

## 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



# SCANNED AUG 7 2 2013

Form **990** 

Department of the Treasury Internal Revenue Service

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

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

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

OMB No 1545-0047

2012

Open to Public Inspection

<u> </u>	For the 2	012 cale	endar year, or tax year beginning	01/01	, 2012, an	nd end	ing	12/31	, 20					
B	Check if ap	plicable.	C Name of organization SOCIETY F	OR PERSONALITY	AND SOCIAL PS	SYCHO	DLOGY INC	D Em	ployer Identifi	cation number				
	Address ch	ange	Doing Business As					59-1667323						
	Name chan	-	Number and street (or P O box if ma	ul is not delivered to st	reet address)	Room/s	suite	E Tele	phone numbe	r				
$\overline{\Box}$	Initial return	-	265 HIGH STREET		+				860-742	2-6870				
Ħ	Terminated		City, town or post office, state, and 2	IP code			-							
$\exists$	Amended r		COVENTRY, CT 06238					G Gro	ss receipts \$	1,493,117				
$\exists$			F Name and address of principal office	r JOHN F DOVII	210		H(a) is the		<del> </del>	? ☐ Yes ☑ No				
ш	Application	pending	265 HIGH STREET, COVENTRY,		510					Yes No				
						7.07			list (see instri					
<u> </u>	Tax-exemp		▼ 501(c)(3)	) (insert no )	4947(a)(1) or L	527								
<u>.                                    </u>	Website:		WW.SPSP.ORG	[] OIL	1. ٧				ption number					
K			Corporation Trust Associate	tion	L Year	of form	nation 197	5   M S	State of legal d	omicile FL				
		Summ	<del></del>	an ar most signif	eant activition	D===		··	مند براسه منام ام	na of opiontific				
			escribe the organization's missi											
9	1	publications; hold annual research conference; provide awards for excellence in research; provide supplemental training for												
aŭ	_9	raduate	students							•••••				
Activities & Governance	ļ <u></u>													
Š	1		nis box ▶ 🗌 if the organization o						ı	issets.				
প্র			of voting members of the gove						3	11				
es	4 N	umber	of independent voting member	s of the governing	g body (Part VI, I	line 1b	0)	. L	4	11				
¥	5 T	otal nui	mber of individuals employed in	n calendar year 20	)12 (Part V, line :	2a)			5	3				
듕	6 T	otal nui	mber of volunteers (estimate if i	necessary)					6	120				
⋖	7a T	otal uni	related business revenue from I	Part VIII, column (	C), line 12 .			. [7	7a	0				
	L		elated business taxable income	· · · · · · · · · · · · · · · · · · ·	•			. 17	7b	0				
							Prior	Year	С	urrent Year				
•	<b>8</b> C	ontribu	itions and grants (Part VIII, line	346,0	620	233,271								
Revenue	1		service revenue (Part VIII, line					970.	<del>                                      </del>	1,147,465				
Š	1	-	ent income (Part VIII, column (A	•					B81	13,682				
æ	1		venue (Part VIII, column (A), line		•				0	10,002				
			enue—add lines 8 through 11 (m					1,322,	<del></del>	1,394,418				
			and similar amounts paid (Part I)			<u> </u>		101,		119,000				
	1		paid to or for members (Part IX					101,	0	119,000				
	145 0		other compensation, employee t		•			07	043	170,024				
Şe	10 0			· · · · · · · · · · · · · · · · · · ·				97,	043	170,024				
ē	16a P		onal fundraising fees (Part IX, c		-		100 100 100 100 100 100 100 100 100 100	realist Co. Refer A						
Expenses	b T		ndraising expenses (Part IX, col			0	<u>前 美術 湯松</u>							
_	17		penses (Part IX, column (A), line			<u> </u>		720,		604,075				
			penses. Add lines 13-17 (must		umn (A), line 25)	107		919,	<del></del>	893,099				
_	_	evenue	e less expenses. Subtract line 1	8 from [[82]12	1 · 2 4 · 2013	·  Q	ll	402,		501,319				
Sor	3			0	L & 1 2010	Ś	Beginning of			End of Year				
Net Assets	20 T		sets (Part X, line 16)	· · · · · · · · · · · · · · · · · · ·		] <u>∞</u>		2,440,	197	2,953,911				
A S	21 T		bilities (Part X, line 26)		GDEN, UT			260,	239	287,756				
			ets or fund balances. Subtract l	ne 21 from line 2	0		<u>'</u>	2,179,	958	2,666,155				
P	art II	Signa	ture Block											
	•		ury, I declare that I have examined this r						t of my knowle	edge and belief, it is				
tn	Je, correct, a	ana com	olete Declaration of oreparer (other than	oπicer) is based on ai	I information of which	n prepa	irer nas any kno	wieage						
			cha total					7/2	0/13					
Si	gn	<b>S</b> ign	ature of officer					Date						
He	ere	)O	HN F DOVIDIO, EXECUTIVE OFFI	CER										
	İ	Тур	e or print name and title		<u> </u>		·		· -					
<u> </u>	aid	Print/T	ype preparer's name	Preparer's signature			Date	Ch	eck 🗍 if P	TIN				
									f-employed					
	eparer	Firm's	name ▶				F	irm's EIN	<u>.</u>					
U	se Only		address ▶		<del></del>			hone no						
Ma	ay the IRS		ss this return with the preparer	shown above? (se	ee instructions)					☐ Yes ☐ No				
_	<del>-i</del>		uction Act Notice, see the separa			Cat	No 11282Y		• • • • • • •	Form <b>990</b> (2012)				
			not itoliou, dec alle sepala			- Jai								

art l	0 (2012)		Page
1	Check if Schedule O contains a response to any question in this Part III	<u> </u>	[
•	Briefly describe the organization's mission:	•	
	To promote and advance personality and social psychology through dissemination of research findings in scholarly 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?	☐ Yes	
	If "Yes," describe these new services on Schedule O.	☐ 162	A 140
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	☐Yes	☑ No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocated the total expenses, and revenue, if any, for each program service reported.	as meas cations to	sured o othe
4a	(Code: ) (Expenses \$ 177,802 including grants of \$ ) (Revenue \$	848,06	6)
	Preparation, printing, and distribution of three scientific publications; journal editorial management.		
			·
lb	(Code:) (Expenses \$ 347,034 including grants of \$ 61,500 ) (Revenue \$	299.569	9 )
	Held an annual scientific conference; funded awards and travel associated with the conference; sponsored supplem	ental trai	nina
	for graduate students.	icinal trai	
	for graduate students.		
	for graduate students.		······
	for graduate students.		
4c	(Code:) (Expenses \$	and	0 )
4c	(Code:) (Expenses \$	and	0 )
<b>4c</b>	(Code: ) (Expenses \$ 201,083 including grants of \$ ) (Revenue \$ Maintained and enhanced the website of the Society; administered list-serves; managed membership relationships information; media promotion of the Society's mission and scientific achievements in the field; supported related ps	and	0 )
<b>1</b> 4c	(Code: ) (Expenses \$ 201,083 including grants of \$ ) (Revenue \$ Maintained and enhanced the website of the Society; administered list-serves; managed membership relationships information; media promotion of the Society's mission and scientific achievements in the field; supported related ps	and	0 )
4c	(Code: ) (Expenses \$ 201,083 including grants of \$ ) (Revenue \$ Maintained and enhanced the website of the Society; administered list-serves; managed membership relationships information; media promotion of the Society's mission and scientific achievements in the field; supported related ps	and	0 )
łc	(Code: ) (Expenses \$ 201,083 including grants of \$ ) (Revenue \$ Maintained and enhanced the website of the Society; administered list-serves; managed membership relationships information; media promotion of the Society's mission and scientific achievements in the field; supported related ps	and	0 )
ŀc	(Code: ) (Expenses \$ 201,083 including grants of \$ ) (Revenue \$ Maintained and enhanced the website of the Society; administered list-serves; managed membership relationships information; media promotion of the Society's mission and scientific achievements in the field; supported related ps	and	0 )

o) (Revenue \$

725,919

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

4e Total program service expenses ▶

Form 99	0 (2012)		ı	Page 3
Part	V Checklist of Required Schedules			
4			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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		<b>/</b>
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		1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	10	•	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		<b>1</b>
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<b>▼</b>
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<b>✓</b>	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	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, Parts II and IV.	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, Parts III and IV	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 (see instructions)	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
20 a		20a		1
b		20b	1	T

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<b>~</b>	
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	<b>✓</b>	
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 \$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		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 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		·
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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):	/ <u>p</u>	1	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		✓
С	Schedule L, Part IV	28b 28c		1
29	Did the organization receive more than \$25,000 in non-eash contributions? If "Yes," complete Schedule M	29		<b>-</b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>√</b>
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		1
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		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		<b>✓</b>
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		<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		✓
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</i> ,			
38	Part VI	37		<b>✓</b>
	19: Note: All Form 330 mers are required to complete schedule O	38	✓	İ

Part				
	Check if Schedule O contains a response to any question in this Part V	• •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   40		103	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c	>	
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 3	ļ'		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<b>✓</b>	
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3a 3b		<b>✓</b>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			١,
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<b>-</b>
~	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	05		<del>                                     </del>
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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d e	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>	ļ	
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.		ļ	
a	Did the organization make any taxable distributions under section 4966?	9a		-
10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<del> </del>
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 . 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			ļ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	ļ
12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	<del> </del>
а	Note. See the instructions for additional information the organization must report on Schedule O.	ısa	<del>                                     </del>	<del> </del>
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			j
С	Enter the amount of reserves on hand	1		1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<b>✓</b>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part	Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI										
Secti	ion A. Governing Body and Management	_ <b></b>		<u>. [/</u>							
			Yes	No							
1a	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar										
	committee, explain in Schedule O.	:	į								
ь 2	Enter the number of voting members included in line 1a, above, who are independent .   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?										
3											
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3	<u> </u>	1							
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	1	<del>                                     </del>							
6 7a	Did the organization have members or stockholders?	6 7a	✓	1							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	✓								
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	9	1								
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Rever			<u> </u>							
	The second of th		Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		1							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓								
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13	100									
b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a 12b	<b>✓</b>	-							
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c									
13	Did the organization have a written whistleblower policy?	13	<del></del>	7							
14	Did the organization have a written document retention and destruction policy?	14		<b>✓</b>							
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		1							
b	Other officers or key employees of the organization	15b		<b>√</b>							
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		<b>✓</b>							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	Toa		·							
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b									
	on C. Disclosure										
17 18	List the states with which a copy of this Form 990 is required to be filed None  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(	c)(3)s	only)							
19	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	of intei	est p	oolicy,							
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: ► SUSAN H SCHROEDER CPA CFO, (479)521-2644	of the	t								

_	-
Page	- 1

Form 990 (2012)

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

Check if Schedule O contains a response to any question in this Part VII		<u> </u>		<u></u>	<u>. [</u>
--	--	----------	--	---------	------------

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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 neither the organization	nor any relate	d orga	anız			ompe	nsa	ted any curren	t officer, director	, or trustee.
		1		•	C)					
(A)	(B)	/do n	at ab		ition	a than		(D)	(E)	(F)
Name and Title	Average hours per week (list any	(do not check more that box, unless person is b officer and a director/tr					an tee)	from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Jennifer Beer	1									
Executive Committee Member-at-large	0	<b>✓</b>			ļ		ļ	0	0	0
Shelly Gable	11	,								
Executive Committee Member-at-large	0	<b>✓</b>		-	<u> </u>			0	0	0
Wendi Gardner	1	,								
Executive Committee Member-at-large	0	<b>✓</b>	ļ	<u> </u>	↓	ļ	<u> </u>	0	0	0
Sam Gosling	5	,								
Executive Committee Member-at-large	0	✓			ļ	ļ	ļ	5,017	0	0
Randy Larsen	1									
Executive Committee Member-at-large	0	<b>✓</b>	<u> </u>	<u> </u>	├-	<b>├</b>	<u> </u>	0	0	0
Patricia G Devine	5	ļ		١,					}	
President	0		<u> </u>	<b>✓</b>	1	ļ	<u> </u>	0	0	0
Todd Heatherton	2	ł	1	١,						
Past President	0	<u> </u>	_	✓	-	ļ	ᆫ	0	0	0
David Funder	2						ļ			
President Elect	0	<u> </u>	$oxed{oxed}$	✓	L.	<u> </u>	<u> </u>	0	0	0
Monica Biernat	2					]				
Executive Committee Secretary / Treasurer	0	<u> </u>	<u> </u>	✓	_	<u> </u>	<u> </u>	0	0	0
John F Dovidio	25	]								
Executive Officer	0	<u> </u>		✓	_			22,881	0	0
David Dunning	3	<u> </u>							j	
Assoc. Executive Officer	0	<u> </u>		✓				5,131	0	0
Susan H Schroeder	45	)				1				
Chief Financial Officer	0		-	1	-			53,750	0	0
			_		1_					
		-								

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)									ued)			
	(A) Name and title	(B) Average hours per week (list any	Average box, unless per officer and a dure lek (list any					an tee)	Reportable compensation from	(E) Reportable compensation frelated	n from	(F) Estimated amount of other
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizati (W-2/1099-N	ons	compensation from the organization and related organizations
								-	-			
								-				
										,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
				-	-							
	Sub-total		<u> </u>	<u></u>	-	Ξ.		<b>—</b>	86,779		0	
С	Total from continuation sheets to Part	VII, Sectio	n A					<b>&gt;</b>				
d	Total (add lines 1b and 1c)							<b>&gt;</b>	86,779		0	0
2	Total number of individuals (including but reportable compensation from the organi	t not limited	to th					e) w	ho received m	ore than \$1	00,00	0 of
3	Did the organization list any former of employee on line 1a? If "Yes," complete										nsate	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											ne 1
5	Did any person listed on line 1a receive of for services rendered to the organization											27.774.7135   3.774.8.7 7   36
Coati	on B. Independent Contractors	111 103, 0	.ompi		00,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	110 0 1	0, 0	sacri persori	<del></del>	<u>· ·</u>	5   ✓
1	Complete this table for your five highest compensation from the organization. Rep											
	year. (A) Name and business add	tress				-			(B) Description of s	envices		(C) Compensation
TME	Events Inc, 971 West Campus Lane, Goleta, C							Co	nvention planni			207,748
		<del></del>						ļ	· · · · ·			
2	Total number of independent contractor	ors (includir	ng bu	ıt n	ot	limit	ed to	th	nose listed abo	ove) who	源源	

received more than \$100,000 of compensation from the organization ▶

Part	VIII	Statement of Reve						
		Check if Schedule O	contains a res	ponse to any quest	tion in this Part V		<u> </u>	<u></u> . 🔲
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ıts	1a	Federated campaigns	s <b>1</b>	a 0				
필	b	Membership dues .	1	b 232,006				
ا ڳِيُ	С	Fundraising events .	1	c 0				
# E	d	Related organizations	s 1	d 0				
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (con		e 170				
<u> 5</u> 5	f	All other contributions, gi						
1 # E		and similar amounts not inc	cluded above 🛭 🖠	f 1,095				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions include	ded in lines 1a-1f.	\$ o				
ᆲ	h	Total. Add lines 1a-1	f	🕨	233,271			
ne				Business Code				
Ş	2a	Publication Income		511190	707,066	707,066	0	0
8	b	Publication Cost Adva	inces	511190	141,000	141,000	0	0
ķ	C	Conference Income		900099	299,399	299,399	0	0
Ser	d							
ä	е							
Program Service Revenue	f	All other program ser			0	0	0	0
<u>-</u>	<u>g</u>	Total. Add lines 2a-2			1,147,465			
	3	Investment income						
		and other similar amo	•		10,017	0	0	10,017
	4	Income from investmen		•	0	0	0	0
	5	Royalties	(i) Real		0	0	0	0
	0-	0	(i) Neai	(ii) Fersonal				
	6a	Gross rents						
	b	Less: rental expenses	ļ					·
	C	Rental income or (loss)  Net rental income or	(1 )	0 0				
	d 7a	Gross amount from sales of	(i) Secunties	(ii) Other		·		
	٠	assets other than inventory	102,3			l		
	ь	Less: cost or other basis	102,3	0				
		and sales expenses .	98,6	99 0				
	С	Gain or (loss)	3.6	<del></del>				
	d	Net gain or (loss) .		<u> ▶</u>	3,665	0	0	3,665
une	8a	Gross income from fu	undraising					
Other Revenue		of contributions reported See Part IV, line 18.		а				
the state	h	Less: direct expenses		b	1			
0		Net income or (loss) f				:		
		Gross income from ga		s.				
	b	Less: direct expenses			1			
		Net income or (loss) f						
	10a	Gross sales of ir						
		returns and allowance	es	а				,
	b	Less: cost of goods s						·
	С	Net income or (loss) t		· · · · · · · · · · · · · · · · · · ·				
		Miscellaneous F	Revenue	Business Code				
	11a							
	b			-	ļ			
	C	All _AL		.				
	d	All other revenue .						
	12	Total revenue See i			1 204 419	4 4 4 7 4 6 7		12.000

Part IX Statement of Functional Expenses

Dc =	Check if Schedule O contains a respons			· · · · · · · · · · · · · · · · · · ·	
8b, 9b	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	57,500	57,500		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	51,000	51,000		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	10,500	10,500	<b></b>	
4	Benefits paid to or for members	10,300	0		
5	Compensation of current officers, directors, trustees, and key employees	79,625	33,125	46,500	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	73,023	33,123	40,300	
7 8	Other salaries and wages	81,280	40,640	40,640	
9	Other employee benefits				
10	Payroll taxes	9,119	3,921	5,198	
11	Fees for services (non-employees):				
а	Management				
b	Legal	9,525	5,357	4,168	
C	Accounting	5,685		5,685	
d	Lobbying				
e f	Professional fundraising services. See Part IV, line 17 Investment management fees	739		739	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)		400.004		
12	Advertising and promotion	200,184	196,684	3,500	
13	Office expenses	22,375	446	21,929	
14	Information technology	20,684	20,684		·
15	Royalties				
16	Occupancy [				
17	Travel	61,493	31,203	30,290	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings . Interest	195,477	195,477		
21	Payments to affiliates	2,711	2,711		
22	Depreciation, depletion, and amortization .				
23	Insurance	9,025	1,864	7,161	
24	Other expenses. Itemize expenses not covered		l I		
	above (List miscellaneous expenses in line 24e. If		<u> </u>		
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
•	· · · · · · · · · · · · · · · · · · ·	54.615	54,615	0	
a b	Dues & Subscriptions Scientific Achievement Awards	54,615 14,199	14,199	0	
c d	Grant Program Costs	2,581	2,581	0	(
e	All other expenses	4,782	3,412	1,370	
25	Total functional expenses. Add lines 1 through 24e	893,099	725,919	167,180	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   ☐ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (B) (A) Beginning of year End of year Cash-non-interest-bearing . . . . . . . 1 694.620 928,650 2 1,550,446 2 1,553,885 3 3 35,637 4 o 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 0 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 0 Notes and loans receivable, net . . . . . . . . . 7 0 Inventories for sale or use . . . . . . . A 0 8 a Prepaid expenses and deferred charges . . . 159,494 9 56,065 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation . . . 10b 10c Investments—publicly traded securities . . . . 11 0 11 415,311 12 Investments—other securities. See Part IV, line 11 . 0 12 13 Investments—program-related. See Part IV, line 11... 0 13 14 14 Intangible assets . . . . . . . . . . . . . . . . 0 15 Other assets. See Part IV, line 11 . . . . . . . . 0 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 2,440,197 2,953,911 17 Accounts payable and accrued expenses . . . . . . . . . . . . 17 23,038 29,469 18 0 18 11,288 Deferred revenue . . . . . . . . . 19 237,201 19 230,575 20 20 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 21 22 Loans and other payables to current and former officers, directors, Liabilities 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 0 24 Unsecured notes and loans payable to unrelated third parties . . . 0 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 16,424 25 26 Total liabilities. Add lines 17 through 25 . . 260,239 26 287,756 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . . 2,151,273 27 2,658,076 28 Temporarily restricted net assets . . . . . . . . . 10,958 28 Permanently restricted net assets . . . . 29 17,727 8,079 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ 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 33 2,179,958 2,666,155 34 Total liabilities and net assets/fund balances . . 2,440,197 34 2,953,911 Form 990 (2012) If the organization changed either its oversight process or selection process during the tax year, explain in

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

За

Form 990 (2012)

Schedule O.

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

Department of the Treasury

Name of the organization

Internal Revenue Service

## **Public Charity Status and Public Support**

a section

**Employer identification number** 

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

Open to Public Inspection

SOCIETY FOR PERSONALITY AND SOCIAL PSYCHOLOGY INC 59-1667323 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 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.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) ☑ An organization that normally receives: (1) more than 331/3% 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 331/3% 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). 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. **c** Type III–Functionally integrated a 🗍 Type I **b** ☐ Type II **d** ☐ Type III–Non-functionally integrated 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) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting 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 Yes No 11g(i) 11g(iı) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . . . 11g(in) Provide the following information about the supported organization(s). (i) Name of supported (iii) Type of organization (iv) Is the organization (v) Did you notify (vii) Amount of monetary (ii) EIN (vi) is the in col (i) listed in your the organization in organization in col organization (described on lines 1-9 support col (i) of your governing document? (i) organized in the above or IRC section support? US? (see instructions)) No Yes No No (A) (B) (C) (D) (E)

Part II

	(Complete only if you checked the Part III. If the organization fails to				_		ality under
<u>Secti</u>	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(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	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.	<del> </del>	·	<del>*************************************</del>	÷	##	
Secti	on B. Total Support	<u></u>	<u> </u>	**************************************	<u> </u>		
Calen	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(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 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the	-			n, or fifth tax y	ear as a sectio	n 501(c)(3)
<u> </u>	organization, check this box and stop her			· · · · ·	• • • • •	<u> </u>	· · • [
	on C. Computation of Public Suppor			141 (0)			
14	Public support percentage for 2012 (line 6		•			15	<u>%</u>
15 16a	Public support percentage from 2011 Sch 33 <sup>1</sup> / <sub>3</sub> % support test—2012. If the organiz						
100	box and <b>stop here.</b> The organization qual						
b	331/3% support test—2011. If the organicheck this box and stop here. The organic	nization did no	ot check a bo	x on line 13 or	r 16a, and line		-
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "forganization	012. If the orgates the "facts-acts-and-circ	anization did n	ot check a box ances" test, cho st. The organiz	on line 13, 16 eck this box a	nd <b>stop here.</b> [	line 14 is Explaın in
b	10%-facts-and-circumstances test – 20 15 is 10% or more, and if the organizat Explain in Part IV how the organization m	tion meets the eets the "fact	e "facts-and-c s-and-circums	ircumstances" stances" test. T	test, check the	his box and st	, and line op here.
18	supported organization		box on line 13		 a, or 17b, chec	 ck this box and	see

## 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 or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

<del></del>	in the organization rails to quality	under the te	sis listed beig	w, please co	implete Part i	1.)	<del></del>
	on A. Public Support				( n a n	( ) =====	<del></del>
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise	170,972	335,997	200,157	346,620	233,271	1,287,017
2	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	778,827	786,513	919,156	970,939	1,147,465	4,602,900
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	0	0	0	0		0
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	0	0	0	0		0
5	The value of services or facilities					j	
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0		0
6	Total. Add lines 1 through 5	949,799	1,122,510	1,119,313	1,317,559	1,380,736	5,889,917
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	0	0	0	0		0
b	Amounts included on lines 2 and 3						
	received from other than disqualified			İ			
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	0	0	0	0		0
_	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
<del></del>	line 6.)	THE PROPERTY OF	影響的研究的	N. H. M.		10000000000000000000000000000000000000	5,889,917
	on B. Total Support	1 4 1 2 2 2 2			<del></del>		
	dar year (or fiscal year beginning in) ▶	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	949,799	1,122,510	1,119,313	1,317,559	1,380,736	5,889,917
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources.						
L	•	31,786	21,516	11,030	4,881	10,017	79,230
b	Unrelated business taxable income (less section 511 taxes) from businesses		'				
	acquired after June 30, 1975						_
•	Add lines 10a and 10b	0		0	4 004	40.047	70.000
С 11	Net income from unrelated business	31,786	21,516	11,030	4,881	10,017	79,230
"	activities not included in line 10b, whether						
	or not the business is regularly carried on				ا		•
12	Other income. Do not include gain or	0	0	0	0		0
12	loss from the sale of capital assets						
	(Explain in Part IV.)	o	0	o			0
13	Total support. (Add lines 9, 10c, 11,	<u>_</u>	-				0
	and 12.)	981,585	1,144,026	1,130,343	1,322,440	1,390,753	5,969,147
14	First five years. If the Form 990 is for t			d. third. fourth			
	organization, check this box and stop he						▶ □
Secti	on C. Computation of Public Suppo	rt Percentag	e				
15	Public support percentage for 2012 (line	8, column (f) di	vided by line 1	3, column (f))	<del></del>	15	98.67 %
16	Public support percentage from 2011 Sc	hedule A, Part	III, line 15 .			16	98.39 %
Secti	on D. Computation of Investment In	come Perce	ntage				
17	Investment income percentage for 2012	(line 10c, colun	nn (f) divided b	y line 13, colur	nn (f))	17	1.33 %
18	Investment income percentage from 201	1 Schedule A,	Part III, line 17			18	1.61 %
19a	331/3% support tests-2012. If the organ						
	17 is not more than 331/3%, check this box		-			_	_
b	331/3% support tests—2011. If the organi						
	line 18 is not more than 331/3%, check this		_	•		• •	
20	Private foundation. If the organization d	id not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions 🕨 🔲

Pac	1e	4

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
	······································
	······································

## SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

SOCIE	TY FOR PERSONALITY AND SOCIAL PSYCHOLOGY INC	59-1667323
Par		nds 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 5	Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets h	neld in donor advised
•	funds are the organization's property, subject to the organization's exclusive legal control	
6	Did the organization inform all grantees, donors, and donor advisors in writing that gra	
•	only for charitable purposes and not for the benefit of the donor or donor advisor, or f	
	conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·
Part	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).	
	☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of	of an historically important land area
		of a certified historic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
_	Total number of conservation easements	
a b	Total number of conservation easements	
C	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not	
	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or ter	minated by the organization during the
	tax year ►	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, ins	
_	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation	n easements during the year
7	Amount of our areas in a word in manufacture, and onfever a consequence of	amonto durina the veer
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation eas	ements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements	of section 170(b)(4)(B)
•	(i) and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue	
	balance sheet, and include, if applicable, the text of the footnote to the organization's file	
	organization's accounting for conservation easements.	
Part		
<u>.</u>	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a		
	works of art, historical treasures, or other similar assets held for public exhibition, e	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its works of art, historical treasures, or other similar assets held for public exhibition, e	
	public service, provide the following amounts relating to these items:	edication, or research in furtherance of
	(i) Revenues included in Form 990, Part VIII, line 1	<b>▶</b> \$
	(ii) Assets included in Form 990, Part X	\$
2	If the organization received or held works of art, historical treasures, or other similar	ar assets for financial gain, provide the
	following amounts required to be reported under SEAS 116 (ASC 059) relating to those	tomor
а	Revenues included in Form 990, Part VIII, line 1	<b>&gt;</b> \$
ь	Assets included in Form 990. Part X	<b>&gt;</b> \$

Pa	_	A	2

Part	II Organizations Maintaining	Collections of	Art, Historical T	reasures, or Of	ther Similar Ass	ets (continued)
3	Using the organization's acquisition, a collection items (check all that apply):		her records, chec	k any of the follow	wing that are a sig	nificant use of its
а	Public exhibition		d 🗌 Loan	or exchange prog	rams	
b	☐ Scholarly research		e 🗌 Other			
С	☐ Preservation for future generations					
4	Provide a description of the organizat	tion's collections a	and explain how ti	hey further the org	ganızation's exemp	ot purpose in Part
	XIII.					
5	During the year, did the organization					
	assets to be sold to raise funds rather					<u> </u>
Part	line 9, or reported an amoun	it on Form 990, F	Part X, line 21.			
1a						•
						☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the following to	able:		<del> </del>
	_				Am	nount
С	Beginning balance			<u>  10</u>		
ď	Additions during the year					
е	Distributions during the year					
f	Ending balance			<u>11</u>		
2a	Did the organization include an amour					☐ Yes ☐ No
	If "Yes," explain the arrangement in Pa					
Par	V Endowment Funds. Comple	<del>_</del>		(c) Two years back		
	Decimals of war halans	(a) Current year	(b) Prior year		(d) Three years back	
1a	Beginning of year balance	17,729	17,727	17,498		17,154
b	Contributions	30	0	0	0	0
С	Net investment earnings, gains, and losses		_			
		335	2	229	112	232
d	Grants or scholarships	10,000	0	0	0	0
е	Other expenditures for facilities and programs					
	-	0.	0	0		0
f	Administrative expenses	15 8,079	0			<u> </u>
9 <del>2</del>	End of year balance    Provide the estimated percentage of t					17,386
	Board designated or quasi-endowmer	-	o %	, column (a)) neld	as.	
a b		100 %	<del></del> 70			
C	Temporarily restricted endowment ▶					
C	The percentages in lines 2a, 2b, and 2		10%			
За	Are there endowment funds not in the	•		at are held and ac	lministered for the	•
- Ou	organization by:	o poddoddion or an	io organization th	at are more and ac		Yes No
	(i) unrelated organizations					3a(i) ✓
	(ii) related organizations					3a(ii) ✓
b	If "Yes" to 3a(ii), are the related organi					3b V
4	Describe in Part XIII the intended uses					
Part						
	Description of property	(a) Cost or ot			Accumulated	(d) Book value
		(investm		ther) d	epreciation	(a) Dook (algo
1a	Land	·		अके रही त <sub>ी के कि</sub>		
b	Buildings	·				
С	Leasehold improvements	·				·
d	Equipment					
е	Other	·				
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part X, columr	n (B), line 10(c).)	<u> ▶                               </u>	

Part VII Investments - Other Securities	s. See Form 990, Part X, I	ine 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<u>-</u> ]	
Part VIII Investments - Program Relate	ed. 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets. See Form 990, F		
	(a) Description	(b) Book value
	(a) Description	(a) Book value
(1)		
(2) (3)		
(4)		
(5)		
(6)		
(7)		***************************************
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X,	col. (B) line 15.)	
Part X Other Liabilities. See Form 990		
1. (a) Description of liability	(b) Book value	
(1) Federal income taxes	0	1
(2) Div. 8 Fund Balance	804	
(3) SPPS Fund Balance	15,620	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		]
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25 ) ▶		
		panization's financial statements that reports the organization
		the footnote has been provided in Part XIII

	ule D (Form 990) 2012		Page 4
Par			
1	Total revenue, gains, and other support per audited financial statements	1	<u> </u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	e At	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	(200)	
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	34740	
а			
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part	XIII Supplemental Information	10	
	elete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV lines 1h a	and 2h:
	/, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t		
	nation.	o provide any ac	io.c.o.iui
Schoo	dule D. Part V. Line 4. Present award for scholarly achievements		
Scriet	dule D, Part V, Line 4 - Present award for scholarly achievements.		
		· · · · · · · · · · · · · · · · · · ·	

# SCHEDULE F (Form 990)

## **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to

OMB No 1545-0047

2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SOCIETY FOR PERSONALITY AND SOCIAL PSYCHOLOGY INC

Employer identification number

59-1667323

	Form 990, Part IV, line					
1	For grantmakers. Does the assistance, the grantees' eliginary grants or assistance?	gibility for the	maintain reco	rds to substantiate the amoustance, and the selection	ount of its grants and other criteria used to award the	□Yes □No
2	For grantmakers. Describe assistance outside the Unite		he organizatio	on's procedures for monitor	oring the use of its grants	and other
3	Activities per Region. (The fo	llowing Part I	, line 3 table c	an be duplicated if addition	al space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)						
(2)						
(3)						
(4)						
(5)					-	
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Sub-total					
b	Total from continuation sheets to Part I					
С	Totals (add lines 3a and 3b)					

Page 2

Schedule F (Form 990) 2012

Grants and Other Assistance to Organizations or Entitles Outside the United States. Complete if the organization answered "Yes" to Form 990, (i) Method of valuation (book, FMV, appraisal, other) (h) Description of non-cash assistance Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Amount of non-cash assistance cash disbursement (f) Manner of (e) Amount of cash grant (d) Purpose of grant (c) Region (b) IRS code section and EIN (if applicable) (a) Name of organization Part II <u>(</u>0 E (12) (14) 33 <u>8</u> ල € <u>Q</u> 9 <u>@</u> <u></u>

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

Enter total number of other organizations or entitles

က

15)

(91

N

Schedule F (Form 990) 2012

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2012

Part III Grants ar

(a) Type of grant or assistance	of grant or assistance (b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) Sch F, Stmt 1							
L							
(6)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
						Sch	Schedule F (Form 990) 2012

-	10.1 (FORTI 550) 2012	Page -
Part	IV Foreign Forms	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	✓ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	<b></b> ✓ No

Part V	Supplemental Information
	Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).
· <b></b>	

## Schedule F, Part V, Statement 1

Form: Schedule F

Page 3

Line Number: Part III

# SOCIETY FOR PERSONALITY AND SOCIAL PSYCHOLOGY INC 59-1667323

**Grants To Individuals Located Outside US** 

		Recipients	Cash Grant	Non-Cash Assistance
Assistance	Student travel scholarship to annual	12	6,000	0
	conference awarded at \$500 per student			
Region	North America (including Canada and			
	Mexico, but not the United States)			
Cash Disbursement	US \$ check			
Non-Cash Assistance	N/A			
Valuation	N/A			
Assistance	Student travel scholarship to annual	5	2,500	0
	conference awarded at \$500 per student			
Region	Europe (including Iceland and Greenland			
Cash Disbursement	US\$ check			
Non-Cash Assistance	N/A			
Valuation	N/A			
Assistance	Student travel scholarship to annual	2	1,000	
	conference awarded at \$500 per student			
Region	Middle East and North Africa			
Cash Disbursement	US \$ check			
Non-Cash Assistance	N/A			
Valuation	N/A			
Assistance	Student travel scholarship to annual	2	1,000	0
	conference awarded at \$500 per student			
Region	East Asia and the Pacific			
Cash Disbursement	US \$ check			
Non-Cash Assistance	N/A			
Valuation	N/A			

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

2012

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

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

▶ Attach to Form 990.

7	OCIAL PSYCHOLO	GY INC					59-1667323
Part General Information on Grants and Assistance	on Grants and	Assistance				14.	7
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ain records to subs	stantiate the amou	nt of the grants or	assistance, the c	grantees' eligibility fo	ir the grants or assistanc	;
	award the grants	or assistance?					· · · · Yes · · ·
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ızatıon's procedur	es for monitoring	he use of grant fur	nds in the United	States.		
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ssistance to Go		<b>Organizations i</b> an \$5,000. Part	<b>n the United S</b> i Il can be duplic	<b>tates.</b> Complete if ated if additional s	the organization answasce is needed.	and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, ore than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Sch 1, Stmt 1						:	
(2)							
(6)							
(4)				:			
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
(11)				i			
(12)							
<ul> <li>Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li> <li>Enter total number of other organizations listed in the line 1 table</li> </ul>	n 501(c)(3) and gov organizations listed	ernment organizat	ions listed in the li	ne 1 table			2
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	s for Form 990.		Ö	Cat No 50055P		Schedule I (Form 990) (2012)

Page <b>2</b> Form 990, Part IV, line 22.	Ι.	(f) Description of non-cash assistance								to provide the information required in Part I, line 2, Part III, column (b), and any other additional	that support the mission of the Society and maintain their qualifications under IRC section 501(c)(3). The Executive sach recipient organization and re-evaluates each funding decision during the annual budget making process.						Schedule I (Form 990) (2012)
	ation answered "Yes" to	(e) Method of valuation (book, FMV, appraisal, other)								line 2, Part III, column (b)	in their gualifications under IF inding decision during the anr						
	mplete if the organiz	(d) Amount of non-cash assistance								on required in Part I,	the Society and maintai ind re-evaluates each fu						
	ited States. Co	(c) Amount of cash grant								de the informati	port the mission of vient organization a						
	dividuals in the Unil space is needed.	(b) Number of recipients									organizations that supl activities of each recip						
Schedule I (Form 990) (2012)	Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance	1 See Schedule I, Part IV, Statement 2	2	၉	4	5	9	7	Part IV Supplemental Information. Complete this part information.	Schedule I, Part I, Line 2 - All assistance is provided to organizations that support the mission of the Society and maintain their qualifications under IRC section 501(c)(3). The Exe Committee remains continuously knowledgeable of the activities of each recipient organization and re-evaluates each funding decision during the annual budget making process.						

### **SCHEDULE 0** (Form 990 or 990-EZ)

Name of the organization

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Employer identification number

2012

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

Open to Public Inspection

SOCIETY FOR PERSONALITY AND SOCIAL PSYCHOLOGY INC	59-1667323
Form 990, Part VI, Section A, Line 5 - During the year it was discovered that an administrative employe	e made significant unauthorized
withdrawals from the Society's checking account in prior years. The employee was terminated immedi	
police and placed in the hands of the authorities. Steps have been taken to reduce the risk of a similar	diversion in the future.
Form 990, Part VI, Section A, Line 6 - The Society is a membership organization open to individuals int	erested in the mission of SPSP.
Form 990, Part VI, Section A, Line 9 - Monica Biernat, Dept. of Psychology, University of Kansas, 1415	
66045. Patricia Devine, Dept. of Psychology, 1202 W. Johnson St., University of Wisconsin, Madison, W	
Psychology, 202 Swift Hall, 2029 Sheridan Road, Northwestern University, Evanston, IL 60208. Sam Go	
University of Texas, 1 University Station A8000 , Austin, TX 78712. Todd Heatherton, Psychology and E	
Dartmouth College, Hanover, NH 03755. Randy Larsen, Dept. of Psychology, Campus Box 1125, Washi	
Drive, St. Louis, MO 63130. David Dunning, Psychology Dept., Cornell University, Uris Hall, Ithaca, NY	
Psychology, 1 University Station, A8000, Austin, TX 78712. Shelly Gable, Psychology Department, 3822	
CA 93106. David Funder, Department of Psychology, University of California, Riverside, CA 92521. Sus	an Schroeder, 2700 Rosewood Dr.,
Fayetteville, AR 72703. John F. Dovidio, 265 High St., Coventry CT, 06238	
Form 990 Part VI Section R. Line 11h. The form 990 is drafted by the CEO and reviewed by the Every	Sino Officer and
Form 990, Part VI, Section B, Line 11b - The form 990 is drafted by the CFO and reviewed by the Execu- Secretary/Treasurer of the Executive Committee prior to filing. It is signed by the Executive Officer.	tive Officer and
Secretary reasoner of the Executive Committee prior to ming, it is signed by the Executive Officer.	
Form 990, Part VI, Section B, Line 12c - The Society has a written conflict of interest policy which is rev	viewed annually at a meeting of the
Executive Committee. Officers and directors of the Society sign a Conflict of Interest Disclosure Stater	
3	
Form 990, Part VI, Section C, Line 19 - The Society makes it governing documents, conflict of interest	polices, and financial statements
available upon written request made to the Executive Office.	
Form 990, Part IX, Line 11g - Web editor and member services stipend = 7,500, Numerous publication 6	editor stipends = 91,834, Editorial
administration services = 50,450, Public information services = 46,900, administrative support=3,500. 1	otal = 200,184
***************************************	***************************************
***************************************	
Form 990, Part XI, Line 9 - Increase in Campbell Restricted fund due to net unrealized gains = 352, Transport	sfer out of Murray Fund =
<10,000>, Reclassify NSF restricted balance to liability paid in 2013 = <10,958>, rounding <2>; total dec	rease = <20,608>.
	•••••
•••••••••••••••••••••••••••••••••••••••	
***************************************	

Schedule I, Part IV, Statement 1

SOCIETY FOR PERSONALITY AND SOCIAL PSYCHOLOGY INC

59-1667323

Form: Schedule I

Page<sup>-</sup> 1

Line Number: Part II

Description of Grants and Other Assistance to Governments and Organizations in the United States

		Amount of cash grant	Amount of non-cash assistance
Name and address	Foundation for Personality and Social Psychology	10,000	0
	752 Meigs Street		
	Rochester, NY 14620		
EIN	56-2589620		
IRC code section	501(c)(3)		
Method of valuation	N/A		
Description of non-	N/A		
cash assistance			
Purpose of grant	Defray operating expenses.		
Name and address	Social Psychology Network	47,500	0
	Wesleyan University		
	Middletown, CT 06457		
EIN	06-0646959		
IRC code section	501(c)(3)		
Method of valuation	N/A		
Description of non-	N/A		
cash assistance			
Purpose of grant	Defray operating expenses		

59-1667323

Form: Schedule I

Page 2

Line Number Part III

### Description of Grants and Other Assistance to Individuals in the United States

		Number of recipients	Amount of cash grant	Amount of non-cash assistance
Type of grant	Travel scholarships to annua SPSP conference awarded at the rate of \$500 to each student	190	45,000	0
Method of valuation Description of non-cash assistance	N/A N/A			
Type of grant	Travel scholarships to EAESP training awarded at the rate of \$750 to each student	3	2,250	0
Method of valuation Description of non-cash assistance	N/A N/A			
Type of grant	Travel scholarships to EASP training awarded at the rate of \$750 to each student.	5	3,750	0
Method of valuation Description of non-cash assistance	N/A N/A			