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## 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 private foundations)

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

		<b>2013 c</b> applicab	C Name of organization	•	2-31-2013	D Emplo	yer ider	ntification number
	dress c	• •	AMERICAN PSYCHOLOGICAL ASSOCIA	ATION INC		53-0	205890	)
Na	me cha	ange	Doing Business As					
	tıal retu			all is not delivered to street address) Room	/suite	E Teleph	one numl	per
	rmınate		750 FIRST STREET NE Suite			(202	336-5	500
_		return	City or town, state or province, coun WASHINGTON, DC 20002	ntry, and ZIP or foreign postal code				
Ap	plicatio	n pendıı			1		•	169,666,343
			F Name and address of prin	icipai officer		s this a group ubordinates?		for
			750 FIRST STREET NE WASHINGTON, DC 20002					
			Whatimeron, be 20002			re all subord Icluded?	ınates	Γ Y es Γ N o
<b>I</b> Ta	x-exer	npt stat	us 🔽 501(c)(3)	insert no ) 4947(a)(1) or 527	If	f "No," attach	n a list	(see instructions)
J W	ebsit	e:► V	VWW APA ORG		H(c)	Group exemp	tion nun	nber ►
<b>K</b> For	m of o	rganızat	on Corporation Trust Association	n Other ▶	L Year	of formation 19	925 <b>M</b>	State of legal domicile DC
Pa	rt I	Su	mmary					
Governance		THEA	NIZATION CREATED TO ADVAN	SOCIATION IS A NATIONAL MEM ICE PSYCHOLOGY AS A MEANS O				
	2	Check	this box 🚩 if the organization dis	scontinued its operations or dispose	d of more tha	an 25% of its	net as:	sets
Activities &	3	Numb	er of voting members of the govern	ing body (Part VI, line 1a)			3	171
Ē			· -	of the governing body (Part VI, line 1	•		4	169
ទូ				calendar year 2013 (Part V , line 2a) ecessary)			6	722 159
	1			art VIII, column (C), line 12			7a	5,293,991
				om Form 990-T, line 34			7b	2,571,189
						Prior Year		Current Year
aı.	8			ne 1h)	·	2,785,		2,534,834
Revenue	9			ne 2g)		102,301, 4,672,		107,745,753
ã.	10 11		er revenue (Part VIII, column (A),	(A), lines 3, 4, and 7d) lines 5, 6d, 8c, 9c, 10c, and 11e)	•	9,049,		1,796,979
	12	Tota		(must equal Part VIII, column (A),	line	118,809,		127,538,836
	13			IX, column (A), lines 1-3)		2,072,		2,224,827
	14	Ben	efits paid to or for members (Part I	X, column (A), line 4)			0	0
8	15	Sala 5-1		ee benefits (Part IX, column (A), line	s	57,723,	.885	60,005,714
Expenses	16a	Prot	essional fundraising fees (Part IX,	column (A), line 11e)			0	0
ਡੋ	Ь		l fundraising expenses (Part IX, column (D)		-			
	17			ines 11a-11d, 11f-24e)		59,830,		56,882,742
	18 19			st equal Part IX, column (A), line 25 18 from line 12		119,626,		119,113,283
20 S 40 G 40 G	129	KeV	- Subtract life	10 HOHE HIE 12		-817, ining of Curre Year		8,425,553 End of Year
See Telephone	20	Tota	al assets (Part X, line 16)		.	236,941,	077	257,045,386
Not Assets or Fund Balances	21					200,894,		191,581,742
	22		assets or fund balances Subtract	line 21 from line 20		36,046,	767	65,463,644
Unde my k	nowle arer h	alties odge ar as any		amined this return, including accomp aplete Declaration of preparer (other				
			pe or print name and title					
			Print/Type preparer's name Jeffrey J Schragg	Preparer's signature	Date	Check if self-employed	PTIN P00234	
Paid		~ <b>-</b>	Firm's name BDO USA LLP	1	1	Firm's EIN	1	
	pare On		Firm's address > 8405 GREENSBORO DR	IVE 7TH FLOOR		Phone no (202	2) 336-55	500
		3	Î.					

MCLEAN, VA 22102
May the IRS discuss this return with the preparer shown above? (see instructions) .

✓ Yes No

Total program service expenses ►

orm	0 (2013)	Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	F
1	riefly describe the organization's mission	
SYC UPP NCL (NOV	ERICAN PSYCHOLOGICAL ASSOCIATION (APA) IS A NATIONAL MEMBERSHIP ORGANIZATION CREATED TO ADVA PLOGY AS A MEANS OF PROMOTING HEALTH, EDUCATION, AND HUMAN WELFARE APA FULFILLS THESE OBJECTIVEN ITING A NUMBER OF PROGRAMS AND ACTIVITIES FOR ITS MEMBERS AND THE GENERAL PUBLIC THESE ACTIVITION OF RESEARCH RESULTS AND PSYCHOLOGICAL EDGE TO BOTH PSYCHOLOGISTS AND THE PUBLIC, PROGRAMS DESIGNED TO SUPPORT THE USE OF PSYCHOLOGISTS OF PSYCHOLOGICAL FOR THE USE OF	ES BY ES CAL
	d the organization undertake any significant program services during the year which were not listed on e prior Form 990 or 990-EZ?	No
	"Yes," describe these new services on Schedule O	
	d the organization cease conducting, or make significant changes in how it conducts, any program rvices?	No
	"Yes," describe these changes on Schedule O	
	scribe the organization's program service accomplishments for each of its three largest program services, as measured by penses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others a total expenses, and revenue, if any, for each program service reported	
4a	Code ) (Expenses \$ 39,787,810 including grants of \$ 0 ) (Revenue \$ 86,666,305 )	
	the APA Publications and Databases Office is responsible for the dissemination of psychological information worldwide. Information dissemination projects cholarly journals, a book and video publishing program, and seven electronic database products. In 2013 the APA journals program published more than circles in 339 journal issues. In 2013, PsycARTICLES, the electronic database product containing full-text journal content, added 12 new titles and nearly tricles. In 2013, APA published 44 books, 166 kindle editions and 11 videos. Additionally, Magination Press, APA's children's book imprint, released 12 new feTools, APA's self-help imprint, released 3 titles. At the end of 2013, the PsycBOOKS database contained nearly 1,000 APA books, 2,772 classic books of sychology, and more than 55,400 chapters. PsycINFO, the bibliographic database, was increased by 192,756 records. PsycTESTS, the research database sychological tests, measures, scales, surveys and other assessments, had a total of 19,650 records, 76% of which included full text test. PsycEXTRA, the erature database that includes both bibliographic records and full text content, increased by 38,400 records. In 2013, 510 new reviews were added to sycCRITIQUES, the database of book and film reviews.	1,229 14,500 / titles and n on
4b	O) (Expenses \$ 11,496,539 including grants of \$ 0) (Revenue \$ 14,036,535)  HE APA PUBLIC & MEMBER COMMUNICATIONS DIRECTORATE COMPRISES MEDIA RELATIONS AND PUBLIC AFFAIRS, MEMBERSHIP SERVICES, MARKETING DVERTISING SALES, PUBLICATIONS EDITING AND DESIGN, AND TWO MEMBER MAGAZINES THE DIRECTORATE IS THE PRIMARY POINT OF CONTACT FOR EMBERS AND THE PUBLIC, AND AS SUCH, STRIVES TO ADVANCE PSYCHOLOGY AS A SCIENCE, AS A PROFESSION, AND AS A MEANS OF PROMOTING HUM EALTH AND WELFARE DIRECTORATE ACTIVITIES INCLUDE DEVELOPMENT OF MEMBERSHIP RECRUITMENT ADVERTISING AND DIRECT MAIL CAMPAIGNS ROMOTION OF MEMBERSHIP BENEFITS AND PRODUCTS RESPONSIBILITIES INCLUDE THE SALE OF ADVERTISING IN ALL OFFICIAL APA MAGAZINES, JOUR N APA'S WEBSITE, THE SALE OF EXHIBIT SPACE AT APA'S ANNUAL CONVENTION, PUBLISHING TIMELY INFORMATION ON APA'S WEBSITE AND ENSURING DISTIVE USER EXPERIENCE, AND OPERATING THE MEMBER SERVICE CENTER, WHICH HANDLES MEMBER RELATIONS, BULK SUBSCRIPTION ORDERS, BOURNAL FULFILLMENT, AND DUES PROCESSING THE DIRECTORATE SERVES AS THE PRIMARY CONDUIT FOR INFORMATION FOR MEDIA, THE GENERAL FOR DISSEMINATION OF INFORMATION OF PAMPHLETS AND BROCHURES	MEDIA, AN AND THE NALS, AND A OK AND PUBLIC,
4c	Code ) (Expenses \$ 9,783,226 including grants of \$ 657,895 ) (Revenue \$ 5,143,129 )	
	HE APA EDUCATION DIRECTORATE PLAYS A STRONG ROLE IN THE AREA OF QUALITY ASSURANCE FOR 946 ACCREDITED PROGRAMS IN PROFESSIONAL SYCHOLOGY THE CONTINUING EDUCATION COMMITTEE APPROVED 776 ORGANIZATIONS AS SPONSORS OF CONTINUING EDUCATION THE DIRECTORAL LAYS AN IMPORTANT ROLE IN SHAPING THE EDUCATIONAL EXPERIENCE OF TOMORROW'S PSYCHOLOGISTS AND IN PROVIDING CONTINUING PROFESSION DUCATION FOR TODAY'S PRACTITIONER CONTINUING EDUCATION IS OFFERED THROUGH 66 WEB DELIVERED PROGRAMS, AND 127 BOOK-BASED AND RICLE-BASED PROGRAMS 332 CONTINUING EDUCATION OPPORTUNITIES WERE OFFERED BEFORE AND DURING THE 2013 APA CONVENTION IN WASHICLE-BASED PROGRAMS.	NAL JOURNAL
4d	ther program services (Describe in Schedule O )  Expenses \$ 29,085,117 including grants of \$ 574,411 ) (Revenue \$ 1,899,784 )	

90,152,692

Form **990** (2013)

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule $A^{22}$	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νo
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 $I^{\bullet}$	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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 $IV^{\bullet}$	9	Yes	
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 $\sqrt[4]{3}$	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
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	Yes	
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		No
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		No
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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule $H$	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or 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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
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 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26	Yes	
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		No
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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	   35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
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	Yes	
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, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

			Yes	
La	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   1,552		163	<u> </u>
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
_	gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
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			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1		
_	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	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		r
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			
				H.
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		'
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		ľ
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		r
-	organization solicit any contributions that were not tax deductible as charitable contributions?			Ľ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	1		
,	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		   r
_	services provided to the payor?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		ı
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
F	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		r
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	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		
)	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
a	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )	-		
a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year	1		
a	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
_	Enter the amount of reserves the organization is required to maintain by the states			
b	in which the organization is licensed to issue qualified health plans   13b	1		
		1		l
2	Enter the amount of reserves on hand	1		

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

Check if Schedule O contains a response or note to any line in this Part VI							<u>.</u> ア

	ection A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	171			
	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					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	169			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		relationship with any	2	Yes	
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management con			3		No
4	Did the organization make any significant changes to its governing documents since filed?		·	4		No
5	Did the organization become aware during the year of a significant diversion of the or	raanız	ation's assets?	5		No
6	Did the organization have members or stockholders?			6	Yes	
	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?	elect or appoint one or	7a	Yes		
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?	l by) ı	nembers, stockholders,	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written active year by the following		ndertaken during the			
а	The governing body?	_		8a	Yes	
b				8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A,				103	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule	0.		9		No
Se	ection B. Policies (This Section B requests information about policies not l	requi	ired by the Internal R	eveni	ue Cod	e.)
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	<b>Yes</b> Yes	No
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization	ivitie	s of such chapters,	10a 10b		No
b	If "Yes," did the organization have written policies and procedures governing the act	ivitie on's e	s of such chapters, xempt purposes?	10b	Yes	No
b 11a	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization than the organization provided a complete copy of this Form 990 to all members of it	ivitie on's e s gov	s of such chapters, xempt purposes? erning body before filing 	10b	Yes	No
b 11a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization has the organization provided a complete copy of this Form 990 to all members of it the form?	ivitie on's e s gov • •	s of such chapters, exempt purposes? erning body before filing 	10b	Yes	No
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990 to all members.	ivitie on's e s gov orm 9	s of such chapters, exempt purposes? erning body before filing	10b	Yes Yes Yes	No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this FOId the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually	ivitie on's e s gov form 9	s of such chapters, exempt purposes? erning body before filing	10b 11a 12a	Yes Yes Yes	No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this Fold the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with	ivitie on's e s gov form 9	s of such chapters, exempt purposes? erning body before filing	10b 11a 12a 12b	Yes Yes Yes Yes	No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.	sivitie on's e s gov form S y inte	s of such chapters, exempt purposes? erning body before filing	10b 11a 12a 12b	Yes Yes Yes Yes Yes	No
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this Fold the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revi	ivitie on's e s gov form 9 y inte the p	s of such chapters, exempt purposes? erning body before filing	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this FD id the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	ivitie on's e s gov form 9 y inte the p ewar e deli	s of such chapters, exempt purposes? erning body before filing	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official	ivitie on's e s gov  form 9  y inte the p  ewar e deli	s of such chapters, exempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official.  Other officers or key employees of the organization	ivitie on's e s gov  form 9  y inte the p  ewar e deli	s of such chapters, exempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture of	ivitie on's e s gov form 9 the p the p ewar e deli	s of such chapters, exempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this FD or the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official.  Other officers or key employees of the organization.  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?	ivitie on's e s gov form 9 ivitie the p ewar e deli	s of such chapters, exempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture of	ivitie on's e s gov form 9 y inte the p ew are e deli	s of such chapters, exempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	ivitie on's e s gov form 9 y inte the p ew are e deli	s of such chapters, exempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official.  Other officers or key employees of the organization.  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organic participation in joint venture arrangements under applicable federal tax law, and take	ivitie on's e s gov form 9 y inte the p ew are e deli	s of such chapters, exempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes Yes	

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►NANCY PINA 750 FIRST STREET NE WASHINGTON,DC 20002 (202) 336-5827

Form 990	(2013	
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#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

#### 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, or 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 related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	han o	one l both	box, an o	heck sofficer (stee) Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations

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

Name and Title Name a																						
organizations below dotted line)    Description   Descript			A verage hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)  Reportable compensation compensation from the organizations (W-organizations (W-organizations) (W-organization								Position (do not check more than one box, unless person is both an officer and a director/trustee)  Reportable compensation compension from the organization (W-organization (							Reportable compensation from related organizations (W	,_	Estima amount o compens from t	ted f other ation he
1b Sub-Total			organızatıons below	Individual trusta or director	Institutional True	Officei	Key employee	Highest compen	Former	2/1099	-MISC)			relate	ed							
Total from continuation sheets to Part VII, Section A				u.	# e			sated														
Total from continuation sheets to Part VII, Section A																						
Total from continuation sheets to Part VII, Section A																						
Total from continuation sheets to Part VII, Section A													+									
Total from continuation sheets to Part VII, Section A													+									
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Total from continuation sheets to Part VII, Section A																						
Total from continuation sheets to Part VII, Section A																						
Total from continuation sheets to Part VII, Section A	16	Cub Tatal											_									
d Total (add lines 1b and 1c)			c to Dart VII S	· ·		•	•						+									
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►127    Yes   No			Storait VII, 3	ection F	٠.	•	•	•			5.475.085		0		761.275							
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 (in						d abov	e) w	l ho receive	d more th	an										
on line 1a? If "Yes," complete Schedule J for such individual												-		Yes	No							
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual	3						key •	emplo	yee, •	or highes	t compen	sated employee	3		No							
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year	4	organization and related organ											4	Yes	_							
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year	5										anızatıon • • •	or individual for	5		No							
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year	Se	ection B. Independent Co	ntractors																			
		Complete this table for your fiv	ve highest comp											tax vear								
(A) (B) (C)		- compensation from the organiz				,01		arende	, c	a, chang			1									

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
CADMUS PSG, PO BOX 822934 PHILADELPHIA PA 19182	PRINTING SERVICES	2,321,603
AUTOMATED GRAPHIC SYSTEMS, 4590 GRAPHICS DRIVE WHITE PLAINS MD 20695	MAIL & POSTAGE SVC	1,690,496
RANDSTAD, PO BOX 7247-6655 PHILADELPHIA PA 19170	STAFFING AGENCY	1,131,694
Innodata Isogen Inc, 3 University Plaza HACKENSACK NJ 07601	TECHNOLOGY SERVICES	986,799
CENVEO PUBLISHER SERVICES, PO BOX 822934 PHILADELPHIA PA 19182	PUBLISHING	3,086,054

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►101

Contributions, Giffs, Grants and Other Similar Amounts	1a b d e f g
Program Service Revenue	22 b c c d d e f f g g 3 4 5 6 6 6 b b
venue	3 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
Other Re	b C 9a
	b 0 10a
	11-
	d d

Form 99		•						Page <b>9</b>
Part V	/##1	Statement o	of Revenue ule O contains a respons	se or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
w 2	1a	Federated cam	paigns 1a					
Grants	ь	Membership du	es <b>1b</b>					
بة ق	С	Fundraising eve	ents <b>1c</b>					
Giffs, iilar A	d	Related organiz	zations 1d					
9°. E	e	Government grant	s (contributions) <b>1e</b>	2,534,834				
ons Sii	f	All other contribution	ons, gifts, grants, and <b>1f</b>		ł	ł		
buti the		sımılar amounts no	ot included above			!		
Contributions, Gifts, Grants and Other Similar Amounts	g	1a-1f \$	ons included in lines					
an Co	h	Total. Add lines	s 1 a - 1 f	. · · ·	2,534,834			
<u> </u>				Business Code				
Program Serwoe Revenue	2a	LICENSING, ROYAL	TIES AND RIGHTS	541900	61,005,555	61,005,555		
둏	Ь	JOURNAL SUBSCRI	IPTIONS	111000	14,755,088	12,126,938	2,628,150	
956	С	MEMBERSHIP DUE		900099	10,802,967	10,802,967		
Ser	d	PUBLICATION SALE		511120	14,372,496	14,372,496		
ā	e		CONFERENCE FEES	611600	2,742,353	2,742,353		
Ď	f	All other progra	am service revenue		4,067,294	4,067,294		
	g		s 2a – 2f		107,745,753			
	3		ome (including dividend ar amounts)		1,132,153			1,132,153
	4	Income from inves	stment of tax-exempt bond p	roceeds 🕨	0			
	5	Royalties		🕨	6,250,000			6,250,000
		Cus sa usuts	(ı) Real 26,343,466	(II) Personal				
	6a b	Gross rents Less rental	18,338,659					
		expenses Rental income	8,004,807	0				
	C	or (loss)			0.004.007		2 577 674	F 427 422
	d	Net rental inco	me or (loss)  (ı) Securities	· .	8,004,807		2,577,674	5,427,133
	7a	Gross amount		(II) O ther				
		from sales of assets other	24,453,674					
	Ь	than inventory Less cost or						
		other basis and sales expenses	23,788,848					
	С	Gain or (loss)	664,826					
	d		ss)	· · · · •	664,826			664,826
<u> </u>	8a	Gross income f events (not inc						
Other Revenue		\$	s reported on line 1c)					
ě		See Part IV, lin						
<u>.</u>			а					
¥	b		penses <b>b</b> (loss) from fundraising e	vents	0			
•	C 9a		rom gaming activities	vents p	<u> </u>			
		See Part IV, lin	ne 19					
			a					
	b c		penses <b>b</b> (loss) from gaming activ	ities	o			
		Gross sales of						
		returns and allo	owances .					
	ь	1000 0000 00	oods sold b					
		<del>-</del>	oods sold . . <b>b</b> (loss) from sales of inve	ntory 🛌	o			
	_	Miscellaneous		Business Code				
	11a	APA OTHER R	EVENUE	900099	1,118,296			1,118,296
	ь	MAILING LIST	_	533110	88,167		88,167	
	С							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d	🕨	1,206,463			
	12	Total revenue.	See Instructions	▶	127,538,836	105,117,603	5,293,991	14,592,408

#### Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)	4 ) organizations	s must complete all columns	All other organizations must	t complete column (A )
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	Check if Schedule O contains a response or note to any line in this	Part IX			<u> </u>
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</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	1,125,871	1,125,871		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	1,098,956	1,098,956		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	6,041,809	4,267,706	1,774,103	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	42,480,920	29,860,233	12,620,687	
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	2,319,322		2,319,322	
9	Other employee benefits	5,811,557	4,086	5,807,471	
10	Payroll taxes	3,352,106		3,352,106	
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	795,682	77,114	718,568	
C	Accounting	164,323		164,323	
d	Lobbying	272,246	272,246		
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	495,173		495,173	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	12,891,339	9,503,247	3,388,092	
12	Advertising and promotion	2,275,741	1,971,721		
13	Office expenses	12,454,846	11,852,017	602,829	
14	Information technology	3,008,321	222,718	· ·	
15	Royalties	3,435,319	3,435,319	2,703,003	
16	Occupancy	7,901,529	21,286	7,880,243	
17	Travel	4,207,916	2,918,312	1,289,604	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	2,310,312	1,203,001	
19	Conferences, conventions, and meetings	4,309,493	1,940,899	2,368,594	
20	Interest	1,210,265	· · · · ·	1,210,265	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	1,860,074		1,860,074	
23	Insurance	633,271	288	632,983	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	HONORARIA AND STIPENDS	2,429,600	2,125,679	303,921	
b	OVERHEAD RECOVERY	-4,365,746	-477,426	-3,888,320	
c	CORPORATE MEMBERSHIP	575,849	519,305	56,544	
d	INCOME TAX EXPENSE	1,371,244		1,371,244	
e	All other expenses	956,257	19,413,115	-18,456,858	
25	Total functional expenses. Add lines 1 through 24e	119,113,283	90,152,692	28,960,591	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)				
		<u> </u>		<u> </u>	rm <b>990</b> (2013

Part X Balance Sheet

	rt X	Check if Schedule O contains a response or note to any line in the	ns Par	t X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing			500	1	500
	2	Savings and temporary cash investments			52,803,734	2	47,615,264
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			17,322,198	4	19,392,730
	5	Loans and other receivables from current and former officers, diremployees, and highest compensated employees Complete Par Schedule L	t II of				
ts	6	Loans and other receivables from other disqualified persons (as $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and coand sponsoring organizations of section $501(c)(9)$ voluntary emorganizations (see instructions) Complete Part II of Schedule L	tıng employers	202,000	_	195,500	
Assets	7	Notes and loans receivable, net			0	_	
Ą	8	Inventories for sale or use			4,810,000	-	4,090,000
	-				1,754,606		1,328,218
	9	Prepaid expenses and deferred charges	i		1,754,606	9	1,320,210
	10a		0a	163,509,470			
	b	<u>'</u>	0Ь	85,396,666	69,170,716		78,112,804
	11	Investments—publicly traded securities			73,379,863	11	90,359,419
	12	Investments—other securities See Part IV, line 11			4,088,697	12	4,085
	13	Investments—program-related See Part IV, line 11	0	13	0		
	14	Intangible assets	•		0	14	0
	15	Other assets See Part IV, line 11			13,408,763	15	15,946,866
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)			236,941,077	16	257,045,386
	17	Accounts payable and accrued expenses			15,875,264	17	17,136,658
	18	Grants payable			0	18	0
	19	Deferred revenue			50,158,708	19	51,008,031
	20	Tax-exempt bond liabilities			15,265,000	20	14,525,000
ø	21	Escrow or custodial account liability Complete Part IV of Scheo	dule D		9,034,896	21	9,433,239
Liabilitie	22	Loans and other payables to current and former officers, director key employees, highest compensated employees, and disqualifie		tees,			
æ		persons Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			87,087,636	23	84,302,428
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Part					
		D			23,472,806	25	15,176,386
	26	Total liabilities. Add lines 17 through 25			200,894,310	26	191,581,742
s e o		Organizations that follow SFAS 117 (ASC 958), check here ► ☐ lines 27 through 29, and lines 33 and 34.	and c	omplete			
ē.	27	Unrestricted net assets				27	
<u> </u>	28	Temporarily restricted net assets				28	
Fund Balance	29	Permanently restricted net assets			29		
Ē		Organizations that do not follow SFAS 117 (ASC 958), check he	re ► [	and			
2		complete lines 30 through 34.	·				
ζ. (	30	Capital stock or trust principal, or current funds			0	30	0
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			0	31	0
Ą	32	Retained earnings, endowment, accumulated income, or other fu	nds		36,046,767	32	65,463,644
Ret	33	Total net assets or fund balances			36,046,767	33	65,463,644
_	34	Total liabilities and net assets/fund balances			236,941,077	34	257,045,386

Pai	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		•		·
1	Total revenue (must equal Part VIII, column (A), line 12)	1		127,5	538,836
2	Total expenses (must equal Part IX, column (A), line 25)	2		119,1	113,283
3	Revenue less expenses Subtract line 2 from line 1	3		8,4	125,553
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $\cdot$ .	4		36,0	046,767
5	Net unrealized gains (losses) on investments	5		-	 243,882
6	Donated services and use of facilities	6		•	· ·
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		6,7	747,442
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			163,644
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revaluated basis, consolidated basis, or both	viewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sebasis, consolidated basis, or both	parate			
	☐ Separate basis ☐ Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for overs audit, review, or compilation of its financial statements and selection of an independent accountant?	ight of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	n ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Single Audit Act and OMB Circular A-133?	the	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	Yes	

Software ID: Software Version:

**EIN:** 53-0205890

Name: AMERICAN PSYCHOLOGICAL ASSOCIATION INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Form 990, Part VII - Compensation Compensated Employees, and Inde				ıru	ste	es, r	cey	Employees, Higi	nest	
(A) Name and Title	Name and Title A verage hours per week (list any hours		ion (d	ne b oth ctor/	ox, u an of trus	inless fficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	2/1033-1413-0	2/1033-14136)	related organizations
NADINE J KASLOW PHD	11 0	x		х				35,500	0	0
President-Elect Lousie A Douce PHD	10						_	33,300		
BOD Member-At-Large	10	x						13,700	0	0
JENNIFER F KELLY PHD	11 0	×		х				17,500	0	0
Recording Secretary  ELENA J EISMAN EDD	10									
BOD MEMBER-AT-LARGE	1 0	Х						13,700	0	0
SUSAN H MCDANIEL PHD	9 0	х						14,700	0	0
BOD MEMBER-AT-LARGE KURT F GEISINGER PHD	9 0									
BOD MEMBER-AT-LARGE	1 0	Х						13,700	0	0
BONNIE MARKHAM PHD PSYD	16 0	x		х				21,800	0	0
TREASURER  JOSEPHINE D JOHNSON PHD	9 0	×						13,700	0	0
BOD MEMBER-AT-LARGE DONALD N BERSOFF PHD	1 0 18 0							13,700		
President	180	x		Х				38,300	0	0
SUZANNE B JOHNSON PHD	11 0	х		Х				17,500	0	0
PAST PRESIDENT  John C Norcross PhD	10									
COR MEMBER	0 0	Х						252	0	0
Carol A Falender PhD	1 0	х						1,050	0	0
COR MEMBER Robert E McGrath PhD	0 0							_		
COR MEMBER	0 0	×						0	0	0
Kım E Dixon PhD  COR MEMBER	10	x						591	0	О
Rosie Phillips Bingham PhD	1 0	×						0	0	0
COR MEMBER Frank C Worrell PhD	0 0							0	0	<u> </u>
COR MEMBER	1 0	x						0	0	0
Norman Abeles PhD	10	х						0	0	0
COR MEMBER Richard M Suinn PhD	0 0									
COR MEMBER	0 0	X						0	0	0
Irma Serrano-Garcia PhD	1 0	Х						0	0	0
COR MEMBER Stewart E Cooper PhD	0 0									
COR MEMBER	0 0	Х						0	0	0
Michael R Rodriguez PhD	1 0	x						0	0	0
COR MEMBER Grady Dale EdD	0 0	<del> </del>						_	_	_
COR MEMBER	0.0	X						0	0	0
Helen L Coons PhD  COR MEMBER	10	x						667	0	О
Beverly Greene PhD	1 0	×						0	0	0
COR MEMBER  Joan C Chrisler PhD	0 0						_			
COR MEMBER	0 0	x						0	o	О
-	_ ~~~				•	•				

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (B) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation any hours organization (Worganizations (Wfrom the and a director/trustee) for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Individual : or director ♂ organizations related Institutional Trustee mer below organizations employee dotted line) t compensated ee Randy K Otto PhD 1 0 Χ 0 0 COR MEMBER 0 0 Paula Ray Pietromonaco PhD 1 0 Χ 0 0 O COR MEMBER 0 0 Douglas C Haldeman PhD 10 Χ 0 0 COR MEMBER 0 0 William B Gunn PhD 10 0 0 0 Х COR MEMBER 0 0 Curtis P Haugtvedt PhD 10 Х 0 0 0 COR MEMBER 0 0 Gerald P Koocher PhD 10 Χ 0 0 0 COR MEMBER 0 0 Helen A Neville PhD 1 0 Χ 0 0 0 COR MEMBER 0 0 Deborah Ann Loftis PhD 1 0 Х 0 0 0 COR MEMBER 0 0 William L Hathaway PhD 1 0 Χ 275 0 0 COR MEMBER 0 0 Irving B Weiner PhD 10 0 Χ 284 COR MEMBER 0 0 Larry E Beutler PhD 10 Х 0 0 0 COR MEMBER 0 0 Kristi Van Sickle PsyD 1 0 Χ 0 0 0 COR MEMBER 0 0 Terry S Gock PhD 10 Χ 100 0 COR MEMBER 0 0 Chris K Wehl PhD 10 0 0 0 Х COR MEMBER 0 0 Larry Alferink PhD 1 0 Χ 0 0 0 COR MEMBER 0 0 Linda G Alverson-Eiland PhD 1 0 Χ 0 0 COR MEMBER 0 0 Deborah L Bandalos PhD 10 Χ 0 0 COR MEMBER 0 0 Laura H Barbanel EdD 1 0 Χ 0 0 0 COR MEMBER 0 0 Thomas J Barbera PhD 1 0 0 Χ 0 0 COR MEMBER 0 0 Robert M Bilder PhD 10 0 0 Χ 0 COR MEMBER 0 0 William P Bloom PhD 10 Х 0 0 0 COR MEMBER 0.0 Corwin Boake PhD 1 0 0 0 Χ 0 COR MEMBER 0 0 Frances E Boulon-Diaz PhD 10 Χ 0 0 COR MEMBER

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Kathleen S Brown PhD

Charles K Burnett PhD

COR MEMBER

COR MEMBER

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Wany hours and a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe ♂ Individual trustee or director organizations related Institutional Trustee mer below organizations employee dotted line) t compensated ee Elizabeth K Carll PhD 1 0 Χ 0 0 COR MEMBER 0.0 Armand R Cerbone PhD 10 Χ 0 0 O COR MEMBER 0 0 Margaret C Charmoli PhD 10 Χ 0 0 COR MEMBER 0 0 Scott D Churchill PhD 10 0 0 0 Х COR MEMBER 0 0 Susan D Clayton PhD 10 Х 0 0 0 COR MEMBER 0 0 Annabel J Cohen PhD 10 Χ 0 0 0 COR MEMBER 0 0 Regina C Colonia-Willner PhD 10 Χ 0 0 0 COR MEMBER 0 0 Joan M Cook PhD 1 0 Х 0 0 0 COR MEMBER 0 0 William L Cunningham PhD 1 0 Χ 0 0 0 COR MEMBER 0 0 Jessica Henderson Daniel PhD 10 0 Χ 4,500 COR MEMBER 0 0 David S DeMatteo PhD 1 0 Х 1,000 0 0 COR MEMBER 0 0 Eduardo I Diaz PhD 1 0 Χ 0 0 0 COR MEMBER 0 0 Kathleen H Dockett EdD 10 Χ 0 0 COR MEMBER 0 0 Beth Doll PhD 10 0 0 0 Х COR MEMBER 0 0 Michael Domjan PhD 1 0 Χ 0 0 0 COR MEMBER 0 0 David L Downing PsyD 1 0 Χ 0 0 COR MEMBER 0 0 Timothy R Elliott PhD 10 Χ 0 0 COR MEMBER 0 0 Frank Farley PhD 1 0 Χ 0 0 0 COR MEMBER 0 0 I Bruce Frumkın PhD 1 0 0 Χ 0 0 COR MEMBER 0 0 Gloria Behar Gottsegen PhD 10 0 0 Χ COR MEMBER 0 0 John Grabowski PhD 10 Х 0 0 0 COR MEMBER 0.0 Stanley R Graham PhD 1 0 0 0 Χ 0 COR MEMBER 0 0 Barney Greenspan PhD 10 Χ 0 0 COR MEMBER Lisa R Grossman PhD 10 Χ 0 0

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Raymond F Hanbury PHD

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Wany hours and a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe ♂ Individual trustee or director organizations related Institutional Trustee mer below organizations employee dotted line) t compensated ee Jane K Harmon-Jacobs PHD 1 0 Χ 0 0 COR MEMBER 0 0 Michele Harway PhD 1 0 Χ 0 0 O COR MEMBER 0 0 Kate F Hays PhD 10 Χ 1,000 0 COR MEMBER 0 0 Angela O Herzog PhD 10 0 0 0 Х COR MEMBER 0 0 Walter J Hillabrant PhD 10 Х 0 0 0 COR MEMBER 0 0 Karen L Hollis PHD 10 Χ 0 0 0 COR MEMBER 0 0 Sally S Horwatt PhD 1 0 Χ 0 0 0 COR MEMBER 0 0 Deborah F Johnson PhD 1 0 Х 0 0 0 COR MEMBER 0 0 Brick Johnstone PhD 1 0 Χ 0 0 0 COR MEMBER 0 0 Larry C James PhD 10 0 0 Χ COR MEMBER 0 0 Mary E Kite PhD 10 Χ 0 0 0 COR MEMBER 0 0 Paul D Kolstoe PhD 1 0 Χ 0 0 0 COR MEMBER 0 0 Linda K Knauss PHD 10 Χ 0 0 COR MEMBER 0 0 James W Lichtenberg PhD 10 0 0 0 Х COR MEMBER 0 0 Jeanne Leblanc PHD 1 0 Χ 0 0 0 COR MEMBER 0 0 James Raymond Long PhD 1 0 Χ 0 0 COR MEMBER 0 0 Elizabeth Lonning PsyD 10 Χ 0 0 COR MEMBER 0 0 Carol R Lowery PhD 1 0 Χ 0 0 0 COR MEMBER 0 0 Lisa M Linning PHD 1 0 0 Χ 0 0 COR MEMBER 0 0 Rodney L Lowman PHD 10 0 0 Χ COR MEMBER 0 0 Neil A Massoth PhD 10 Х 0 0 0 COR MEMBER 0.0 Marsha D McCary PHD 1 0 0 0 Χ 0 COR MEMBER 0 0 Nancy A McGarrah PHD 10 Χ 0 0 COR MEMBER Cathy McDaniels Wilson PhD 1 0 Χ 0 0 COR MEMBER 0 0

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Richard M McGraw PhD

COR MEMBER

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (B) (D) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation any hours organization (Worganizations (Wfrom the and a director/trustee) for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Individual : or director ♂ organizations related Institutional Trustee mer below organizations employee dotted line) t compensated ee Steven D Moore PHD 1 0 Χ 0 0 COR MEMBER 0 0 Manlyn N Metzl PhD 1 0 Χ 0 0 O COR MEMBER 0 0 Rodney Keith Miller PhD 10 Χ 0 0 COR MEMBER 0 0 Martin J Amerikaner PHD 10 0 0 0 Х COR MEMBER 0 0 Martha E Banks PHD 10 Х 0 0 0 COR MEMBER 0 0 Chad D Morris PhD 10 Χ 0 0 0 COR MEMBER 0 0 Mandell J Much PhD 1 0 Χ 0 0 0 COR MEMBER 0 0 James Anton Mulick PhD 1 0 Х 0 0 0 COR MEMBER 0 0 Darlyne G Nemeth PhD 10 Χ 0 0 0 COR MEMBER 0 0 Gilbert H Newman PhD 10 0 0 Χ COR MEMBER 0 0 George H Northrup PhD 10 Х 0 0 0 COR MEMBER 0 0 Bruce D Nystrom PhD 1 0 Χ 0 0 0 COR MEMBER 0 0 Judith K Olson PhD 10 Χ 0 0 COR MEMBER 0 0 Roberta L Nutt PhD 10 0 0 0 Х COR MEMBER 0 0 Lisa M Osbeck PhD 1 0 Χ 0 0 0 COR MEMBER 0 0 Jodi Rae Owen PsyD 1 0 Χ 0 0 COR MEMBER 0 0 William D Parham PhD 10 Χ 0 0 COR MEMBER 0 0 William D Patenaude PhD 1 0 Χ 0 0 0 COR MEMBER 0 0 Patrick O'Neill PHD 1 0 0 Χ 0 0 COR MEMBER 0 0 Dianne M Polowczyk PhD 10 0 0 Χ 0 COR MEMBER 0 0 Diana Lee Prescott PhD 10 Х 0 0 0 COR MEMBER 0.0 Karen Postal PHD 1 0 0 0 Χ 0 COR MEMBER 0 0 Richard I Ruth PhD 10 Χ 0 0 COR MEMBER Dolly C Sadow PhD 10 Χ 0 0 COR MEMBER 0 0 Francisco Javier Sanchez PhD 1 0

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (D) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Wany hours and a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe ♂ Individual trustee or director organizations related Institutional Trustee mer below organizations employee dotted line) t compensated ee David D Sandberg PhD 1 0 Χ 0 0 COR MEMBER 0.0 Douglas S Saunders PhD 10 Χ 0 0 O COR MEMBER 0 0 K Warner Schale PhD 10 Χ 0 0 COR MEMBER 0 0 John C Scott PhD 10 0 0 0 Х COR MEMBER 0 0 Nancy M Sidun PsyD 10 Х 0 0 0 COR MEMBER 0 0 Norman L Stephenson PhD 10 Χ 0 0 0 COR MEMBER 0 0 William J Strickland PhD 90 Χ 13,700 0 0 BOD Member-At-Large 10 Teri L Strong PhD 1 0 Х 0 0 O COR MEMBER 0 0 Patrıcıa L G Taımanglo PhD 1 0 Χ 0 0 0 COR MEMBER 0 0 Harold Takooshian PhD 10 0 0 Χ COR MEMBER 0 0 Paul W Thayer PhD 1 0 Χ 0 0 0 COR MEMBER 0 0 Louis Turchetta EDD 1 0 Χ 0 0 0 COR MEMBER 0 0 Daniel L Ullman PhD 10 Χ 0 0 COR MEMBER 0 0 Timothy C Urdan PhD 10 0 0 0 Х COR MEMBER 0 0 Theresa Katherine Vescio PhD 1 0 Χ 0 0 0 COR MEMBER 0 0 Shirley A Vickery PhD 1 0 Χ 0 0 COR MEMBER 0 0 Martha E Wadsworth PhD 10 Χ 0 0 COR MEMBER 0 0 Susan K Whitbourne PhD 1 0 Χ 0 0 0 COR MEMBER 0.0 Randall Phillip White PhD 1 0 0 Χ 0 0 COR MEMBER 0 0 Ellen W Williams PhD 10 0 0 Χ COR MEMBER 0 0 Wendy Rose Williams PhD 10 Х 0 0 0 COR MEMBER 0.0 Eric K Willmarth PhD 1 0 Χ 0 0 0 COR MEMBER 0 0 Robert H Woody PhD 10 Χ 0 0 COR MEMBER Thomas Zentall PhD 10 Χ 0

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COR MEMBER

Matthew Fitzgerald PSYD

APAGS MEMBER OF BOARD

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (B) (D) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation any hours organization (Wand a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe ♂ Individual trustee or director organizations related Institutional Trustee mer below organizations employee dotted line) t compensated ee Danny Wedding PHD 1 0 Χ 18,000 0 0 COR Member 0.0 Michael C Roberts PhD 10 Χ 8,000 0 O COR Member 0 0 Lisa J Miller PHD 10 Χ 1,250 0 COR Member 0 0 Linda C Sobell PHD 10 0 0 Х 1,050 COR Member 0 0 Bernard C Beins PHD 10 Х 1,000 0 0 COR Member 0 0 Linda F Campbell PHD 10 Χ 1,000 0 0 COR Member 0 0 Deborah C Beidel PHD 10 Χ 0 0 0 COR Member 0 0 Marilyn Charles PHD 1 0 Х 0 0 0 COR Member 0 0 Nicolas L Chevrier PHD 1 0 Χ 0 0 0 COR Member 0 0 Joseph J Coyne PHD 10 0 0 Χ 0 COR Member 0 0 Paul L Craig PHD 1 0 Х 0 0 0 **COR Member** 0 0 Charles A Faltz PhD 1 0 Χ 0 0 0 COR Member 0 0 Susan A Gelman PHD 10 Χ 0 0 0 COR Member 0 0 Robert J Resnick PHD 10 0 0 0 Х COR Member 0 0 Dianne Salter PHD 1 0 Χ 0 0 0 COR Member 0 0 Stephen D Scott PHD 1 0 Χ 0 0 0 COR Member 0 0 Sandra L Shullman PHD 10 Χ 0 0 0 COR Member 0 0 Susana P Urbina PHD 1 0 Χ 0 0 0 COR Member 0.0 Lenore E Walker EDD 1 0 0 Χ 0 0 COR Member 0 0 Deborah L Whetzel PHD 10 0 Χ COR Member 0 0 NORMAN B ANDERSON PHD 37 0 Х 669,985 0 99,841 EVP/CEO 1.0 ARCHIE L TURNER 38 0 Х 0 396,166 79,472 CFO 0 0 TONY F HABASH DSC 38 0

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CHIEF INFORMATION OFFICER
MICHAEL HONAKER PHD

KATHERINE C NORDAL PHD

ED PROFESSIONAL PRACTICE

DEPUTY CEO

343,557

332,166

327,652

0

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0

78,791

37,237

57,098

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and inde	1	iti acto I						1	1	ı .
(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Former Highest compensated employee		2/1099-MISC)	2/1099-MISC)	organization and related organizations
GWENDOLYN P KEITA PHD  ED PUBLIC INTEREST DIRECTORATE	38 0 0 0				х			268,833	0	64,125
CYNTHIA D BELAR PHD ED, EDUCATION DIRECTORATE	38 0 0 0				х			293,455	0	67,329
RHEA K FARBERMAN	38 0				X			346,803	0	46,128
ED, PUBLIC & MEMBER COMMUNIC	0 0				<u> </u>			310,003	Ů	10,120
STEVEN J BRECKLER PHD	38 0				х			268,477	0	53,924
ED, SCIENCE DIRECTORATE  NATHALIE P GILFOYLE JD	0 0 38 0									
GENERAL COUNSEL	0 0				Х			363,371	0	25,581
GARY R VANDENBOS PHD  ED, PUBS & COMM PUBLISHER	38 0 0 0				х			363,033	0	41,477
NANCY MOORE	38 0					x		257,789	0	24,845
ED, GOVERNANCE AFFAIRS	0 0					· · ·				
MARILYN S RICHMOND JD	0 0					x		305,384	0	19,612
ASSOCIATE ED, GOVT RELATIONS	38 0									
STEPHEN BEHNKE JD PHD  DIRECTOR ETHICS OFFICE	38 0					x		226,088	0	23,225
ELISABETH R STRAUS	38 0					х		230,546	0	24,760
EXEC VP/EXEC DIR, APF	0 0				<u> </u>		<u> </u>			
ELLEN GARRISON	38 0					х		214,261	0	17,830
SENIOR POLICY ADVISOR	0 0									

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DLN: 93493321107354

OMB No 1545-0047

#### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

#### **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.

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

2013

Open to Public Inspection

		ne organization GYCHOLOGICAL ASSOCIATION INC	Employer identif	ication numb	er
AFILIX	ICAN I	of Cholodical Addocartion inc	53-0205890		
Pa	rt I	Reason for Public Charity Status (All organizations must complete this pa		tions.	
		zation is not a private foundation because it is (For lines 1 through 11, check only one box			
1	Г	A church, convention of churches, or association of churches described in section 170(b)	(1)(A)(i).		
2	$\Gamma$	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E)			
3	Г	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 sect		(iii). Enter th	e
	·	hospital's name, city, and state			
5	Г	An organization operated for the benefit of a college or university owned or operated by a	governmental unit	described ir	ו
		section 170(b)(1)(A)(iv). (Complete Part II )			
6	Г	A federal, state, or local government or governmental unit described in section 170(b)(1)	(A)(v).		
7	Г	An organization that normally receives a substantial part of its support from a government	tal unit or from th	e general pul	olic
	_	described in section 170(b)(1)(A)(vi). (Complete Part II)			
8	 	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)			
9	굣	An organization that normally receives (1) more than 331/3% of its support from contribu	· ·	-	ross
		receipts from activities related to its exempt functions—subject to certain exceptions, an			
		its support from gross investment income and unrelated business taxable income (less s	,	om business	es
	_	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part	•		
10	<u> </u>	An organization organized and operated exclusively to test for public safety. See <b>section</b>			
11	ı	An organization organized and operated exclusively for the benefit of, to perform the functione or more publicly supported organizations described in section 509(a)(1) or section 5 the box that describes the type of supporting organization and complete lines 11e throug  a Type I b Type II c Type III - Functionally integrated d T	09(a)(2) See <b>sec</b> h 11h	tion 509(a)(	<b>3).</b> Checl
е	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly other than foundation managers and other than one or more publicly supported organizations section 509(a)(2)	•		
f		If the organization received a written determination from the IRS that it is a Type I, Type check this box	II, or Type III su	pporting orga	anization 
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of following persons?			
		(i) A person who directly or indirectly controls, either alone or together with persons desc	cribed in (ii)	Ye	es No
		and (III) below, the governing body of the supported organization?		11g(i)	
		(ii) A family member of a person described in (i) above?		11g(ii)	
		(iii) A 35% controlled entity of a person described in (i) or (ii) above?		11g(iii)	
h		Provide the following information about the supported organization(s)			

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see	organizati col (i) list your gove	organization in		(v) Did you notify the organization in col (i) of your support?		the on in anized S ?	(vii) A mount of monetary support
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

Sch	edule A (Form 990 or 990-EZ) 2013						Page <b>2</b>
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
_	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	low, please con	iplete Part .	.111.)
	endar year (or fiscal year beginning	(-) 2000	(1-) 2010	(-) 2011	(4) 2012	(-) 201	(5) T. I.
	in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 201:	3 (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						
3	behalf The value of services or facilities						
3	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	<b>Public support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	I	<u> </u>		I		I
	endar year (or fiscal year beginning	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(6) 2010	(6) 2011	(u) 2012	(e) 2013	(I) I otal
7	A mounts 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	<b>Total support</b> (Add lines 7 through 10)						
12	Gross receipts from related activities	es, etc (see inst	ructions)	•		12	1
13	First five years. If the Form 990 is t	for the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	501(c)(3) o	rganızatıon, check
	this box and stop here				<u> </u>	<u> </u>	<u></u>
	ection C. Computation of Pub			4.4 1 (5)			
14	Public support percentage for 2013			11, column (f))		14	
15	Public support percentage for 2012	· ·	•			15	_
16a	33 1/3% support test—2013. If the condition have				line 14 is 33 1/3%	or more, che	ck this box
b	and <b>stop here.</b> The organization qua <b>33</b> 1/3% <b>support test—2012.</b> If the				and line 15 is 33	8 1/3% or more	
	box and <b>stop here.</b> The organization				, 10 00	. 40.001111011	► F
17a	10%-facts-and-circumstances test-	<b>-2013.</b> If the org	anızatıon dıd not	check a box on lı			
	is 10% or more, and if the organizat						
	in Part IV how the organization mee	ts the "facts-and	d-circumstances'	test The organ	ızatıon qualıfıes a	s a publicly s	
Ь	organization 10%-facts-and-circumstances test-	<b>-2012</b> . If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and L	<b>▶</b> 厂
	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat						ublicly
	supported organization				4-71		<b>▶</b> □
18	<b>Private foundation.</b> If the organizat instructions	ion aid not check	k a box on line 13	, 16a, 16b, 1/a,	or 1/p, check thi	s pox and se	e ▶□
							г,

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	<b>(b)</b> 2010	(c) 2011	( <b>d)</b> 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	3,869,140	3,376,169	3,262,611	2,785,859	2,534,834	15,828,613
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	102,030,463	103,870,257	99,052,430	99,412,066	105,117,603	509,482,819
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0
6	<b>Total.</b> Add lines 1 through 5	105,899,603	107,246,426	102,315,041	102,197,925	107,652,437	525,311,432
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
b	A mounts 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	0	0	0			C
C	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c						525,311,432
	from line 6 )						<b>,,</b>
	ction B. Total Support						
care	ndar year (or fiscal year beginning in) 🏲	<b>(a)</b> 2009	<b>(b)</b> 2010	(c) 2011	<b>(d)</b> 2012	<b>(e)</b> 2013	<b>(f)</b> Total
9	A mounts from line 6	105,899,603	107,246,426	102,315,041	102,197,925	107,652,437	525,311,432
L0a	Gross income from interest, dividends, payments received						
	on securities loans, rents, royalties and income from similar sources	10,292,416	11,706,942	15,306,622	5,112,911	13,927,582	56,346,473
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	9,073,408	9,216,480	9,320,082	8,382,166	5,293,991	41,286,127
С	Add lines 10a and 10b	19,365,824	20,923,422	24,626,704	13,495,077	19,221,573	97,632,600
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly						O
12	Carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
13	Total support. (Add lines 9, 10c, 11, and 12)	125,265,427	128,169,848	126,941,745	115,693,002	126,874,010	622,944,032
14	First five years. If the Form 990 is check this box and stop here	for the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as a	a 501(c)(3) organ	ızatıon, ▶厂
Se	ction C. Computation of Pul	blic Support P	ercentage				
15	Public support percentage for 201	3 (line 8, column	(f) divided by line	13, column (f))		15	84 327 %
16	Public support percentage from 20	12 Schedule A, F	Part III, line 15			16	84 052 %
Se	ction D. Computation of Inv	vestment Inco	ome Percenta	ge			
17	Investment income percentage for				nn (f))	17	15 673 %
18	Investment income percentage fro	m <b>2012</b> Schedule	A, Part III, line 1	17		18	15 880 %
19a	<b>33</b> 1/3% support tests—2013. If th	e organization did	not check the bo	x on line 14, and	line 15 is more t	han 33 <sub>1/3</sub> %, and	line 17 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

<sup>33 1/3%</sup> support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

<b>Part IV Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).						
	Facts And Circumstances Test					
Retu	ırn Reference	Explanation				
		Schodulo A / Form 000 o	000 E7) 201			

Schedule A (Form 990 or 990-EZ) 2013

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DLN: 93493321107354

#### OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

#### **Political Campaign and Lobbying Activities**

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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

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

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

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

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

	Section 501(c)(4), (5), or (6) orga me of the organization	anizations Complete Part III		Fmple	ver ider	ntification number
	ERICAN PSYCHOLOGICAL ASSOCIATION	INC				
Dar	t T-A Complete if the or	ganization is exempt und	or soction EO1/		205890	
					011 527	organization.
1		ganization's direct and indirect po	olitical campaign act	tivities in Part IV		
2	Political expenditures				<b>•</b>	\$
3	Volunteer hours					
Par	t I-B Complete if the or	ganization is exempt und	er section 501(	c)(3).		
1	Enter the amount of any excis	e tax incurred by the organization	under section 4955	5	►	\$
2	Enter the amount of any excise	e tax incurred by organization ma	nagers under sectio	n 4955	<b>F</b>	\$
3	If the organization incurred a s	section 4955 tax, did it file Form	4720 for this year?			┌ Yes
4a	Was a correction made?					┌ Yes ┌ No
b	If "Yes," describe in Part IV					
Par	t I-C Complete if the or	ganization is exempt und	er section 501(	c), except sect	ion 50	)1(c)(3).
1	Enter the amount directly expe	ended by the filing organization fo	r section 527 exem	pt function activitie	s 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to	o other organization:	s for section 527	<b>.</b>	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter he	ere and on Form 112	20-POL, line 17b	<b>F</b>	\$
4	Did the filing organization file <b>I</b>	Form 1120-POL for this year?				☐ Yes ☐ No
5	organization made payments amount of political contribution	nd employer identification numbe For each organization listed, ente ns received that were promptly ar political action committee (PAC)	r the amount paid frond	om the filing organi to a separate polit	zatıon's ıcal orga	funds Also enter the anization, such as a
	(a) Name	(b) Address	<b>(c)</b> EIN	( <b>d)</b> A mount pa filing organiza funds If none, e	tıon's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -

section 4911 tax for this year?

┌ Yes ┌ No

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

Check	<b>▶</b> □	$\overline{}$ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,
		expenses, and share of excess lobbying expenditures)

B Check ► If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
a	Total lobbying expenditures to influence public o	9,297		
b	Total lobbying expenditures to influence a legisl	586,740		
c	Total lobbying expenditures (add lines 1a and 1	596,037		
d	Other exempt purpose expenditures	89,547,358		
e	Total exempt purpose expenditures (add lines 1	90,143,395		
f	Lobbying nontaxable amount Enter the amount to	from the following table in both	1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lir	ne 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, ent	er-0-		
i	Subtract line 1f from line 1c If zero or less, ente	er -0-		
j	If there is an amount other than zero on either li	reporting		

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	<b>(e)</b> Total		
2a	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000		
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000		
c	Total lobbying expenditures	652,497	613,898	522,368	596,037	2,384,800		
_d	Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000		
е —	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000		
f_	Grassroots lobbying expenditures	4,503	3,929	, ,	9,297	24,921		

	Part II-B Complete if the organization is exempt under section filed Form 5768 (election under section 501(h)).					
For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying		(a)		(1	b)	
	ctivity.			No	Amo	ount
1 a	legislation, including any attempt to influence public opinion on a legislative r through the use of					
b c	b Paid staff or management (include compensation in expenses reported on line	es 1c through 1ı)?				
d	d Mailings to members, legislators, or the public?					
e	e Publications, or published or broadcast statements?					
f	f Grants to other organizations for lobbying purposes?					
g	<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislati	ive body?				
h i		ımılar means?				
j	•			1		
2a	<b>.</b>	on 501(c)(3)?				
b						
C	, , , , , , , , , , , , , , , , , , , ,			İ		
	d If the filing organization incurred a section 4912 tax, did it file Form 4720 for	-				
Par	art III-A Complete if the organization is exempt under section 501(c)(6).	on 501(c)(4), section 5	01(c	)(5), c	or sect	ion
	301(0)(0).				Ye	s No
1	Were substantially all (90% or more) dues received nondeductible by membe	rs?		Г	1	111
2					2	
3					3	
Pai	art III-B Complete if the organization is exempt under section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 a line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not inclease for which the section 527(f) tax was paid).	lude amounts of political	20			
a	•		2a			
b			2b 2c			
с 3		a saction 163(a) duas	3			
4						
•	does the organization agree to carryover to the reasonable estimate of nonde political expenditure next year?	•	4			
5	, , , , , , , , , , , , , , , , , , , ,		5			
P	Part IV Supplemental Information					
	Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line Part II-B, line 1 Also, complete this part for any additional information	e 5, Part II-A (affiliated grou	p lıst),	Part II	-A , line	2, and
	Return Reference Explanation					

Selectatic 6 (101111 330 01 330 12 / 2013			rage <del>-r</del>
Part IV Suppler	nental Information <i>(continu</i>	ed)	
Return Referer	ce	Explanation	
-			
-			

Schedule D (Form 990) 2013

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OMB No 1545-0047

**SCHEDULE D** 

(Form 990)

Department of the Treasury

#### **Supplemental Financial Statements**

► 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. ► Information about Schedule D (Form 990)

Open to Public

al Revenue Service	nstructions is at <u>www.irs.gov/rorini990</u> .	Inspection
me of the organization ERICAN PSYCHOLOGICAL ASSOCIATION INC		Employer identification number
		53-0205890
	r Advised Funds or Other Similar	Funds or Accounts. Complete if th
organization answered "Yes" to Forr	·	(b) Foundation of althous accounts
Total number of and of users	(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year		+
Aggregate contributions to (during year)		
Aggregate grants from (during year)		
Aggregate value at end of year		
Did the organization inform all donors and donor funds are the organization's property, subject to	the organization's exclusive legal control?	☐ Yes ☐ No
Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?		
rt III Conservation Easements. Comp	lete if the organization answered "Yes"	to Form 990, Part IV, line 7.
Purpose(s) of conservation easements held by t Preservation of land for public use (e g , recr Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization	reation or education)	an historically important land area a certified historic structure n the form of a conservation
easement on the last day of the tax year		
		Held at the End of the Year
Total number of conservation easements		2a
Total acreage restricted by conservation easem	nents	2b
Number of conservation easements on a certifie	d historic structure included in (a)	2c
Number of conservation easements included in historic structure listed in the National Register		2d
Number of conservation easements modified, tra	ansferred, released, extinguished, or termina	ted by the organization during
Number of states where property subject to con:	carvation assument is located	
Does the organization have a written policy regardenforcement of the conservation easements it h	arding the periodic monitoring, inspection, ha	<del></del>
Staff and volunteer hours devoted to monitoring		ements during the year
A mount of expenses incurred in monitoring, insp	pecting, and enforcing conservation easemer	nts during the year
Does each conservation easement reported on l and section 170(h)(4)(B)(II)?	line 2(d) above satisfy the requirements of s	ection 170(h)(4)(B)(i)
In Part XIII, describe how the organization repo balance sheet, and include, if applicable, the tex the organization's accounting for conservation e	t of the footnote to the organization's financi	
t III Organizations Maintaining Colle	ctions of Art, Historical Treasures red "Yes" to Form 990, Part IV, line 8.	, or Other Similar Assets.
If the organization elected, as permitted under S works of art, historical treasures, or other simila service, provide, in Part XIII, the text of the foo	ar assets held for public exhibition, education	n, or research in furtherance of public
If the organization elected, as permitted under S works of art, historical treasures, or other similal service, provide the following amounts relating to	SFAS 116 (ASC 958), to report in its revenu ir assets held for public exhibition, education	e statement and balance sheet
(i) Revenues included in Form 990, Part VIII, I	ine 1	<b>►</b> \$
(ii) Assets included in Form 990, Part X		<b>►</b> \$
If the organization received or held works of art, following amounts required to be reported under		for financial gain, provide the
Revenues included in Form 990, Part VIII, line	1	<b>►</b> \$
	_	
Assets included in Form 990, Part X		<b>▶</b> \$

Part	<b>111</b> Organizations Maintaining Collec	tions of Art,	Hist	ori	cal T	reası	ıres, or Ot	hei	Similar As	sets (d	continu	ied)
3	Using the organization's acquisition, accession, a collection items (check all that apply)	nd other record	ls, che	ecka	•		•		significant use	of its		
а	Public exhibition		d	Γ	Loan	orexo	:hange progra	ms				
b	Scholarly research		e	$\Gamma$	Othe	r						
C	Preservation for future generations											
4	Provide a description of the organization's collect Part XIII	ions and explai	n how	the	y furth	er the	organızatıon's	s ex	empt purpose	ın		
5	During the year, did the organization solicit or recassets to be sold to raise funds rather than to be									┌ Yes		No.
Par	Escrow and Custodial Arrangeme Part IV, line 9, or reported an amour	ents. Comple	te ıf t	he	orgar	nizatio					, .	
1a	Is the organization an agent, trustee, custodian o included on Form 990, Part X?						or other asse	ts n		┌ Yes	<b>▽</b> N	<del></del>
b	If "Yes," explain the arrangement in Part XIII and	d complete the	followi	ng t	able							
									An	nount		
C	Beginning balance						_1	lc				
d	Additions during the year						_1	Ld				
е	Distributions during the year						_1	le				
f	Ending balance						1	Lf				
2a	Did the organization include an amount on Form 9	90, Part X, line	21?				_			✓ Yes		40
b	If "Yes," explain the arrangement in Part XIII Ch	neck here if the	explai	natio	on has	been	provided in Pa	art >	(111		[₹	<i>-</i>
Pai	t V Endowment Funds. Complete if the											
	(a	Current year	<b>(b)</b> F	nor	year	<b>b</b> (c)⊺	wo years back	<b>(d)</b> ⊺	hree years back	<b>(e)</b> Four	years b	ack
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the current $\gamma$	ear end balanc	e (lıne	1g,	colun	nn (a))	held as					
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment ▶											
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should ed	qual 100%										
3a	Are there endowment funds not in the possession	of the organiza	tion th	nat a	are hel	danda	admınıstered	for	:he		_	_
	organization by									Yes	No.	_
	(i) unrelated organizations			•		•		•	3a(		-	_
ь	(ii) related organizations		Lon Sc	· hed	· · Jule R?			•	31	<del></del>	<u> </u>	_
4	Describe in Part XIII the intended uses of the org	•				•		•		<u> </u>		_
Par	Land, Buildings, and Equipment. 11a. See Form 990, Part X, line 10.					n ans	wered 'Yes'	to	Form 990, Pa	rt IV, l	ine	
	Description of property				Cost or (inves		(b)Cost or oth basis (other)		(c) Accumulated depreciation	( <b>d)</b> E	Sook val	lue
1a l	and						9,705,	321			9,705,	,321
	Buildings		.				120,276,		58,514,87	7	61,761,	
	easehold improvements		.				4,705,		4,356,51	-		,338
	quipment		.				23,585,		17,557,55		6,027,	
	Other		.				5,236,		4,967,72	-	269,	
	. Add lines 1a through 1e (Column (d) must equal	Form 990, Part X	, colun	nn (I	B), line	10(c).			<u> </u>		78,112,	
						• / ·			Schedule [			

Part VII Investments—Other Securities. Cor See Form 990, Part X, line 12.	nplete if the organization	answered 'Yes' to For	m 990, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of va	
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>*</b>		
Part VIII Investments—Program Related. Co	omplete if the organizatio	n answered 'Yes' to Fo	orm 990, Part IV, line 11c.
See Form 990, Part X, line 13.  (a) Description of investment	(b) Book value	(c) Method of va	duation
(a) Description of investment	(b) Book value	Cost or end-of-year	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<u> </u>		
Part IX Other Assets. Complete if the organizatio  (a) Descri		0, Part IV, line 11d See F	(b) Book value
(1) DEPOSITS AND ADVANCES	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		275,198
(2) OTHER ASSETS			4,607,142
(3) RENT ABATEMENTS			6,091,705
(4) DEFERRED LEASING			3,929,725
(5) DEFERRED FINANCING COSTS			690,514
(6) OTHER INTANGIBLE ASSETS			352,582
(4)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1			15,946,866
Part X Other Liabilities. Complete if the organization Form 990, Part X, line 25.	inization answered 'Yes'	to Form 990, Part IV, I	ine 11e or 11f. See
1 (a) Description of liability	(b) Book value		
Federal income taxes	0		
INTEREST RATE SWAP	11,461,569		
DEFERRED COMPENSATION	3,584,229		
INTERCOMPANY ACCOUNTS			
THI ENCOMMENT ACCOUNTS	130,588		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	15,176,386		

Par		Revenue per Audited Financial Statements With Revenue wered 'Yes' to Form 990, Part IV, line 12a.	per R	eturn Complete if
1	<u> </u>	er support per audited financial statements	1	163,711,523
2	A mounts included on line 1 bu	ut not on Form 990, Part VIII, line 12		
а	Net unrealized gains on invest	tments	2	
b	Donated services and use of f	acılıtıes		
c	Recoveries of prior year grant	s		
d	Other (Describe in Part XIII )		9	
e	Add lines <b>2a</b> through <b>2d</b> .		2e	18,329,201
3	Subtract line <b>2e</b> from line <b>1</b> .		3	145,382,322
4	A mounts included on Form 99	0, Part VIII, line 12, but not on line 1		
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .   4a   495,17	3	
b		4b -18,338,65		
c	•			-17,843,486
5		d <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	127,538,836
Part		xpenses per Audited Financial Statements With Expens	es per	Return. Complete
		nswered 'Yes' to Form 990, Part IV, line 12a.		· · · · · · · · · · · · · · · · · · ·
1	Total expenses and losses pe	r audited financial statements	1	134,408,310
2	Amounts included on line 1 bu	it not on Form 990, Part IX, line 25		
а	Donated services and use of f	acılıtıes	_	
b	Prior year adjustments	<u>2b</u>	_	
C	Other losses	<u>2</u> c	_	
d	Other (Describe in Part XIII )		9	
e	Add lines <b>2a</b> through <b>2d</b>		2e	-2,548,459
3	Subtract line ${f 2e}$ from line ${f 1}$ .		3	136,956,769
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:		
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b 4a 495,17	3	
b	Other (Describe in Part XIII )		9	
C	Add lines <b>4a</b> and <b>4b</b>	<del> </del>	4c	-17,843,486
5	Total expenses Add lines 3 a	nd <b>4c.</b> (This must equal Form 990, Part I, line 18 )	5	119,113,283
Part	XIII Supplemental In	formation		
Part		r Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and , lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part		de any additional
	Return Reference	Explanation		
FORM	990, SCHEDULE D, PART X, 2	FIN 48 FOOTNOTE In accordance with authoritative guidance issued tax liabilities when, despite the management's belief that tax return pobelieves that certain positions may not be fully sustained upon review from tax positions are measured at the largest amount of benefit that is being realized upon settlement. To the extent that the final tax outcomthan the amounts recorded, such differences impact income tax expensedetermination is made. Interest and penalties, if any, related to accrue assessments are included in income tax expense. APA is generally no examinations by the U.S. federal, state or local tax authorities for year and prior. Management has evaluated APA's tax positions and has conmaterial uncertain tax positions that require adjustment to the consolidations.	sitions a by tax au greater of thes of the d liabilit longer s of ended cluded t	tre supportable, APA uthorities Benefits than 50% likely of e matters is different period in which such les for potential tax bubject to income tax December 31, 2009 that APA has taken no
LINE		DIVISIONS THAT REPRESENT MAJOR SCIENTIFIC AND PROFESS DIVISIONS OPERATE INDEPENDENTLY FROM APA UPON REQUE COLLECTION AGENT FOR DUES AND ASSESSMENTS PAID BY THE AMOUNTS COLLECTED AND HELD BY APA ON BEHALF OF THE DICURRENT ASSETS AND CURRENT LIABILITIES IN THE ACCOMPA STATEMENTS OF FINANCIAL POSITION CASH AND CASH EQUIV HELD ON BEHALF OF THE DIVISIONS TOTALED \$9,844,085 AND DECEMBER 31, 2013 AND 2012, RESPECTIVELY	IONAL: ST, APA : DIVIS VISION NYING ( ALENT: \$8,856,	INTERESTS THE WILL ACT AS A IONS' MEMBERS S ARE INCLUDED IN CONSOLIDATED S AND INVESTMENTS 199 AS OF
LINE		REVENUE OF AFFILIATES 4,863,222 INTERCOMPANY ELIMINATI IN LLC ADJUSTMENT 13,062,603 TOTAL 4,085,319	ONS (20	0,587,950) INTEREST
LINE		reconciliation of Revenue Rental Expenses included in Total (18,338,659)  , OTHER EXPENSES ON BOOKS BUT NOT ON RETURN EXPENSES O		
LINE	2 D	INTERCOMPANY ELIMINATIONS (7,525,347) TOTAL  OTHER EXPENSES ON RETURN BUT NOT ON BOOKS RENTAL EXPE	(2,548,	459)
LINE		REVENUE (18,338,659) TOTAL (18,338,659)	,5251	

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493321107354

Open to Public Inspection

**Employer identification number** 

AMERICAN PSYCHOLOGICAL ASS	OCIATION INC							
							53-0205890	
Part I General Information	on on Grants and	d Assistance						
<ul> <li>Does the organization maintain the selection criteria used to a</li> <li>Describe in Part IV the organization</li> </ul>	ward the grants or as	sıstance?			the grants or assist	ance, and	ר Yes □	
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance	
See Additional Data Table								
2 Enter total number of section 5	01(c)(3) and govern	ment organizations lis	ted in the line 1 table				38	

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

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	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Travel to APA convention	99	29,100			
(2) Doctoral Dissertation Research Support	47	53,143			
(3) Minority Fellowship Program Dissertation Support	35	853,687			
(4) Academic Enhancement Initiative	25	146,025			
(5) Basıc Psychology Science Research Grant	8	8,000			
(6) APAGS Junior Scientist Fellowship	9	9,000			

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.		
Return Reference	Explanation	
SCHEDULE I, PART IV,	INDIVIDUALS AND/OR ORGANIZATIONS RECEIVING DISBURSEMENTS FROM THE ORGANIZATION IN FURTHERANCE OF ITS EXEMPT	
SUPPLEMENTAL	PROGRAMS ARE ADEQUATELY INVESTIGATED TO ENSURE THAT THEY ARE QUALIFYING RECIPIENTS PROCEDURES ARE FOLLOWED TO	
INFORMATION	CONFIRM THAT DISCRIMINATION DOES NOT FACTOR IN ASSIGNING GRANTS	

Schedule I (Form 990) 2013

## **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 53-0205890

Name: AMERICAN PSYCHOLOGICAL ASSOCIATION INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Archives of the History of American Psychology 750 FIRST STREET NE Akron, OH 443254302	34-6002924	501(c)(3)	70,000				general support

form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Asian American for the Community 750 FIRST STREET NE San Jose, CA 95128	94-2292491	501(c)(3)	29,886				2013 CEMRRAT GRANT			

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CA State University Fullerton 750 FIRST STREET NE Fullerton, CA 92831	95-2081258	501(c)(3)	9,100				2013 ProDIGs Grant			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Florida International University 750 FIRST STREET NE Miami,FL 33138	65-0177616	501(c)(3)	9,100				2013 ProDIGs Grant		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Florida A&M University 750 FIRST STREET NE Tallahassee,FL 32307	59-0977035	501(C)(3)	9,500				Enhance Mental Health Literacy			

Form 990,Schedule 1, Pa	form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Adler School of Professional Psychology 750 FIRST STREET NE Chicago,IL 60602	36-2515281	501(c)(3)	19,500				Seed Funding Grant			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Agnesian Healthcare Inc 750 FIRST STREET NE Fond Du Lac, WI 54935	39-0807236	501(c)(3)	20,000				Seed Funding Grant		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Alliant International University 750 FIRST STREET NE Oakland,CA 94612	54-2110067	501(c)(3)	20,000				Seed Funding Grant		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Behavioral Resources & Institute 750 FIRST STREET NE Grand Rapids, MI 49525	37-1545165	501(c)(3)	19,900				Seed Funding Grant		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Carle Foundation Hospital 750 FIRST STREET NE Champaign,IL 61822	37-1119538	501(c)(3)	20,000				Seed Funding Grant		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Chicago School of Professional Psychology 750 FIRST STREET NE Los Angeles,CA 90049	95-2556403	501(c)(3)	20,000				Seed Funding Grant			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Clinical de Salud Mental de la Comunidad 750 FIRST STREET NE San Juan, PR 00902	66-0569832	501(c)(3)	20,000				Seed Funding Grant			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Community Counseling Ctr of Mercer County 750 FIRST STREET NE Hermitage,PA 16148	25-1340027	501(C)(3)	20,000				Seed Funding Grant			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Community Health Awareness Council 750 FIRST STREET NE Mountain View, CA 94040	94-2223670	501(c)(3)	19,700				Seed Funding Grant			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
County of Monterey 750 FIRST STREET NE Salınas,CA 93901	94-6000524	MONTEREY COUNTY	19,150				Seed Funding Grant			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
George Fox University 750 FIRST STREET NE Newberd, OR 97132	93-0386839	501(c)(3)	20,000				Seed Funding Grant			

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Heart of America Psychology 750 FIRST STREET NE Springfield, MO 65807	20-0377230	501(c)(3)	20,000				Seed Funding Grant				

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Illinois Department of Human Services 750 FIRST STREET NE Chicago,IL 60607	99-999999	IL DHHS	20,000				Seed Funding Grant				

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Immaculata University 750 FIRST STREET NE Immaculata,PA 19345	23-1352648	501(c)(3)	19,934				Seed Funding Grant			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Indian Health Board 750 FIRST STREET NE Minneapolis,MN 55404	41-0977740	501(c)(3)	19,814				Seed Funding Grant			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Maine Psychology Internship Network 8 Bailey Hall Gorham, ME 04038	46-3506403	501(c)(3)	20,000				Seed Funding Grant		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Mid-Ohio Psychological Services Inc 750 FIRST STREET NE Newark,OH 04302	31-1358292	501(C)(3)	20,000				Seed Funding Grant		

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Ohio University Hudson Health Ctr 3rd Floor Athens, OH 45701	31-6402113	501(C)(3)	13,300				Seed Funding Grant			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Rancho Santiago Community College District 750 FIRST STREET NE Santa Ana,CA 92706	95-2696799	501(c)(3)	20,000				Seed Funding Grant		

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Regents of University of Michigan 750 FIRST STREET NE Ann Arbor, MI 48109	38-6006309	501(C)(3)	20,000				Seed Funding Grant		

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Research Foundation of the CUNY 750 FIRST STREET NE New York, NY 10019	13-1988190	501(C)(3)	20,000				Seed Funding Grant		

Form 990,Schedule 1, Pa	form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Salina Regional Health Center Inc 750 FIRST STREET NE Salina, KS 67401	48-1169103	501(C)(3)	20,000				Seed Funding Grant			

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Share Vision Inc 750 FIRST STREET NE Oak Brook,IL 60523	36-3977636	501(C)(3)	20,000				Seed Funding Grant			

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Southern Utah University 750 FIRST STREET NE Cedar City, UT 84720	87-6000481	501(C)(3)	20,000				Seed Funding Grant		

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
The Guidance Center Inc 750 FIRST STREET NE Leavenworth, KS 66048	43-1139846	501(C)(3)	20,000				Seed Funding Grant		

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Universidad Carlos Albizu 750 FIRST STREET NE San Juan,PR 00902	66-0234412	501(C)(3)	19,900				Seed Funding Grant		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
University of Texas at Austin 750 FIRST STREET NE Austin,TX 78712	74-6000203	501(C)(3)	19,997				Seed Funding Grant		

Form 990,Schedule I, Pa	form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
US Department of Health & Human Services 750 FIRST STREET NE Fort Washakie, WY 82514	81-0284764	USDHHS	20,000				Seed Funding Grant			

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Village of Hoffman Estates 750 FIRST STREET NE Hoffman Estates,IL 60169	36-2434131	501(C)(3)	13,650				Seed Funding Grant		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Western Interstate Commission for Higher Education 750 FIRST STREET NE Boulder,CO 80301	84-6008945	501(C)(3)	20,000				Seed Funding Grant		

Form 990,Schedule 1, Pa	orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Youth Consultation Service Inc 750 FIRST STREET NE East Orange,NJ 07018	22-1487560	501(C)(3)	20,000				Seed Funding Grant			

-orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States												
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
Council of Scientific Society Presidents 750 FIRST STREET NE Washington, DC 20043	52-1085762	501(C)(3)	50,000				Research Contribution					

Form 990,Schedule I, Pa	form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States												
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance						
Institute of Medicine 750 FIRST STREET NE Washington,DC 20001	53-0196932	501(C)(3)	10,000				Seed Money						

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DLN: 93493321107354

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization AMERICAN PSYCHOLOGICAL ASSOCIATION INC **Employer identification number** 

53-0205890

Pa	rt I Questions Regarding Compensation		<u> </u>			
					Yes	No
1a	Check the appropriate box(es) if the organization provid 990, Part VII, Section A, line 1a Complete Part III to					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	~	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organ reimbursement or provision of all of the expenses desc			1b	Yes	
2	Did the organization require substantiation prior to rein directors, trustees, officers, including the CEO/Executi			2	Yes	
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all that used by a related organization to establish compensati	appl	y Do not check any boxes for methods			
	▼ Compensation committee	~	Written employment contract			
	▼ Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations		Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Par or a related organization	t VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control pay	men	t?	4a	Yes	
b	Participate in, or receive payment from, a supplementa	lnon	qualified retirement plan?	4b		No
C	Participate in, or receive payment from, an equity-base	d co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provi	de th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must	comp	olete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, lin compensation contingent on the revenues of					
а	The organization?			5a		No
	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					110
6	For persons listed in Form 990, Part VII, Section A, lin compensation contingent on the net earnings of	e 1 a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, lin payments not described in lines 5 and 6? If "Yes," des			7		No
8	Were any amounts reported in Form 990, Part VII, paid					
-	subject to the initial contract exception described in Re					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the resection 53 4958-6(c)?	butt	able presumption procedure described in Regulations	9		

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

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	<b>(B)</b> Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	<b>(F)</b> Compensation	
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990	
See Additional Data Table								

Schedule J (Form 990) 2013

### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
FORM 990, SCHEDULE J, PART I, LINE 1A	THE CEO'S HEALTH CLUB DUES ARE PAID BY THE ORGANIZATION
SEVERANCE PAYMENT OR CHANGE OF CONTROL PAYMENT	MARILYN RICHMOND \$117,627

Schedule J (Form 990) 2013

Software ID: Software Version:

**EIN:** 53-0205890

Name: AMERICAN PSYCHOLOGICAL ASSOCIATION INC

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MI			(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
NORMAN B ANDERSON PHD EVP/CEO	(1)	0	0	16,525 0	80,059 0	19,782 0	769,826 0	(
ARCHIE L TURNER CFO	(I)	0	0	3,120 0	54,683 0	24,789 0	475,638 0	(
TONY FHABASH DSC CHIEF INFORMATION OFFICER	(1)	0	0	475 0	54,343 0	24,448 0	422,348 0	(
MICHAEL HONAKER PHD DEPUTY CEO	(ı) (ıı)		0	4,307 0	18,975 0	18,262 0	369,403 0	(
KATHERINE C NORDAL PHD ED PROFESSIONAL PRACTICE	(I) (II)		29,547 0	4,950 0	47,309 0	9,789 0	384,750 0	(
GWENDOLYN P KEITA PHD ED PUBLIC INTEREST DIRECTORATE	(I) (II)		0	5,091 0	46,317 0	17,808 0	332,958 0	(
CYNTHIA D BELAR PHD ED,EDUCATION DIRECTORATE	(1)		0	4,998 0	49,364 0	17,965 0	360,784 0	(
RHEA K FARBERMAN ED, PUBLIC & MEMBER COMMUNIC	(1)		0	1,855 0	21,675 0	24,453 0	392,931 0	(
STEVEN J BRECKLER PHD ED, SCIENCE DIRECTORATE	(1)		0	1,341	48,219 0	5,705 0	322,401 0	(
NATHALIE P GILFOYLE JD GENERAL COUNSEL	(1)		0	- / 1	15,300 0	10,281 0	388,952 0	(
GARY R VANDENBOS PHD ED, PUBS & COMM PUBLISHER	(1)		0	7,367 0	19,238 0	22,239 0	404,510 0	(
NANCY MOORE ED, GOVERNANCE AFFAIRS	(1)			_/1	15,300 0	9,545 0		(
MARILYN S RICHMOND JD ASSOCIATE ED, GOVT RELATIONS	(I) (II)		0	1,371 0	9,772 0	9,840 0	324,996 0	(
STEPHEN BEHNKE JD PHD DIRECTOR ETHICS OFFICE	(1)		0	1,290 0	13,899 0	9,326 0	249,313 0	
ELISABETH R STRAUS EXEC VP/EXEC DIR, APF	(1)		0	3,261 0	13,926 0	10,834 0	255,306 0	
ELLEN GARRISON SENIOR POLICY ADVISOR	(1)		0	2,503 0	12,562 0	5,268 0	232,091 0	

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Schedule K

(Form 990)

Department of the Treasury

**Supplemental Information on Tax Exempt Bonds** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990. ► See separate instructions.

►Information about Schedule K (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

**DLN: 93493321107354** 

2013

Open to Public

Internal Revenue Service Inspection

Name of the organization

AMERICAN PSYCHOLOGICAL ASSOCIATION INC

Inspection

Employer identification number

53-0205890

AMERICAN PSYCHOLOGICAL ASSOCIATION INC **Bond Issues** (h) On (i) Pool (g) Defeased behalf of financing (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose ıssuer Yes No Yes No Yes No DISTRICT OF COLUMBIA 53-6001131 254839E66 03-20-2003 21.100.000 LOAN REFINANCING Χ Х Χ Part II **Proceeds** С D Α В Amount of bonds retired Amount of bonds legally defeased 2 Total proceeds of issue 3 21,100,000 Gross proceeds in reserve funds 4 5 Capitalized interest from proceeds Proceeds in refunding escrows 6 7 Issuance costs from proceeds 422,000 Credit enhancement from proceeds 8 Working capital expenditures from proceeds 506,629 9 Capital expenditures from proceeds 10 20,171,371 Other spent proceeds 11 Other unspent proceeds 0 12 Year of substantial completion 13 2003 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? Χ 14 Were the bonds issued as part of an advance refunding issue? Х 15 Has the final allocation of proceeds been made? Χ 16 Does the organization maintain adequate books and records to support the final 17 Χ allocation of proceeds? Part III **Private Business Use** Α В C D Yes No Yes No Yes No Yes No

Χ

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Χ

Part III	Private	<b>Business</b>	Use i	(Continued)	)
----------	---------	-----------------	-------	-------------	---

Fell	Filvate Busiliess Ose (Continued)								
			A		В		С		)
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	Х							
ь	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	Х							
С	Are there any research agreements that may result in private business use of bond-financed property?		х						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 530 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		1 390 %						
6	Total of lines 4 and 5		1 920 %						
7	Does the bond issue meet the private security or payment test?	Х							
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		х						
ь	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	_			_				
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		х						
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

		Α		В		С	С		
		Yes No		Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		Х						
2	If "No" to line 1, did the following apply?								
а	Rebate not due yet?								
ь	Exception to rebate?	Х							
С	No rebate due?								
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	Х							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		×						
ь	Name of provider	0							
С	Term of hedge								
d	Was the hedge superintegrated?		Х						
e	Was the hedge terminated?								
							Sc	hedule K (Forn	1 990) 2013

Part IV Arbitrage (Continued)

			Α		В	В		С		
			Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed inv contract (GIC)?	estment								
b	Name of provider		0							
С	Term of GIC									
d	Was the regulatory safe harbor for establishing th value of the GIC satisfied?	e faır market								
6	Were any gross proceeds invested beyond an available temporary period?			х						
7	7 Has the organization established written procedures to monitor the requirements of section 148?			X						
Pa	rt V Procedures To Undertake Correct	ive Action								
			Α		В		С		D	
			Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedui that violations of federal tax requirements are tim and corrected through the voluntary closing agree self-remediation is not available under applicable	ely identified ement program if		Х						
Pä	art VI Supplemental Information. Prov	<u>ride additional informa</u>	ation for resp	ponses to qu	<u>iestions on S</u>	chedule K (s	ee instructio	ns).		
	Return Reference				Explanation					

Schedule K (Form 990) 2013

DLN: 93493321107354

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Transactions with Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the or AMERICAN PSYCH	ganızatıon OLOGICAL ASSOCIA	TION INC					En	nploye	er identif	fication	number	•
	ess Benefit T						ganıza		only).		4.0.5	
	olete if the organ											
<b>1 (a)</b> Nam	e of disqualified	person (b)		nip between d		(c) Descri	ption c	or tran	saction		(d) Corre	
			person	and organiza	tion						Yes	No
	amount of tax In	curred by organ	nization m	anagers or dı	squalified pers	ons during the	e year ı	under	section			
4958 . <b>3</b> Enterthe	· · · · · · amount of tax, ıf	any, on line 2,	above, rei	 mbursed by t	 :he organizatio	 n		•	► \$ ► \$			
Co	ans to and/omplete if the org	janization answ	ered "Yes	" on Form 99		line 38a, or Fo	orm 99	0, Pai	rt IV, lın	e 26, o	r ıf the	
(a) Name of interested person	(b) Relationship with organization	(c) Purpose o		n to the	(e)O riginal principal amount	(f)Balance due	(g) In defaul		(h) Approv by board or commit		(i)Wrı agreen	
			То	From			Yes	No	Yes	No	Yes	No
(1) NORMAN ANDERSON PHD	OFFICER	MORTGAGE LOAN		Х	300,000	195,500		No	Yes		Yes	
											_ _	
											<b>-</b>	
 Total					_ <b>L</b>	195,500						
Part IIII Gra	ants or Assis					·						
(a) Name of i	nterested (b	Relationship erested persor organization	between and the		of assistance	( <b>d)</b> Type o		stance	e (e)	Purpos	e of assi	stance
						- - - -						
						_						

Part IV Business Transactions I Complete if the organizatio			ne 28a, 28b, or 28c.			
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization' revenues?		
				Yes	No	
Part V Supplemental Informati Provide additional information f		s on Schedule L (see ır	istructions)			

Return Reference	Explanation
	BORROWER NORMAN B ANDERSON, PHD ORIGINAL AMOUNT 300,000 INTEREST RATE 1 025 (IMPUTED INTEREST CALCULATED) DATE OF NOTE 01/09/2004 MATURITY DATE 12/31/2017 REPAYMENT TERMS DEFERRED UNTIL THE END OF DR ANDERSON'S CONTRACT SECURITY PROVIDED DEED OF TRUST TO RESIDENTIAL PROPERTY IN ARLINGTON, VA PURPOSE OF LOAN MORTGAGE LOAN DESCRIPTION & FMV OF CONSIDERATION CASH 01/01/13 BEGINNING BALANCE 202,000 12/31/13 ENDING BALANCE 195,500

Schedule L (Form 990 or 990-EZ) 2013

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493321107354

OMB No 1545-0047

2013

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# Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Name of the organization
AMERICAN PSYCHOLOGICAL ASSOCIATION INC

53-0205890

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	CONFLICTS OF INTEREST THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY GOVERNING ITS COUNCIL OF REPRESENTATIVES AND BOARD OF DIRECTORS EACH YEAR NEW APA COUNCIL AND BOARD MEMBERS RECEIVE TRAINING FROM APA LEGAL COUNSEL REGARDING APA'S CONFLICT OF INTEREST POLICY, HOW TO IDENTIFY A CONFLICT OF INTEREST AND HOW TO HANDLE POSSIBLE CONFLICTS OF INTEREST WHEN THEY ARISE. IN ADDITION EACH YEAR ALL GOVERNANCE MEMBERS RECEIVE AN EDUCATIVE SET OF MATERIALS REGARDING CONFLICTS OF INTEREST AND SELF EVALUATION WORKSHEETS TO TEST AWARENESS EACH GOVERNANCE MEMBER IS REQUIRED TO COMPLETE A WRITTEN CONFIRMATION THAT SHE OR HE WILL ABIDE BY THE CONFLICT OF INTEREST POLICY AND TO DISCLOSE INTEREST OR RELATIONSHIPS THAT MAY POSE CONFLICTS AT EACH MEETING OF THE COUNCIL, ALL MEMBERS ARE REMINDED THAT THEY ARE SUBJECT TO THE CONFLICT OF INTEREST POLICY, WHICH IS PRINTED IN THE ASSOCIATION RULES AND POSTED ON APA'S WEBSITE. ALL APA EMPLOYEES ARE REQUIRED TO SIGN A FINANCIAL CONFLICT OF INTEREST CERTIFICATE.

Return Reference	Explanation
· ·	FORM 990 REVIEW PROCESS THE APA AUDIT SUBCOMMITTEE PERFORMS A THOROUGH REVIEW OF A DRAFT OF THE IRS FORM 990, AS DOES MANAGEMENT SUBSEQUENT TO THEIR REVIEWS THE RETURN IS FINALIZED AND FORWARDED, VIA E-MAIL, TO THE BOARD OF DIRECTORS AND COUNCIL OF REPRESENTATIVES BEFORE IT IS FILED WITH THE IRS

Return Reference	Explanation
FORM 990, PART VI, LINES 15A AND 15B	DETERMINING COMPENSATION APA IS GOVERNED BY A COUNCIL OF REPRESENTATIVES COMPRISED OF 159 MEMBERS WHICH MEETS TWICE A YEAR, AND ITS SMALLER 12 MEMBER BOARD OF DIRECTORS THE BOARD OF DIRECTORS SETS COMPENSATION FOR SENIOR MANAGEMENT PURSUANT TO A COMPENSATION POLICY THE FULL BOARD SETS COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER (CEO), THE CHIEF FINANCIAL OFFICER (CFO) AND THE DEPUTY CHIEF EXECUTIVE OFFICER (DCEO) BASED ON, AMONG OTHER THINGS, COMPARABILITY DATA FROM AN INDEPENDENT COMPENSATION CONSULTANT, PERFORMANCE MEASURES, AND A REVIEW FOR REASONABLENESS FOR COMPENSATION FOR ASSOCIATION SENIOR EXECUTIVES OTHER THAN THE CEO, CFO AND DCEO, THE CEO MAKES COMPENSATION RECOMMENDATIONS TO THE PERSONNEL AND COMPENSATION COMMITTEE (PCC) OF THE BOARD BASED PRIMARILY ON PERFORMANCE AND COMPARABILITY DATA IN ADDITION THE PCC REVIEWS, ON BEHALF OF THE BOARD, THE CONTRACT PERIOD AND COMPENSATION FOR ANY OTHER KEY EMPLOYEES OF THE ASSOCIATION AS DEFINED IN THE INSTRUCTIONS TO THE 990 CONTEMPORARY MINUTES OF THE DELIBERATION AND DECISIONS OF THE BOARD AND PCC ARE MAINTAINED THE OFFICERS OF THE BOARD OF DIRECTORS RECEIVE HONORARIA FOR SERVICE ON THE BOARD THESE HONORARIA ARE ESTABLISHED BY THE COUNCIL OF REPRESENTATIVES "SELECTED SPENDING POLICY" GUIDELINES THE MEMBERS OF COUNCIL DO NOT RECEIVE HONORARIA, AND THE BOARD OF DIRECTORS DOES NOT HAVE A ROLE IN REVIEWING, SETTING OR RECOMMENDING THE AMOUNT OF ITS OWN HONORARIA
•	

Return Reference	Explanation
FORM 990, PART VI, LINE 19	AVAILABILITY OF OTHER DOCUMENTS THE BYLAWS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AND ON APA'S WEBSITE

Return Reference	Explanation
FORM 990, PART III, LINE 4D	OTHER PROGRAM SERVICE ACCOMPLISHMENTS THE SCIENCE DIRECTORATE SUPPORTS THE INTEGRITY AND INFRASTRUCTURE OF PSYCHOLOGICAL SCIENCE AND HELPS PREPARE TOMORROWS BEHAVIORAL SCIENTISTS ITS PROGRAMS INCLUDE RESEARCH AND TRAVEL GRANTS FOR GRADUATE STUDENTS (148 GRANTS IN 2013), DISSEMINATING INFORMATION ABOUT THE PSYCHOLOGY WORKFORCE (MORE THAN 25 PRESENTATIONS, REPORTS, AND BRIEFS, HUNDREDS OF DATA TABLES POSTED), SUPPORTING ADVANCED RESEARCH TRAINING FOR FACULTY AND STUDENTS (4 TRAINING COURSES, MORE THAN 100 PARTICIPANTS ATTENDING IN 2013), AND ARCHIVING INFORMATION IMPORTANT TO THE DISCIPLINE (OVER 1000 NEW ITEMS ADDED, OVER 450 REQUESTS SATISFIED IN 2013). THE APA PUBLIC INTEREST DIRECTORATE APPLIES THE SCIENCE AND PRACTICE OF PSYCHOLOGY TO THE FUNDAMENTAL PROBLEMS OF HUMAN WELFARE AND SOCIAL JUSTICE AND THE PROMOTION OF EQUITABLE AND JUST TREATMENT OF ALL SEGMENTS OF SOCIETY THROUGH EDUCATION, TRAINING, AND PUBLIC POLICY IN 2013 THE DIRECTORATE MANAGED MORE THAN \$2.5 MILLION IN FEDERAL AND FOUNDATION GRANTS ADDRESSING VIOLENCE PREVENTION AND CHILD MALTREATMENT, HIV/AIDS RESEARCH, PREVENTION, AND CARE, SES-RELATED CANCER DISPARITIES, RECOVERY TO PRACTICE, WOMEN'S HEALTH, WOMEN'S LEADERSHIP, INTERNATIONAL LESBIAN, GAY, BISEXUAL, AND TRANSGENDER ISSUES, ETHNIC MINORITY TRAINING, AND WORK, STRESS, AND HEALTH AMONG NUMEROUS 2013 APA-FUNDED PROGRAMS AND ACTIVITIES WERE ADVOCACY RELATED TO PUBLIC INTEREST ISSUES, AND ACTIVITIES ADDRESSING PSY CHOLOGICAL ISSUES RELATED TO WOMEN, LESBIAN, GAY, BISEXUAL, AND TRANSGENDER ISSUES, RELATED TO WOMEN, LESBIAN, GAY, BISEXUAL, AND TRANSGENDER FRACTICE DIRECTORATE SUPPORTS A VARIETY OF INITIATIVES ON BEHALF OF PRACTICING SYCHOLOGICAL AND PTRYDRITES AND TRANSGENDER FONCEDING ON MINDROTTIES, AND, SOCIOECONOMIC STATUS, VIOLENCE PREVENTION, DISABILITY, AGING, WORK, STRESS, AND HEALTH, HEALTH DISPARITIES, AND HUMAN RIGHTS THE APA PRACTICE DIRECTORATE SUPPORTS A VARIETY OF INITIATIVES ON BEHALF OF PRACTICING SYCHOLOGICAL AND PROPERSIONAL PRACTICE GUIDELINES AND APPROPRIATE CONSUMER ACCES

FORM 990, PART VI, LINE 1A  INVICE A YEAR, AND ITS SMALLER BOARD OF DIRECTORS WHICH IS COMPRISED OF APA'S FIVE OFFICERS, PLUS SEVEN ATLARGE-MEMBERS WHO ARE ALSO COUNCIL MEMBERS THE BOARD OF DIRECTORS MEETS AT LEAST SIX, AND OFTEN AS MANY AS TEN TIMES A YEAR IN PERSON, IN ADDITION TO BI-MONTHLY MEETINGS BY CONFERENCE CALL ALL VOTING BOARD MEMBERS ARE INDEPENDENT EXCEPT ONE. THE BOARD OF DIRECTORS IS THE ADMINISTRATIVE AGENT OF COUNCIL, SUPERVISES THE WORK OF THE CHIEF EXECUTIVE OFFICER OF THE ASSOCIATION, AND EXERCISES GENERAL SUPERVISION OVER THE AFFAIRS OF THE ASSOCIATION IN THE INTERVAL BETWEEN THE ANNUAL MEETINGS OF COUNCIL, THE BOARD OF DIRECTORS HAS AUTHORITY TO TAKE SUCH ACTIONS AS ARE NECESSARY FOR THE CONDUCT OF THE ASSOCIATION'S AFFAIRS IN ACCORDANCE WITH THE BYLAWS AND THE POLICIES OF COUNCIL. IF AN EMERGENCY IS DECLARED BY A MAJORITY OF THE BOARD OF DIRECTORS, THE BOARD HAS THE POWER TO TAKE ACTIONS AS THOUGH SUCH ACTIONS WERE TAKEN BY COUNCIL. THE BOARD OF DIRECTORS CONSISTS OF THE PRESIDENT, THE PRESIDENT-ELECT, THE PAST PRESIDENT, THE RECORDING SECRETARY, THE TREASURER, THE CHIEF EXECUTIVE OFFICER (WITHOUT VOTE), THE APAGS REPRESENTATIVE TO THE COUNCIL OF REPRESENTATIVES, AND SIX OTHERS ELECTED BY A PREFERENTIAL BALLOT BY THOSE MEMBERS HOLDING SEATS ON COUNCIL	Return Reference	Explanation
	PART VI,	TWICE A YEAR, AND ITS SMALLER BOARD OF DIRECTORS WHICH IS COMPRISED OF APA'S FIVE OFFICERS, PLUS SEVEN ATLARGE-MEMBERS WHO ARE ALSO COUNCIL MEMBERS THE BOARD OF DIRECTORS MEETS AT LEAST SIX, AND OFTEN AS MANY AS TEN TIMES A YEAR IN PERSON, IN ADDITION TO BHMONTHLY MEETINGS BY CONFERENCE CALL ALL VOTING BOARD MEMBERS ARE INDEPENDENT EXCEPT ONE. THE BOARD OF DIRECTORS IS THE ADMINISTRATIVE AGENT OF COUNCIL, SUPERVISES THE WORK OF THE CHIEF EXECUTIVE OFFICER OF THE ASSOCIATION, AND EXERCISES GENERAL SUPERVISION OVER THE AFFAIRS OF THE ASSOCIATION IN THE INTERVAL BETWEEN THE ANNUAL MEETINGS OF COUNCIL, THE BOARD OF DIRECTORS HAS AUTHORITY TO TAKE SUCH ACTIONS AS ARE NECESSARY FOR THE CONDUCT OF THE ASSOCIATION'S AFFAIRS IN ACCORDANCE WITH THE BYLAWS AND THE POLICIES OF COUNCIL. IF AN EMERGENCY IS DECLARED BY A MAJORITY OF THE BOARD OF DIRECTORS, THE BOARD HAS THE POWER TO TAKE ACTIONS AS THOUGH SUCH ACTIONS WERE TAKEN BY COUNCIL. THE BOARD OF DIRECTORS CONSISTS OF THE PRESIDENT, THE PRESIDENT-ELECT, THE PAST PRESIDENT, THE RECORDING SECRETARY, THE TREASURER, THE CHIEF EXECUTIVE OFFICER (WITHOUT VOTE), THE APAGS REPRESENTATIVE TO THE COUNCIL OF REPRESENTATIVES, AND SIX OTHERS ELECTED BY A PREFERENTIAL BALLOT BY

Return Reference	Explanation
FORM 990, PART	FAMILY/BUSINESS RELATIONSHIPS AS AN ASSOCIATION OF PSYCHOLOGISTS, OUR MEMBERS ROUTINELY DO
VI, LINE 2	BUSINESS WITH EACH OTHER, INCLUDING COUNCIL MEMBERS DOING BUSINESS WITH EACH OTHER

Return Reference	Explanation
FORM 990, PART VI, LINE 6, 7A, & 7B	MEMBERSHIP APA IS A MEMBERSHIP ORGANIZATION WHOSE MEMBERS ELECT THE GOVERNING BODY AND APPROVE CHANGES TO THE BY LAWS

Return Reference	Explanation
FORM 990, PART VII, SECTION A, COLUMN D	REPORTABLE COMPENSATION FROM THE ORGANIZATION Amounts paid to Board members are for honoraria associated with Board roles, editorial fees and other honoraria

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES UNREALIZED HOLDING GAIN ON INTEREST RATE SWAPS 6,747,441

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTING & CONTRACTUAL FEES TOTAL FEES 12891339

Name, address, and EIN (if applicable) of disregarded entity

### DLN: 93493321107354

OMB No 1545-0047

Open to Public Inspection

(f)

Direct controlling

# **SCHEDULE R** (Form 990)

Department of the Treasury

Name of the organization

AMERICAN PSYCHOLOGICAL ASSOCIATION INC

Internal Revenue Service

Part I

# **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ► See separate instructions.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

**Employer identification number** 

Total income

(e)

End-of-year assets

53-0205890 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Primary activity

(c)

Legal domicile (state

, , , , , , , , , , , , , , , , , , , ,		or foreign country)		,	entity		
(A) 101 770 H 0	25 25 25 25 25 25 25 25 25 25 25 25 25 2	20	45 470 000	65 706 705 1			
(1) APA 750 LLC 750 1ST STREET NE WASHINGTON, DC 20002 53-0205890	RE RENTAL	DC	15,470,398	65,726,725 N	А		
(2) APA TEN G LLC 750 1ST STREET NE washington, DC 20002 52-1890269	RE RENTAL	DC	11,662,388	42,871,721 N	A		
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the	cations Complete if the tax year.	the organization an	swered "Yes" on	Form 990, Part I	IV, line 34 because it	had or	ne
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity statu (if section 501(c)(3	(f) Direct controlling entity	Section (13) co	<b>g)</b> i 512(b) ontrolled tity?
(A) ADA DDACTICE OD CANTZATION	MEMBED CHID	DC	F01/C)/C)		N/A	Yes	No
(1) APA PRACTICE ORGANIZATION	MEMBERSHIP	DC	501(C)(6)		NA		No
750 1ST STREET NE  WASHINGTON, DC 20002 52-2262136							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 5013	35Y		Schedule R (Forn	n 990) 2	013

<b>(a)</b> Name, address, and EIN of related organization		<b>(b)</b> Primary activit	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets		prtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	<b>j)</b> eral or aging ener?	(k) Percentag ownersh
					314)			Yes	No	]	Yes	No	
V Identification of Related Org								swere	d "Yes	" on Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)		<b>(d)</b> Direct controllin entity	(e) Type of entit (C corp, S corp, or trust)	y Share of to	total Share	(g) e of end -year ssets		(h) ercentage ownership	Section (b) cont	i) on 512 (13) rolled tity?	!
						<u> </u>			_		Yes		No
									_				+

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No					
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more re	elated organizations lis	sted in Parts II-IV?									
а	a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity											
b	Gift, grant, or capital contribution to related organization(s)											
c	Gift, grant, or capital contribution from related organization(s)				1c		No					
d	Loans or loan guarantees to or for related organization(s)				1d		No					
e	Loans or loan guarantees by related organization(s)				1e		No					
f	f Dividends from related organization(s)											
g	Sale of assets to related organization(s)				1g		No					
h	Purchase of assets from related organization(s)				1h		No					
i	i Exchange of assets with related organization(s)											
j Lease of facilities, equipment, or other assets to related organization(s)												
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No					
ı	I Performance of services or membership or fundraising solicitations for related organization(s)											
m	m Performance of services or membership or fundraising solicitations by related organization(s)											
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)											
0	Sharing of paid employees with related organization(s)				10	Yes						
р	Reimbursement paid to related organization(s) for expenses				<b>1</b> p		No					
q	Reimbursement paid by related organization(s) for expenses				1q	Yes						
r	O ther transfer of cash or property to related organization(s)				1r		No					
s	Other transfer of cash or property from related organization(s)				1s		No					
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete											
	(a) Name of related organization  (b) Transaction Amount involved Method of determining a type (a-s)											
1) A	PA PRACTICE ORGANIZATION	n	937,073	FMV								
<b>2)</b> A	PA PRACTICE ORGANIZATION	0	1,683,715	FMV								
3) APA PRACTICE ORGANIZATION q 1,683,715 FMV												

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	( <b>h)</b> Disproprtiona allocations?		(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												]	
												$\Box$	
	•												

Schedule R (Form 990) 2013

## Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2013