGY OF WOMEN AND GENDER

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN

54-1572590

DIV. 36 - PSYCHOLOGY OF RELIGION

MISSION

DISSEMINATION OF KNOWLEDGE

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN**54-1572590****DIV. 37 - SOCIETY FOR CHILD AND FAMILY POLICY AND PRACTICE****MISSION****TO ADVANCE SCIENTIFIC, AND PUBLIC INTEREST AND PRACTICE ISSUES RELATIVE****TO PSYCHOLOGICAL SERVICES AND SERVICE DELIVERY STRUCTURES TO PROMOTE THE****WELL BEING OF CHILDREN, YOUTH AND FAMILIES**

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN**54-1572590**DIV. 38 - HEALTH PSYCHOLOGYMISSIONTO ADVANCE CONTRIBUTIONS OF PSYCHOLOGY AS A DISCIPLINE TO THEUNDERSTANDING OF HEALTH AND ILLNESS THROUGH RESEARCH, EDUCATION ANDSERVICE ACTIVITIES IN THIS AREA

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN**54-1572590**DIV. 39 - PSYCHOANALYSISMISSIONEDUCATION AND SHARING INFORMATION

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN**54-1572590**DIV. 40 - CLINICAL NEUROPSYCHOLOGYMISSIONEDUCATIONAL DISSEMINATION OF INFORMATION ON NEUROPSYCHOLOGY TO DIVISION40 MEMBERS

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN**54-1572590****DIV. 41 - AMERICAN PSYCHOLOGY-LAW SOCIETY****MISSION****TO PROVIDE A FORUM FOR DISCUSSION & DISSEMINATION OF RESEARCH IN****PSYCHOLOGY AND LAW**

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN

54-1572590

DIV. 42 - PSYCHOLOGISTS IN INDEPENDENT PRACTICE

MISSION

EDUCATION AND SHARING INFORMATION

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN**54-1572590**DIV. 43 - SOCIETY FOR FAMILY PSYCHOLOGYMISSIONSERVICE, SCIENCE AND PUBLIC INTEREST

Name of the organization AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.

Employer identification number

GROUP RETURN

54-1572590

DIV. 44 - SOCIETY FOR THE PSYCHOLOGICAL STUDY OF LESBIAN, GAY, BISEXUAL,

AND TRANSGENDER ISSUES - MISSION

TO ADVANCE THE CONTRIBUTIONS OF PSYCHOLOGY AS A DISCIPLINE TO THE

UNDERSTANDING OF LESBIAN, GAY AND BISEXUAL ISSUES THROUGH RESEARCH,

EDUCATIONAL, AND SERVICE ACTIVITIES IN THIS AREA

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN**54-1572590**DIV. 45 - SOCIETY FOR PSYCHOLOGICAL STUDY OF ETHNIC MINORITY ISSUESMISSIONPROFESSIONAL DEVELOPMENT, EDUCATIONAL SERVICE AND ADVANCEMENT OF PEOPLEOF COLOR IN PSYCHOLOGY

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN**54-1572590**DIV. 46 - MEDIA PSYCHOLOGYMISSIONEDUCATION

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN**54-1572590**DIV. 47 - EXERCISE AND SPORT PSYCHOLOGYMISSIONTO ADVANCE RESEARCH, EDUCATION AND PRACTICE OF SPORT AND EXERCISEPSYCHOLOGY

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN**54-1572590****DIV. 48 - SOCIETY FOR THE STUDY OF PEACE, CONFLICT, AND VIOLENCE****MISSION****RESEARCH IN PEACE PSYCHOLOGY**

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN**54-1572590****DIV. 49 - GROUP PSYCHOLOGY AND GROUP PSYCHOTHERAPY****MISSION****EDUCATE AND SHARE INFORMATION WITH MEMBERS**

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN**54-1572590**DIV. 50 - ADDICTIONSMISSIONTHE PROMOTION OF HUMAN WELFARE THROUGH EDUCATION, ADMINISTRATION,PREVENTION, TREATMENT AND RESEARCH IN THE AREAS OF SUBSTANCE ABUSE ORINDEPENDENCE AND/OR OTHER ADDICTIVE BEHAVIORS

Name of the organization

AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.

Employer identification number

GROUP RETURN

54-1572590

DIV. 51 - SOCIETY FOR THE PSYCHOLOGICAL STUDY OF MEN & MASCULINITY

MISSION

TO PROMOTE ADVANCES IN BOTH SCIENTIFIC AND APPLIED PSYCHOLOGY TO

ENHANCING PSYCHOLOGICAL UNDERSTANDING OF MALE BEHAVIOR AND EXPERIENCE

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN**54-1572590**DIV. 52 - INTERNATIONAL PSYCHOLOGYMISSIONTO ENHANCE PSYCHOLOGY INTERNATIONALLY

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN**54-1572590****DIV. 53 - SOCIETY OF CLINICAL CHILD & ADOLESCENT PSYCHOLOGY****MISSION****DISSEMINATION OF RESEARCH AND EDUCATION OF PROFESSIONALS**

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN**54-1572590**DIV. 54 - SOCIETY OF PEDIATRIC PSYCHOLOGYMISSIONTO PROMOTE THE OBJECTIVES OF APA AND THE DEVELOPMENT OF PEDIATRICPSYCHOLOGY

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN**54-1572590**DIV. 55 - AMERICAN SOCIETY FOR THE ADVANCEMENT OF PHARMACOTHERAPYMISSIONEDUCATION

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN**54-1572590**DIV. 56 - TRAUMA PSYCHOLOGYMISSIONTO PROMOTE THE DEVELOPMENT OF THE FIELD OF PSYCHOLOGICAL STUDY OF TRAUMAAND DISASTER IN ITS SCIENTIFIC, PROFESSIONAL, EDUCATIONAL AND PUBLICPOLICY DEVELOPMENT ASPECTS

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN

54-1572590

PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTSLINE 4D, OTHER PROGRAM SERVICESOTHER PROGRAM SERVICES INCLUDE PREPARATION OF PUBLICATIONS AND JOURNALS,WORKSHOPS COVERING VARIOUS EDUCATIONAL AND SCIENTIFIC ISSUES,PRESENTATION OF AWARDS, VARIOUS CONTINUING EDUCATION AND PROFESSIONALMEETINGS AND LICENSES FOR A WEB BASED SUPPORT SYSTEM.

Name of the organization AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.

Employer identification number

GROUP RETURN

54-1572590

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PART IV, CHECKLIST OF REQUIRED SCHEDULES, LINE 4-LOBBYING ACTIVITIES

THIS DIVISION IS THE ONLY DIVISION THAT INCURRED LOBBYING EXPENSES.

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN**54-1572590**6PART VI, SECTION A, LINES 1A AND 1BEACH DIVISION HAS A GOVERNING BODY OF 8 TO 25 MEMBERS, ALL OF WHOM AREINDEPENDENT AND ELECTED BY THE MEMBERS OF THE DIVISION.

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN**54-1572590**7PART VI, SECTION A, LINES 6, 7A AND 7BTHE DIVISIONS ARE MEMBERSHIP ORGANIZATIONS WHOSE MEMBERS ELECT THEGOVERNING BODIES.

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
FROM SECURITIES	292,636.			292,636.
TOTALS	292,636.			292,636.

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS
=====DESCRIPTION
-----AMOUNT

OTHER	4,170.
-------	--------

TOTAL	-----
	4,170.
	=====

FORM 990, PART VIII - FUNDRAISING EVENTS
=====

DESCRIPTION -----	GROSS INCOME -----	NET INCOME -----
OTHER	4,170. -----	4,170. -----
TOTALS	4,170. =====	4,170. =====

FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD

=====

DESCRIPTION	GROSS SALES	BEGINNING INVENTORY	PURCHASES	SALARIES AND WAGES	OTHER COSTS	MINUS:		COST OF GOODS SOLD
						ENDING INVENTORY		
PUBLICATIONS	102,347.							
TOTALS	102,347.							

FORM 990, PART IX - PAYMENTS TO AFFILIATES

DESCRIPTION	(A) TOTAL EXPENSES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
VARIOUS	500.		500.	
TOTALS	500.		500.	

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION -----	ENDING BOOK VALUE -----	COST OR FMV -----
OTHER PUBLICLY TRADED SECUR.	601,412.	FMV
VANGUARD WELLESLEY, INC., FUND	36,675.	FMV
VANGUARD GNMA INVESTMENTS	82,237.	FMV
WACHOVIA SECURITIES	69,992.	FMV
WACHOVIA SECURITIES	111,143.	FMV
VANGUARD 500 INDEX FUND INV.	46,369.	FMV
VANGUARD TOTAL INT'L STOCK IND	27,969.	FMV
VANGUARD TOTAL STOCK MKT IDX	18,288.	FMV
TIAA-CREF REAL ESTATE SEC.	23,955.	FMV
VANGUARD WELLINGTON FUND	16,126.	FMV
TIAA-CREF SOCIAL CHOICE EQUITY	6,554.	FMV
COLUMBIA INTERMED. BOND FUND	34,877.	FMV
VANGUARD-WELLINGTON FUND	5,165.	FMV
VANGUARD-WELLESLEY FUND	5,800.	FMV
LONGLEAF PARTNERS FUND	6,548.	FMV
SUNTRUST CERTIFICATE OF DEPOSI	11,108.	FMV
VANGUARD LONG TERM TREAS. INV	6,846.	FMV
VANGUARD WELLINGTON FUND INV	4,613.	FMV
VANGUARD 500 INDEX FUND	3,689.	FMV
VANGUARD BALANCED IDX. FUND IN	3,220.	FMV
VANGUARD TOTAL STOCK MKT IDX	2,620.	FMV
CITI SMITH BARNEY-GENERAL FUND	431,918.	FMV
CITI SMITH BARNEY LINDY GEIS	570,540.	FMV
MERRILL LYNCH C. WOOD SHERIF	11,479.	FMV
VANGUARD WELLINGTON FUND INV	51,246.	FMV
LONGLEAF PARTNERS FUND #133	22,579.	FMV
VANGUARD GNMA FUND INV	19,024.	FMV
VANGUARD LONG-TERM INV	17,957.	FMV
SCUDDER FUNDS	68,713.	FMV
WACHOVIA FUNDS	96,383.	FMV
IMMF FUNDS	264,532.	FMV
VANGUARD 500 INDEX FUND INV	21,915.	FMV
VANGUARD LIFESTRATEGY FUND	105,785.	FMV
VANGUARD WELLESLEY INC FUND	8,649.	FMV
CHASE MONEY MARKETS	29,451.	FMV
SECURITY/BALLOU INV.	100,527.	FMV
BLACK ROCK LGE CAP CORE	18,248.	FMV
RJ SEELAUS INVESTMENTS	65,315.	FMV
VANGUARD-WELLINGTON FUND INV	9,650.	FMV
VANGUARD-INTERN'L VALUE FUND	8,365.	FMV
VANGUARD-GROWTH AND INCOME INV	7,194.	FMV
VANGUARD-INFLATION-PROTECT SEC	10,965.	FMV
VANGUARD-MID-CAP IDX FUND INV	6,979.	FMV

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES
=====

DESCRIPTION -----	ENDING BOOK VALUE -----	COST OR FMV -----
TOTALS	----- 3,072,620. =====	

FORM 990, PART X - DEFERRED REVENUE

=====

DESCRIPTION

ENDING
BOOK VALUE

DEFERRED REVENUE

1,267,857.

TOTALS

1,267,857.

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SUBSIDIARY ORGANIZATION OF AMERICAN PSYCHOLOGICAL ASSOCIATION INC
GEN NUMBER 3263

PAGE 1
CYCLE 200826

530205890	990-01	PARENT	AMERICAN PSYCHOLOGICAL ASSOCIATION INC 750 FIRST ST NE 7TH FLR WASHINGTON	DC	20002-4241997	
133407848	990-01	SUB	AMERICAN PSYCHOLOGICAL ASSOCIATION INC 750 FIRST ST NE 39 PSYCHOANALYSIS WASHINGTON	DC	20002-4241997	% AMER PSYCH ASSO FINANCIAL SERV
222214523	990-01	SUB	AMERICAN PSYCHOLOGICAL ASSOCIATION INC 6557 E RIVERDALE ST 29 PSYCHOTHERAPY MEZA	AZ	85215-0722576	% TRACEY MARTIN
223138182	990-01	SUB	AMERICAN PSYCHOLOGICAL ASSOCIATION INC 750 FIRST ST NE 49 GROUP PSYCH & GROUP PSYCHOTHERAP WASHINGTON	DC	20002-4241997	% AMER PSYCH ASSO FINANCIAL SERV
363533034	990-01	SUB	AMERICAN PSYCHOLOGICAL ASSOCIATION INC 750 FIRST ST NE 5 EVAL MEASUREMENT AND STATISTICS WASHINGTON	DC	20002-4241997	% AMER PSYCH ASSO FINANCIAL SERV
431607426	990-01	SUB	AMERICAN PSYCHOLOGICAL ASSOCIATION INC 750 FIRST ST NE 51 SOC PSYC STUDY OF MEN AND MASCUL WASHINGTON	DC	20002-4241997	% AMER PSYCH ASSO FINANCIAL SERV
521516864	990-01	SUB	AMERICAN PSYCHOLOGICAL ASSOCIATION INC 750 FIRST ST NE 30 SOC OF PSYCHOLOGICAL HYPNOSIS WASHINGTON	DC	20002-4241997	% AMER PSYCH ASSO FINANCIAL SERV
521563941	990-01	SUB	AMERICAN PSYCHOLOGICAL ASSOCIATION INC 750 FIRST ST NE 25 DIVISION OF BEHAVIOR ANALYSIS WASHINGTON	DC	20002-4241997	% AMER PSYCH ASSO FINANCIAL SERV
521563942	990-01	SUB	AMERICAN PSYCHOLOGICAL ASSOCIATION INC 8816 MAYWOOD AVE 28 PSYCHOPHARMACOLOGY & SUBSTANCE A SILVER SPRING	MD	20910-5025169	% JANE B ACRI PHD
521563945	990-01	SUB	AMERICAN PSYCHOLOGICAL ASSOCIATION INC 750 FIRST ST NE 26 SOCIETY FOR THE HISTORY OF PSYCH WASHINGTON	DC	20002-4241997	% AMER PSYCH ASSO FINANCIAL SERV
521563947	990-01	SUB	AMERICAN PSYCHOLOGICAL ASSOCIATION INC 750 FIRST ST NE 32 HUMANISTIC PSYCHOLOGY WASHINGTON	DC	20002-4241997	% AMER PSYCH ASSO FINANCIAL SERV
521563949	990-01	SUB	AMERICAN PSYCHOLOGICAL ASSOCIATION INC 359-E-BROAD-ST-310 750 First St NE 31 STATE PROVINCIAL & TERRITORIAL P COLUMBUS Washington	OH	43215-0000000 20002-4241997	AMER Psych Assn Financial Serv % AMERICAN PSYCHOLOGICAL ASSOCIAT

521563951 990-01 SUB

AMERICAN PSYCHOLOGICAL ASSOCIATION INC
750 FIRST ST NE
34 POPULATION & ENVIRONMENTAL PSYCH
WASHINGTONDC 20002-4241997
% AMER PSYCH ASSO FINANCIAL SERV

521563957 990-01 SUB

AMERICAN PSYCHOLOGICAL ASSOCIATION INC
750 FIRST ST NE
36 PSYCHOLOGY OF RELIGION
WASHINGTONDC 20002-4241997
% AMER PSYCH ASSO FINANCIAL SERV

521563958 990-01 SUB

AMERICAN PSYCHOLOGICAL ASSOCIATION INC
750 FIRST ST NE
35 SOC FOR THE PSYCHOLOGY OF WOMEN
WASHINGTONDC 20002-4241997
% AMER PSYCH ASSO FINANCIAL SERV

521563961 990-01 SUB

AMERICAN PSYCHOLOGICAL ASSOCIATION INC
750 FIRST ST NE
37 CHILD YOUTH AND FAMILY SERVICES
WASHINGTONDC 20002-4241997
% AMER PSYCH ASSO FINANCIAL SERV

521563963 990-01 SUB

AMERICAN PSYCHOLOGICAL ASSOCIATION INC
750 FIRST ST NE
41 AMERICAN PSYCHOLOGY-LAW SOCIETY
WASHINGTONDC 20002-4241997
% AMER PSYCH ASSO FINANCIAL SERV

521563965 990-01 SUB

AMERICAN PSYCHOLOGICAL ASSOCIATION INC
750 FIRST ST NE
43 FAMILY PSYCHOLOGY
WASHINGTONDC 20002-4241997
% AMER PSYCH ASSO FINANCIAL SERV

521563968 990-01 SUB

AMERICAN PSYCHOLOGICAL ASSOCIATION INC
750 FIRST ST NE
44 SOC FOR PSYCH STUDY OF LESBIAN G
WASHINGTONDC 20002-4241997
% AMER PSYCH ASSO FINANCIAL SERV

521563972 990-01 SUB

AMERICAN PSYCHOLOGICAL ASSOCIATION INC
750 FIRST ST NE
45 SOC FOR PSYCH STUDY OF ETHNIC MI
WASHINGTONDC 20002-4241997
% AMER PSYCH ASSO FINANCIAL SERV

521563975 990-01 SUB

AMERICAN PSYCHOLOGICAL ASSOCIATION INC
750 FIRST ST NE
47 EXERCISE AND SPORT PSYCHOLOGY
WASHINGTONDC 20002-4241997
% AMERICAN-PSYCHOLOGY-ASSOCIATION
Ammer Psych & Soc Financial Serv

521563989 990-01 SUB

AMERICAN PSYCHOLOGICAL ASSOCIATION INC
750 FIRST ST NE
1 SOCIETY FOR GENERAL PSYCHOLOGY
WASHINGTONDC 20002-4241997
% AMER PSYCH ASSO FINANCIAL SERV

521563991 990-01 SUB

AMERICAN PSYCHOLOGICAL ASSOCIATION INC
750 FIRST ST NE
2 SOCIETY FOR THE TEACHING OF PSYCH
WASHINGTONDC 20002-4241997
% AMER PSYCH ASSO FINANCIAL SERV

521563992 990-01 SUB

AMERICAN PSYCHOLOGICAL ASSOCIATION INC
750 FIRST ST NE
3 EXPERIMENTAL PSYCHOLOGY
WASHINGTONDC 20002-4241997
% AMER PSYCH ASSO FINANCIAL SERV

521563995	990-01 SUB	AMERICAN PSYCHOLOGICAL ASSOCIATION INC 750 FIRST ST NE 6 BEHAVIORAL NEUROSCIENCE & COMP PS	WASHINGTON	DC	20002-4241997	% AMER PSYCH ASSO FINANCIAL SERV
521563996	990-01 SUB	AMERICAN PSYCHOLOGICAL ASSOCIATION INC 750 FIRST ST NE 10 SOCIETY FOR THE PSYC OF AESTHETI	WASHINGTON	DC	20002-4241997	% AMER PSYCH ASSO FINANCIAL SERV
521563997	990-01 SUB	AMERICAN PSYCHOLOGICAL ASSOCIATION INC PO BOX 1082 12 SOCIETY OF CLINICAL PSYCHOLOGY	NIMOT	CO	80544-1082828	% LYNN PETERSON
521563999	990-01 SUB	AMERICAN PSYCHOLOGICAL ASSOCIATION INC 750 FIRST ST NE 15 EDUCATIONAL PSYCHOLOGY	WASHINGTON	DC	20002-4241997	% AMER PSYCH ASSO FINANCIAL SERV
521564000	990-01 SUB	AMERICAN PSYCHOLOGICAL ASSOCIATION INC 750 FIRST ST NE 16 SCHOOL PSYCHOLOGY	WASHINGTON	DC	20002-4241997	% AMER PSYCH ASSO FINANCIAL SERV
521564001	990-01 SUB	AMERICAN PSYCHOLOGICAL ASSOCIATION INC 750 FIRST ST NE 17 SOCIETY OF COUNSELING PSYCHOLOGY	WASHINGTON	DC	20002-4241997	% AMER PSYCH ASSO FINANCIAL SERV
521564003	990-01 SUB	AMERICAN PSYCHOLOGICAL ASSOCIATION INC 750 FIRST ST NE 18 PSYCHOLOGISTS IN PUBLIC SERVICE	WASHINGTON	DC	20002-4241997	% AMER PSYCH ASSO FINANCIAL SERV
521564004	990-01 SUB	AMERICAN PSYCHOLOGICAL ASSOCIATION INC 750 FIRST ST NE 19 SOCIETY FOR MILITARY PSYCHOLOGY	WASHINGTON	DC	20002-4241997	% AMER PSYCH ASSO FINANCIAL SERV
521564006	990-01 SUB	AMERICAN PSYCHOLOGICAL ASSOCIATION INC 750 FIRST ST NE 20 ADULT DEVELOPMENT AND AGING	WASHINGTON	DC	20002-4241997	% AMER PSYCH ASSO FINANCIAL SERV
521564013	990-01 SUB	AMERICAN PSYCHOLOGICAL ASSOCIATION INC 750 FIRST ST NE 21 APPLIED EXPER. & ENGINEERING PSYC	WASHINGTON	DC	20002-4241997	% AMER PSYCH ASSO FINANCIAL SERV
521574544	990-01 SUB	AMERICAN PSYCHOLOGICAL ASSOCIATION INC 750 FIRST ST NE 7 DEVELOPMENTAL PSYCHOLOGY	WASHINGTON	DC	20002-4241997	% AMER PSYCH ASSO FINANCIAL SERV
521708874	990-01 SUB	AMERICAN PSYCHOLOGICAL ASSOCIATION INC 919 W MARSHALL AVE 42 PSYCHOLOGISTS IN INDE PRACTICE	PHOENIX	AZ	85013-1734198	% JEANNIE BEEAFF

522160404 990-01 SUB

AMERICAN PSYCHOLOGICAL ASSOCIATION INC
UNIVERSITY OF VIRGINIA 405 EMMET ST
53 SOC OF CLIN CHILD & ADOLESC PSYVA 22903-0000000
% RICHARD R ABIDIN PH D

522257278 990-01 SUB

AMERICAN PSYCHOLOGICAL ASSOCIATION INC
750 FIRST ST NE
55 AMER SOC FOR THE ADV OF PHARMACODC 20002-4241997
% AMER PSYCH ASSO FINANCIAL SERV

530105890 990-01 SUB

AMERICAN PSYCHOLOGICAL ASSOCIATION INC
11100 EUCLID AVE RAINBOW BABIES AND
54 SOCIETY OF PEDIATRIC PSYCHOLOGYOH 44106-0000000
% CAROLYN E IEVERS-LANDIS PH D

541572590 990-03 SUB

AMERICAN PSYCHOLOGICAL ASSOCIATION INC
750 FIRST ST NE
GROUP RETURNDC 20002-4241997
% FINANCIAL SERVICES OFFICE

621338029 990-01 SUB

AMERICAN PSYCHOLOGICAL ASSOCIATION INC
750 FIRST ST NE
38 HEALTH PSYCHOLOGYDC 20002-4241997
% AMER PSYCH ASSO FINANCIAL SERV

770250718 990-01 SUB

AMERICAN PSYCHOLOGICAL ASSOCIATION INC
750 FIRST ST NE
48 SOC STUDY PEACE CONFL & VIOL PEADC 20002-4241997
% AMER PSYCH ASSO FINANCIAL SERV

900288490 990-01 SUB

AMERICAN PSYCHOLOGICAL ASSOCIATION INC
750 FIRST ST NE
56 TRAUMA PSYCHOLOGYDC 20002-4241997
% AMER PSYCH ASSO FINANCIAL SERV

911436109 990-01 SUB

AMERICAN PSYCHOLOGICAL ASSOCIATION INC
750 FIRST ST NE
50 ADDICTIONSDC 20002-4241997
% AMER PSYCH ASSO FINANCIAL SERV

911870182 990-01 SUB

AMERICAN PSYCHOLOGICAL ASSOCIATION INC
750 FIRST ST NE
52 INTERNATIONAL PSYCHOLOGYDC 20002-4241997
% AMER PSYCH ASSO FINANCIAL SERV

953882091 990-01 SUB

AMERICAN PSYCHOLOGICAL ASSOCIATION INC
750 FIRST ST NE
46 MEDIA PSYCHOLOGYDC 20002-4241997
% AMER PSYCH ASSO FINANCIAL SERV

APA Additions to IRS List

GEN 3263

Filing Requirement
Requirement
Code

EIN

Division Number and Chapter Name

Address

52-1563998	990-01	SUB	13 Society of Consulting Psychology	American Psychological Association Inc c/o American Psychological Association Financial Services 750 First Street NE Washington DC 20002-4241997
52-1564014	990-01	SUB	22 Rehabilitation Psychology	American Psychological Association Inc c/o American Psychological Association Financial Services 750 First Street NE Washington DC 20002-4241997
52-1564018	990-01	SUB	24 Society for Theoretical & Philosophical Psychology	American Psychological Association Inc c/o American Psychological Association Financial Services 750 First Street NE Washington DC 20002-4241997
52-1563955	990-01	SUB	33 Intellectual & Developmental Disabilities	American Psychological Association Inc c/o American Psychological Association Financial Services 750 First Street NE Washington DC 20002-4241997
52-1563959	990-01	SUB	40 Clinical Neuropsychology	American Psychological Association Inc c/o American Psychological Association Financial Services 750 First Street NE Washington DC 20002-4241997

Application for Extension of Time To File an
Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	AMERICAN PSYCHOLOGICAL ASSOCIATION, I	Employer identification number
	GROUP RETURN		54-1572590
	Number, street, and room or suite no. If a P.O. box, see instructions	750 FIRST STREET, NE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	WASHINGTON, DC 20002	

Check type of return to be filed (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► SEE ATTACHED DETAIL

Telephone No ► _____ FAX No ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 3263. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ☒ calendar year 2008 or
 ► ☐ tax year beginning _____, _____, and ending _____, _____

2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 4-2008)

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete **only Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete **only Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization AMERICAN PSYCHOLOGICAL ASSOCIA	Employer identification number
	GROUP RETURN	54-1572590
	Number, street, and room or suite no. If a P O box, see instructions 750 FIRST STREET, NE	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions WASHINGTON, DC 20002	

Check type of return to be filed (File a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of ☒ **SEE ATTACHED DETAIL**

Telephone No ☐ FAX No ☐

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 3263 If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/15/2009

5 For calendar year 2008, or other tax year beginning _____ and ending _____

6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period


7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED IN ORDER TO GATHER

THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$
c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature  Title CPA Date 8/13/09

CBIZ MHM, LLC
3 BETHESDA METRO CENTER, SUITE 600
BETHESDA, MD 20814

Form 8868 (Rev 4-2008)