

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990** 

# **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

<u>A</u>	For th	e 2009 ca	alendar	year, or tax year beginning	, 2009, a	nd ending			, 20
B (	Check if a	applicable	Please	C Name of organization Society for Person	ality and Socia	l Psycholo	gy	) Employe	er identification number
$\overline{}$		change	use IRS label or	Doing Business As				59	1667323
	Name cl		print or	Number and street (or P O box if mail is not delivered	to street address)	Room/suite	1	Telephor	ne number
			type. See	Uris Hall, Dept. of Psychology; Corne	all University			(607)	255-6391
_	initial ref		Specific	City or town, state or country, and ZIP + 4	on Oniversity	·		, ,	
	Termina		Instruc- tions	Ithaca, NY 14853			- 1,	Grane ree	ounte <b>¢</b>
		ed return		ne and address of principal officer	. — . — . — . — . — . — . — . — . — . —			G Gross rec	
LJ/	Application	on pending	r IVasi	ne and address of principal officer			1	-	or affiliates? Yes No
					7		1		cluded? Yes No
<u></u>		empt status		501(c) ( <b>3</b> )◀ (insert no ) ☐ 4947(a)(1) or ☐	<u> 527</u>		1		ist (see instructions)
		ite: ► wv					H(c) Group ex		
				oration ☐ Trust ☐ Association ☐ Other ▶	L Year	of formation	1974	M State of	legal domicile FL
Pá	art I	Summ	ary						· · · · · · · · · · · · · · · · · · ·
	1 1	Briefly de	escribe	the organization's mission or most sign	nificant activities	Prepara	tion, print	ing, and	distribution of
		scientifi	c publi	cations; holding annual research con	ference; provid	le awards	for excelle	ence in re	esearch; provide
92				training for graduate students					
Activities & Governance	·			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
ş	2	Chack this	hov s	f the organization discontinued its operations	or disposed of more	than 25% of	its net asset	e	
ဗိ	4			· · · · · · · · · · · · · · · · · · ·		5 (FIGH 2570 OF	i ito net asset	ا ع ا	11
مخ در				ng members of the governing body (Par				4	11
Ęį				pendent voting members of the governi	ing body (Part V	(1, line 1b)		<del></del>	
₹	5	Total nur	mber of	f employees (Part V, line 2a)				5	<u>0</u>
Ą	6	Total nur	mber of	f volunteers (estimate if necessary)				6	<del></del>
	7a	Total gro	ss unre	elated business revenue from Part VIII, o	Valita(O) Africal	程力	٦.	7a	0
	b	Net unre	lated b	usiness taxable income from Form 990-	I. line 34 - ! V	<u>⊆₽</u>	<u></u>	7b	0
				nd grants (Part VIII, line 1h)			Prior Yea	ar	Current Year
•	8	Contribu	tions a	1	70,962	335,997			
Revenue				e revenue (Part VIII, line 2g)	.MAY. 2. 1.2(		7	78,827	786,513
9				ome (Part VIII, column (A), lines 3, 4, and	1-70h			31,786	21,516
æ	11	Other rev	venue (	Part VIII, column (A), lines 5, 6d, 8c,=9e	ARBBEN.	Ur T		0	0
				add lines 8 through 11 (must equal Part VII			0	81,575	1,144,026
	1			•				18,675	15,000
				ilar amounts paid (Part IX, column (A), li		· · · <del>  -</del>		10,075	13,000
Š.	14			o or for members (Part IX, column (A), III		:: <del> </del>		_	
Se	15			ompensation, employee benefits (Part IX, o		5–10)		-	
Expenses	16a	Profession	onal fun	idraising fees (Part IX, column (A), line 11	e)				
ũ	b	Total fund	draising	g expenses (Part IX, column (D), line 25) ▶					
	17	Other ex	penses	(Part IX, column (A), lines 11a-11d, 11	f–24f)		6	08,986	754,282
	18	Total exp	oenses.	. Add lines 13-17 (must equal Part IX, o	olumn (A), line 2	25). 🖳	6	27,661	769,282
	19	Revenue	less ex	penses Subtract line 18 from line 12 .			3	43,914	374,744
ة ة ق	3					Be	ginning of Cu	rrent Year	End of Year
Assets	20	Total ass	sets (Pa	art X, line 16)			1,3	06,839	1,596,090
				Part X, line 26)				0	0
Net /				and balances. Subtract line 21 from line	20	` ` `	1.3	06,839	1,596,090
	art II			Block		<u> </u>		,	1,000,000
		<u> </u>		f perjury, I declare that I have examined this return,	including accompan	vina schedule	s and statem	ents, and to	the best of my knowledge
		and belie	ef, it is tru	ue, correct, and complete Declaration of preparer	(other than officer) is	based on all	information	of which pre	parer has any knowledge
e:		1		Janet A			1 (	5 /ic/	10
Sig	_	- Sum		- Truly				7/13/	10
пе	ere	y Sign	ature of		ive Officer		Date	l	
		<b> </b>		David Dunning, Execut	ing allien	<u>r</u>			
_		Тур	e or print	name and title					
		Preparer	s		Date	Chec			lentifying number
Pai	4	signature				self-	oyed ▶ □	(see instructi	ions)
						5	, a. a. —		
	parer's	Firm's na	ame (or y	rours		<del></del>	EIN	<b>&gt;</b> :	
USE	Only	ıf self-en	nployed),		<del></del>			<del></del>	
NA	w the		and ZIP		2 /200 (554-554-5		Phone no	, - (	<u>)                                    </u>
				s return with the preparer shown above			<u> </u>	· · ·	.   Yes   No
Fo	r Priva	cy Act an	d Pape	rwork Reduction Act Notice, see the sepa	rate instructions	<b>i.</b>	Cat No 11	282Y	Form <b>990</b> (2009)

Par	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission:  To promote and advance personality and social psychology through dissemination of research findings in scholarly journals and an annual scientific conference; provide supplemental training for graduate students in the discipline.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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
<b>4a</b>	(Code ) (Expenses \$ 198,129 including grants of \$ 0 ) (Revenue \$ 639,274 )  Preparation, printing, and distribution of two scientific publications and one newsletter; journal editorial management
4b	(Code:) (Expenses \$ 365,740 including grants of \$ 0 ) (Revenue \$ 147,239 )  Held annual scientific conference; funded awards and travel associate with conference; summer training institute for graduate students
4c	(Code:
	Other program services (Describe in Schedule O.) (Expenses \$ 15,000 including grants of \$ 15,000 ) (Revenue \$ 0 )
4e	Total program service expenses ► 607.615

Par	t 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	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
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		✓_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		✓_
5	Section 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 similar funds or 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		<b>√</b>
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		<b>✓</b>
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		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓_
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		<b>✓</b>
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			]
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	į		
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		1
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			٠ .
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a	-	1
14a b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	140		\ <u>`</u>
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		1
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		1
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		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	_	1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19	_	1
<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	<u> </u>	

Pa	Checklist of Required Schedules (continued)		,	
		ĺ	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		<b>√</b>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			<u> </u>
,u	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25.	24a		<b>√</b>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<b>✓</b>
С	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		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	ļ	✓
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
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		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		<b> </b> ✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	:	1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<b>✓</b>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		<b>√</b>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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? If "Yes," complete Schedule R,			
38	Part VI	37		1
<del></del>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	

Par	t 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	1		1
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			<u>'</u>
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	<b>√</b>	- '
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	<b>0</b> 1-		-
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			,
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		<u></u>
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b_		
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		<b>✓</b>
b	If "Yes," enter the name of the foreign country. ▶			i
	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_	-	1
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<del>-</del>
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	E o		
_	Prohibited Tax Shelter Transaction?	<u>5c</u> 6a		1
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	02		<u> </u>
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).	İ		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		}	1
	and services provided to the payor?	7a 7b		<b>▼</b>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	76		├
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
ч	required to file Form 8282?	· · ·		<del>                                     </del>
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	1		Į.
~	benefit contract?	7e		<b>/</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g	<u> </u>	1
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			,
_	required?	7h	<del> </del>	+
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	1		
	organization, have excess business holdings at any time during the year?	8	-	1
9	Sponsoring organizations maintaining donor advised funds.	Ť	T -	
а	Did the organization make any taxable distributions under section 4966?	9a		<b>✓</b>
þ	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter	1	)	
а	Initiation fees and capital contributions included on Part VIII, line 12	1		-
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
11	Section 501(c)(12) organizations. Enter.			
a	Gross income from members or shareholders	-		1
þ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			1
12a	section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b			

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

<u>Sec</u>	tion A. Governing Body and Management	_		
	٦١		Yes	No
1a	Enter the number of voting members of the governing body			,
b	Enter the number of voting members that are independent	1		1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		- 1	` ر '
	any other officer, director, trustee, or key employee?	2		<b>√</b>
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		<del></del>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	_	<del>-</del>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<u> </u>
6	Does the organization have members or stockholders?	6	<b>√</b>	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	_		
	of the governing body?	7a	✓_	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<b>✓</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	j		
	the year by the following:	٠ _ ا	, .	,
а	The governing body?	8a	<b>√</b>	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached		,	
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a	<b>√</b>	
	tion B. Policies (This Section B requests information about policies not required by the Inte	ernal		
Hev	enue Code.)			г
		40-	Yes	No /
	Does the organization have local chapters, branches, or affiliates?	10a		<b>V</b>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	406		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		-
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	44		,
	form?	11		<b>-</b>
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	10-		1
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		<b>-</b>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	401-	,	
	rise to conflicts?	12b	A	
- <b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		√-
13	Does the organization have a written whistleblower policy?	13		1
14	Does the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by			
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			ļ
а	The organization's CEO, Executive Director, or top management official	15a		1
	Other officers or key employees of the organization	15b		1
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			ł
	with a taxable entity during the year?	16a	Ī	1
h	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	L	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501)		only)	
	available for public inspection. Indicate how you make these available. Check all that apply	11213	, ,	
	☐ 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 int	erest	
	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 recoorganization. David Dunning, Executive Officer, Dept. Psych. Uris Hall, Cornell Univ., Ithaca, NY 1485	ords o	f the	6391

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees; officers, key employees; highest compensated employees, and former such persons.

Check this box if the organization did not co	(B)	•			C)			(D)	(E)	(F)
Name and Title	Average	Positi	on (c	•	-	that ap	(vla	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
David Dunning Executive Officer								18,000	0	0
		1			<u> </u>			10,000		
Jennifer Crocker President				1				o	o	0
Richard E. Petty Past President				<b>√</b>				0	0	0
Todd Heatherton President-Elect				1				0	0	0
Monica Biernat								0	0	0
Convention Committee Chair Janet Swim				<b>√</b>				0	- 0	 0
APA Council Representative M. Lynne Cooper				<b>✓</b>				0	0	
APA Council Representative Nicole Shelton				✓			-		-	
Member at Large	<del></del>			✓				0	0	0
Member at Large				1	<u> </u>			0	0	0
Randy Larsen  Member at Large				1				0	o	O
Jennifer Eberhardt Member at Large				/				0	0	0
Laura King Member at Large						-		0	0	0
member at Large				1					<u></u>	<del></del>
				-	-					
	· · · -									

Name and trile    A   A   A   A   A   A   A   A   A	Part V	Section A. Officers, Directors, Tru	stees, Key	Emp	loy€	es,	and	d Higl	hest	Compensated	Employees (co	ntınued	)	
house per veek    The composition of the compositio		(A)				•	-			, ,		1		
week grade to the proper section of the pro		Name and title			_	_			_					
1b Total				or di	nstrt	뚥	(ey	의 연합	orm	from	from related			ın
1b Total  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►  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 steed 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 individuals.  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  Description of services  Compensation				rect	utio	er e	emp	est o	् ब्	organization		fro	m the	
1b Total  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►  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 steed 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 individuals.  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  Description of services  Compensation				اع تے	nait		loye	° ° ° m		(W-2/1099-MISC)				
1b Total  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►  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 steed 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 individuals.  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  Description of services  Compensation		:		stee	rust		ď	pen						
1b Total  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►  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 steed 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 individuals.  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  Description of services  Compensation					8			sate						
1b Total  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶  3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a' If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000' If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  5 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)  (B)  (C)  (Compensation								-						
1b Total  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶  3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a' If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000' If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  5 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)  (B)  (C)  (Compensation									l		_			
1b Total  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶  3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a' If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000' If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  5 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)  (B)  (C)  (Compensation														
1b Total  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶  3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a' If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000' If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  5 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)  (B)  (C)  (Compensation				ļ					<u> </u>					
1b Total  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶  3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a' If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000' If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  5 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)  (B)  (C)  (Compensation				1			İ					-		
1b Total  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶  3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a' If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000' If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  5 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)  (B)  (C)  (Compensation				ļ	╙	<u> </u>	_	ļ	₩		<del></del>	<del> </del>		
1b Total  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶  3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a' If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000' If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  5 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)  (B)  (C)  (Compensation				ĺ								ļ		
1b Total  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶  3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a' If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000' If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  5 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)  (B)  (C)  (Compensation				-	-			<del> </del>	+-	-	<del> </del>			_
1b Total  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶  3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a' If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000' If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  5 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)  (B)  (C)  (Compensation										İ				
1b Total  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶  3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a' If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000' If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  5 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)  (B)  (C)  (Compensation				<del>                                     </del>	1	╁┈			1	<del> </del>				
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►  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			-									İ		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►  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						1					7.			
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►  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			<u> </u>		<u> </u>				<u> </u>			ļ		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►  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														
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►  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			<u> </u>	<u> </u>	<u> </u>	<u> </u>		<b> </b>	$\perp$		ļ			
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►  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			-		1					Į.	[			
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►  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					$\vdash$	-	╄	<del> </del> -	+-			<del>                                     </del>		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►  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			-		1									
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►  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			<u> </u>	+	+-	┼	+	+	╁╌	<del></del>	<del>-</del>	+		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►  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	<b>-</b>	•••••	-	1	1				1	1				
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►  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			<del>                                     </del>	1					$\top$					
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►  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			1				<u></u>							
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►  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			_											
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►  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			<u> </u>		<u>L</u> .	<u> </u>			<u> </u>		<u> </u>	4		
reportable compensation from the organization     Yes   N				<u></u>					<u>\</u>	<u> </u>				
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 isted 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				to tr	iose	e list	ed	abov	e) w	ho received m	iore than \$100,0	000 in		
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		sportable compensation from the organiz	ation										Ves	No
employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization 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)  (B)  (C)  (C)  Compensation		N. I. I. I. I. I. I. I. I. I. I. I. I. I.					1		1					
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	3 L	old the organization list any <b>tormer</b> offictions on line 1a? If "Yes" complete s	er, airectoi Schedule J	roru Ifors	rust uch	ee,	key livid	emp lual	юує	ee, or nighest	compensated	3		<b>-</b>
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.  5 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)  (B)  (C)  Compensation									, n ar	d other comp	ensation from			
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)  (B)  (C)  Compensation	<b>4</b> F	he organization and related organizations	sum on rep areater th	an \$1	50.	000	7 <i>If</i>	"Yes.	" CC	omplete Sched	ule J for such		_	
services rendered to the organization? If "Yes," complete Schedule J for such person		<u> </u>			,							4		✓
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)  (B)  (C)  Compensation  Compensation	5 [	oid any person listed on line 1a receive	or accrue	com	per	nsat	ion	from	an	y unrelated or	ganization for	_		,
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  (B)  (C)  Compensation  (C)  Compensation			"Yes," com	piete	Sc	nea	ule	J for	suc	n person .	<del></del>	5		✓
compensation from the organization.  (A) Name and business address  (B) Description of services  Compensation		· ·	omnoncat	od in	don	and	ont	contr	ract	ore that receiv	ad more than \$	100.000	) of	-
(A) Name and business address  (B) Description of services  Compensation			compensat	eu iii	uep	enu	CIII	Conti	act	ors that receiv	ed more man φ	100,000	<i>J</i> 01	
Name and business address  Description of services  Compensation									Т	(B)		10	2)	
			dress						1		services			1
			,											
											·			
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 1							d to	thos	e lis	sted above) wh	o received			

Part	VIII	Statement of Revenue				
			(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	b	Federated campaigns 1a  Membership dues 1b 191,752  Fundraising events 1c  Related organizations 1d				
ntributions, d other sim	f	Government grants (contributions).  All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f \$				
S ĕ		Total. Add lines 1a–1f	335,997			
Program Service Revenue	2a b	Publication Revenue  Convention Revenue	639,274 147,239			
am Service	c d e					
Progra		All other program service revenue  Total. Add lines 2a–2f	786,513			
	3	Investment income (including dividends, interest, and other similar amounts)	21,516			
	5	Royalties	-			
	C	Less: rental expenses Rental income or (loss) Net rental income or (loss)			-	-
	1	Gross amount from sales of assets other than inventory	-			[ ;
	c	Less cost or other basis and sales expenses .  Gain or (loss)	-			_,
Revenue		Gross income from fundraising events (not including \$				
Other		See Part IV, line 18 a  Less: direct expenses b  Net income or (loss) from fundraising events ▶				
		Gross income from gaming activities See Part IV, line 19 a Less direct expenses, b				
		Net income or (loss) from gaming activities				
	b	Gross sales of inventory, less returns and allowances a Less: cost of goods sold b	_			-
		Net income or (loss) from sales of inventory	1			<del> </del>
	11a				-	
	c					
	e	All other revenue	0	<del> </del>		
		Total revenue. See instructions ▶	1,144,026			<u> </u>

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete col	umn (A) but are not	required to comp	lete columns (B),	
	not include amounts reported on lines 6b, 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	15,000	15,000		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members . Compensation of current officers, directors,				
5	trustees, and key employees	18,000		18,000	<u>-</u>
6 7	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).  Other salaries and wages				
9	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
	Payroll taxes	2,917		2,917	
c d	Lobbying	2,317		2,317	
f	Professional fundraising services See Part IV, line 17 Investment management fees				
12 13 14	Advertising and promotion	59,393		59,393	
15 16 17	Royalties	53,037		53,037	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	154,715	154,715		
19 20 21	Conferences, conventions, and meetings . Interest	137,713	104,713		
22 23 24	Depreciation, depletion, and amortization Insurance				
24	covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	Publication Expenses Computer/Web	198,129 28,746	198,129		
b	Awardo	6,566	28,746 6,566		
d d	Training Activities	204,459	204,459		
e	Miscellaneous	28,320		28,320	
f 25	All other expenses	769,282	607,615	161,667	
26	Joint costs. Check here ► ☐ 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	703,202	007,013	101,007	

Fel	rt X	Balance Sheet	· · · · · · · · · · · · · · · · · · ·		
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	218,816	1	556,121
	2	Savings and temporary cash investments	1,088,023	2	1,039,969
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
- 1	5	Receivables from current and former officers, directors, trustees, key			1
		employees, and highest compensated employees. 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	
S	_			7	
Assets	7	Notes and loans receivable, net		8	
As	8	Inventories for sale or use		9	· <del> · · · · · · · · · · · · · · · · ·</del>
İ	9 10a	Land, buildings, and equipment cost or 10a			
	IVa	other basis. Complete Part VI of Schedule D			
	h	Less: accumulated depreciation 10b		10c	• — -
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
Ì	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,306,839	16	1,596,090
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	· · · · · · · · · · · · · · · ·
Ξ	22	Payables to current and former officers, directors, trustees, key		İ	
Lial		employees, highest compensated employees, and disqualified		22	
_		persons. Complete Part II of Schedule L		23	
	23	Secured mortgages and notes payable to unrelated third parties		24	<del></del>
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
alances		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			· · · · · · · · · · · · · · · · · · ·
Jan	27	Unrestricted net assets		27	
Ва	28	Temporarily restricted net assets		28	
P	29	Permanently restricted net assets		29	
or Fund	İ	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ă	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	1,306,839		1,596,090
_	34	Total liabilities and net assets/fund balances	1,306,839	34	1,596,090

Form	aan	(2009)

Page 12

Pai	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990.			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			· ·
_	Schedule O.	١٠_		,
	Were the organization's financial statements compiled or reviewed by an independent accountant?	<u>2a</u>		<b>V</b>
b	Were the organization's financial statements audited by an independent accountant?	2b		<b>/</b>
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	İ	' '	
	the Single Audit Act and OMB Circular A-133?	3a		1
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	Ja		-
•		26		1
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

#### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Name of the organization

Society for Personality and Social Psychology

59 1667323

Pai	rt Í	Reason	for Public Ch	arity Status (All org	ganızatic	ns must	comple	te this	oart.) Se	e instruc	tions.	
The	orga	anization is no	ot a private foun	dation because it is:	(For lines	1 throug	h 11, che	eck only	one box.)			
1		A church, co	nvention of chui	rches, or association	of church	nes descr	ribed in s	ection 1	70(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).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the										
4	Ш		-								(A)(III). Ente	er the
_		hospital's name, city, and state:										
5	ш	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				ernment or governme	ntal unit	describe	d ın secti	on 170(b	o)(1)(A)(v)			
7				receives a substantia							he general	public
		described in	section 170(b)(	1)(A)(vi). (Complete P	art II)							
8				in section 170(b)(1)								
9	✓	An organizat	ion that normally	receives: (1) more that	an 33⅓ %	of its su	pport fror	n contrib	utions, m	embershi	p fees, and	gross
		receipts from	n activities relate	ed to its exempt funct ent income and unre	ions—su lated bus	oject to t	certain ex vable inc	ceptions ome (les	, and (2) s section	no more 511 tax\	from busin	OFICE
				after June 30, 1975						011 tax,		.00000
10	П		-	nd operated exclusive						a)(4).		
11				ind operated exclusive							r to carry o	ut the
		purposes of	one or more put	olicly supported organ	nizations	described	d in section	on 509(a)	(1) or sec	tion 509(	a)(2). See se	
		509(a)(3). Ch	neck the box tha	t describes the type						s 11e thr	ough 11h	
	_	a 🗌 Type			🗆 Тур						Type III-O	
е				ify that the organizat								
			er than foundatio section 509(a)(2)	n managers and other	r than one	e or more	publicly	supporte	a organiz	ations de	scribed in s	ection
f						Abo IDC i		a Tuna I	LTunall	or Tuno	III ayanart	ina
'			zation received, check this box	a written determinati	on irom	lile ins	mai ii is	a Type I	i, Type ii,	or type	iii support	'''9  T
g				the organization acce	 epted anv	aift or c	ontribution	on from a	 inv of the			
9		following per		and organization according		J			,			
		(i) A persor	who directly or	r indirectly controls, e	either alo	ne or tog	jether wit	h person	ns describ	ed in (11)	Yes	No
			_	ning body of the sup		ganızatıo	n? .				11g(i)	<del>                                     </del>
				rson described in (i) a							11g(ii)	1
h			-	of a person described					• • •		11g(iii)	
_ <u>h</u>		e of supported	(ii) EIN	ation about the supportion (iii) Type of organization		organization		ou notify	(vi)	s the	(vii) Amour	nt of
117		ganization	(4) 2.14	(described on lines 1-9	in col (i) li	sted in your	the organ	nization in	organizat	ion in col	suppor	
				above or IRC section (see instructions))	governing	document?		of your cort?		zed in the S?		
					Yes	No	Yes	No	Yes	No		
		·			}							
						ļ			ļ			
						Ì						
		<del></del>			<del> </del> -	<del> </del> -			<del> </del>	_	<u>.</u>	
						1						
						1			1			
						1						
		<del></del>			-		<del> </del>	<del> </del>	1	<del> </del>		
Tot	ai			-	ļ							

Par	(Complete only if you check					and 170(b)	(1)(A)(vi) 
	tion A. Public Support		· · · · · · · · · · · · · · · · · · ·				<u></u>
Cal	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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 through 3						
5 6	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)  Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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)						
11	Total support. Add lines 7 through 10 .		<u> </u>	l		1	1
12	Gross receipts from related activities, etc.	: (see instructi	ons)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	ere					
	tion C. Computation of Public Su					11	<u></u>
14	Public support percentage for 2009 (line					14	%
15	Public support percentage from 2008 Sc	•	•			15	%
16a	33½% support test—2009. If the organiand stop here. The organization qualifies	s as a publicly	supported orga	inization			▶ [
b	33½ % support test—2008. If the organication quality and stop here. The organization quality and stop here.						re, check this ▶ [
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	facts-and-circu	ımstances" test	, check this box	and stop here	e. Explain in Pa	art IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "organization meets the "facts-and-circumst."  Private foundation. If the organization did	facts-and-circui ances" test The	mstances" test, e organization qu	check this box alifies as a publ	and stop here	. Explain in Pa organization	rt IV how the
	3		,		, ""		

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.)

200	tion A. Public Support	d the box of	inic 5 or 1 ar	,		<del></del> ·	
	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include	(-,30					
2	any "unusual grants.")	108,232	203,108	197,654	170,972	335,997	1,015,963
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	470,362	478,924	680,786	778,827	786,513	3,195,412
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	<u> </u>					
6	Total. Add lines 1 through 5	578,594	682,032	878,440	949,789	1,122,510	4,211,375
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 \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						4,211,375
-	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		578,594	682,032	878,440	949,789	1,122,510	4,211,375
9 10a	Amounts from line 6		18,839	18,958	31,786	21,516	100,587
b	Unrelated business taxable income (less section 511 taxes) from businesses	9,488	10,039	10,930	31,780		100,387
	acquired after June 30, 1975						
	Add lines 10a and 10b	9,488	18,839	18,958	31,786	21,516	100,587
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	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	588,082	700,871	897,398	981,575	1,144,026	
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u> </u>	nd, third, fourth	•		on 501(c)(3) 
	ction C. Computation of Public Su	<del></del>	<del>-</del>		<del></del>	<del></del>	
15	Public support percentage for 2009 (lin	ie 8, column (1	) divided by lin	ne 13, column	(f))	15	97 %
16 Sec	Public support percentage from 2008 Setion D. Computation of Investment			<del></del>		16	97.5 %
				d by less 40 -	olumn (6)	17	3 %
17 18	Investment income percentage for 200 Investment income percentage from 20	•		•		18	2.5 %
19a	· · · · · · · · · · · · · · · · · · ·	anızatıon dıd r	ot check the b	ox on line 14, a	and line 15 is n	nore than 331/3	%, and line
b	33\% % support tests—2008. If the organ line 18 is not more than 33\% %, check this	ization did not	check a box or	n line 14 or line	19a, and line 1	6 is more than	331/3 %, and
20	Private foundation. If the organization				-		

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047	2009	Open to Public
------------------	------	----------------

▶ Attach to Form 990.

Inspection

Employer identification number

1667323

ž **Defray Op Expense** (h) Purpose of grant or assistance Z Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . (g) Description of non-cash assistance 29 . . . . . . . . . . . (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance (d) Amount of cash grant 10,000 . Enter total number of section 501(c)(3) and government organizations (c) iRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance 56-2589620 Society for Personality and Social Psychology (b) EIN Enter total number of other organizations Foundation for Personality and Social Psychology 1 (a) Name and address of organization Name of the organization Part I

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

Cat No 50055P

Schedule I (Form 990) 2009

#### **SCHEDULE O** (Form 990)

# Supplemental Information to Form 990

I OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

	ONID 110 1343 0047					
90	2009					
ns on						
	Open to Public					
	Inspection					
Employer identification number						

Society for Personality and Social Psychology	59		1667323				
Part III, line 4d: Other program servicesgrants to other organizations							
Part VI, line 19: The Society makes governing documents, conflict of interest policies, and financial statements available							
upon written request to the executive office.							
			····				
			•••••				
			•				
	•••••						
•	•		***************************************				

#### SCHEDULE O (Form 990)

#### **Supplemental Information to Form 990**

20**09** 

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization Employer identification number Society for Personality and Social Psychology 59 1667323 Part VI, line 9: Jennifer Crocker, University of Michigan Department of Psychology 530 Church St. Ann Arbor, MI 48109 Rich Petty, Past President Ohio State University Department of Psychology 1835 Neil Avenue Columbus, OH 43210 Dartmouth College Psych & Brain Sciences Moore Hall 6207 Hanover, NH 03755 Monica Biernat, Secretary-Treasurer University of Kansas Department of Psychology 1415 Jayhawk Blvd. Lawrence, KS 66045

St. Louis, MO 63130