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# Form **990**

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

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

OMB No 1545-0047

2013

Open to Public Inspection

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

▶ Do not enter Social Security numbers on this form as it may be made public.

Ā	For the	e 2013 cale	endar year, or tax yea <u>r</u> b	peginning	01/01		2013, and	d ending	1:	2/31	, 20 13			
В	Check	f applicable	C Name of organization S	OCIETY F	OR PERSONALIT	TY AND SO	CIAL PS	YCHOLO	GY INC	D Employ	er identification	ı number		
$\checkmark$	Address	s change	Doing Business As							59-1667323				
	Name c	hange	Number and street (or P	O box if ma	ul is not delivered to	street addre	ss) F	Room/suite		E Telepho	ne number			
	Initial re	turn	1660 L STREET NW SU	JITE 1000							202-524-654	1		
	Termina	ited	City or town, state or pro		try, and ZIP or foreig	n postal coc	le			-				
$\bar{\Box}$			WASHINGTON, DC 200							G Gross re	eceipts \$	2,130,308		
$\overline{\Box}$		tion pending	···		r Chad Rumme	el			H(a) is this a o		subordinates? Y			
_	, .ppou	g	same as above, Washi								s included? Y			
	Tay-aya	mpt status		501(c) (	) ◀ (insert no	1 1047/2	)(1) or [	527			see instructions			
<del>'</del>	Website		VW.SPSP.ORG	<u> </u>	) 1 (113011110	) L 4341 (c	<u> </u>	J21	H(c) Group					
K			Corporation Trust	Associat	ion  Other ▶		I Year o	of formation		<del></del>	of legal domicile	e FL		
	art I	Summ			0.110.1		1		1373	- I III Otato	or logal dominon	, ,,		
	1		escribe the organization	n'e miesi	on or most sign	ficant act	wities:	Droparat	ion printi	on and di	stribution of	scientific		
Φ	'	-	publications; hold annu		-									
<b>Governance</b>			for graduate students	uai ieseai	cii comerence, p	roviue aw	alus ioi e	xcellelic	e III Tesea	Cii, piovi	de Suppleme	ilai		
Ĕ	2	Check th	nis box ▶☐ if the orga	nization o	tiecontinued ite	operation		CEL	morethan	25% of	its not assets	·		
ð	3		of voting members of					Cabo						
9	4	Number	of independent voting	member	of the governing	a boat99	ort I/Is In	ne√16\$7 ∝	· · ·   [2	9     <del>  </del>	<del></del> -	<u>11</u> 11		
es	5	Total pun	nber of individuals em	nloved in	oolondar voor 3	013 (03)	A Name 3	23 2	014	5		4		
Ϋ́	6		mber of individuals em mber of volunteers (est		•	.013 (Fair	V, III 16 Z	a)	6	6				
Activities &			elated business reven		• •	(0)	100 F	JENI	,,,,,	7a		120		
<b>⋖</b>	7a							JEN,	· () [· ·	7b		0		
	b_	Net unrei	lated business taxable	income	iom Form 990-	1, 11110 34			Prior Ye		Current	Vear		
ne		Cantulbud	tions and maste (David	\/	L			<u> </u>						
	8		tions and grants (Part		233,271		399,274							
Revenue	9	Program service revenue (Part VIII, line 2g)										1,712,149 18,235		
Re	10													
	11		venue (Part VIII, columi							0		650		
_	12		enue-add lines 8 throu						1	,394,418		2,130,308		
	13		nd similar amounts pa							119,000		53,792		
	14	-	paid to or for member	-		-				0		0		
ses	15		other compensation, en							170,024		232,447		
Expenses	16a		onal fundraising fees (F					: -		0		0		
꿃	b		draising expenses (Pai					⁰			<del></del>			
_	17		penses (Part IX, colum					·		604,075		1,333,411		
	18		enses. Add lines 13-1		•		•	·  —		893,099		1,619,650		
	19	Revenue	less expenses. Subtra	act line 18	s from line 12 .	· · ·	• • •		inning of Cu	501,319	End of	510,658		
Net Assets or Fund Balances	00	T-4-1	-1- (D1) ( 1: 10)					Beg			Elia oi			
Sse	20		ets (Part X, line 16)					• ⊢-		,953,911		4,119,430		
a e	21		ulities (Part X, line 26)					·		287,756		209,251		
	22 Irt II		ts or fund balances. Si	ubtract iir	ie 21 from line 2	:0	<del></del>			,666,15 <u>5</u>	<del></del>	3,910,179		
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Sig	ın	Signa	ature of officer	<del>\</del>					Da	<del>7 / /   /</del>	19			
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US	e Oni		ddress ►		· · · · · ·					ne no				
May	/ the IF		s this return with the pr	reparer sh	nown above? (se	e instruc	tions) .				¬Y	es 🗆 No		

 4d
 Other program services (Describe in Schedule O.)
 See Schedule O, Statement 1

 (Expenses \$ 263,050 including grants of \$ 0 ) (Revenue \$ 870,943 )

 4e
 Total program service expenses ▶ 1,377,016

Part	IV Checklist of Required Schedules			Page
1	Is the experience described in section E01(a)(2) or 4047(a)(1) (other than a private foundation)? If "Vee"		Yes	No
Į	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	ļ	1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
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		1
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		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<b>√</b>
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		1
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	<b>✓</b>	*
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		<b>√</b>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<b>√</b>
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		<b>√</b>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<b>√</b>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

art	Checklist of Required Schedules (continued)	-	V	
04	Did the agreement was then \$5,000 of greats or other assistance to any demostic agreements or		Yes	No
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		1
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	1	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
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		✓
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		<b>✓</b>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	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		<b>√</b>
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		✓
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):	*		(1) (1) (1)
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>✓</b>
С	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		<b>✓</b>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>✓</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<b>→</b>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<b>~</b>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		<b>✓</b>
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		<b>✓</b>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		<b>✓</b>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37		✓
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	<b>√</b>	(0010)

Form **990** (2013)

Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u>· · · · </u>	Yes	. L
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   58		103	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			!'  -
	reportable gaming (gambling) winnings to prize winners?	1c	<b>✓</b>	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	/		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓_	
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b 4a	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b	-	_
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4-		1
b	If "Yes," enter the name of the foreign country:	4a	كت	
D	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	<b>!</b>		
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<b>✓</b>
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	<b>organizations.</b> 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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	[ ]		
a	Initiation fees and capital contributions included on Part VIII, line 12	, 1	ĺ	
_ b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	!		
11 a	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders	.	ĺ	
	Gross income from other sources (Do not net amounts due or paid to other sources	:	ļ.	
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	and the state of t	
L	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	the organization is licensed to issue qualified health plans			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<b>/</b>
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		<u> </u>

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See							
0 4'	Check if Schedule O contains a response or note to any line in this Part VI	<del></del>	<u></u>	<b>√</b>				
Secti	on A. Governing Body and Management		Yes	No				
10	Enter the number of voting members of the governing body at the end of the tax year 1a 11		165					
1a	Enter the number of voting members of the governing body at the end of the tax year							
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 11	<u> </u>						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	_	<b>√</b>				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		<b>✓</b>				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>√</u>				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	,	✓_				
6	Did the organization have members or stockholders?	6	<b>✓</b>					
7a	one or more members of the governing body?	7a		✓_				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?		<u> </u>					
b	Each committee with authority to act on behalf of the governing body?	8b	✓					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9	<b>√</b>					
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the Internal Rever							
			Yes	No				
10a b	Did the organization have local chapters, branches, or affiliates?	10a		✓_				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	-	<b>✓</b>					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	-	<b>√</b> ✓					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	<b>✓</b>					
13 14 15	Did the organization have a written whistleblower policy?	13		<u>√</u> √				
а	The organization's CEO, Executive Director, or top management official		<b>✓</b>					
b	Other officers or key employees of the organization	15b	<b>✓</b>					
16a	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 or similar arrangement with a taxable entity during the year?	16a						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	Ioa		Ĭ				
	organization's exempt status with respect to such arrangements?	16b						
Section	on C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶ None							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(c)	)(3)s	only)				
19	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	terest p	olicy	, and				
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: ► SUSAN H SCHROEDER CPA CFO, (479)521-2644	of the						

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Part VII	Compensation of Officers, Direct	tors, Trustees, Key Employees,	Highest Compensated	l Employees, and
	Independent Contractors			

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Check this box if heither the organization he	JI ally relate	u org	aill	.au	<i>,,,,</i>	ompe	1150	aled any currer	it onicer, directo	, or trustee.
				•	C)		_			
(A)	(B)	l			ition			(D)	(E)	(F)
Name and Title	Average					e than o		Reportable	Reportable	Estimated
	hours per		officer and a director/trustee)					compensation	compensation from	
	week (list any hours for	익方	'n	ç	6	em	T	from the	related organizations	other compensation
	related	Individual trustee or director	ř.	Officer	Key employee	ples	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	ctal	tion	`	뤛	8 8		(W-2/1099-MISC)		organization and related
	line)	`ੜ੍ਹ	al tn		) ye	<u>ặ</u>				organizations
		) ê	Institutional trustee			Highest compensated employee				
			L <sup>®</sup>			řed.				
Chad Rummel	45									
Executive Director effective November 4, 2013	0	✓						34,455	0	0
Jennifer Beer	1						Г			
Executive Committee Member-at-large	0	1						o	0	0
Shelly Gable	1									
Executive Committee Member-at-large	0	✓				Ĺ		0	0	0
Wendi Gardner	1									
Executive Committee Member-at-large	0	1						. 0	0	0
Sam Gosling	11				]	ļ	l	1		
Executive Committee Member-at-large	0	<b>✓</b>						0	0	0
Michael Zarate	11						ł			
Executive Committee Member-at-large	0	<b>✓</b>	Ш				ļ	0	0	0
David Funder	5		1		ł			1		
President	0		Ш	✓				0	0	0
Patricia G Devine	2									
Past President	0			✓				0	0	0
James Pennebaker	2				ĺ			ĺ		
President Elect	0			✓			_	0	0	0
Wendy Wood	2									
Secretary / Treasurer	0			✓			_	0	0	0
John F Dovidio	25			_						
Executive Officer	0			✓				22,694	0	0
Susan H Schroeder	45			_						
Chief Financial Officer	0		$\square$	✓			<u> </u>	80,000	0	0
			, ,							

Par	t VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yee	s, a	nd l	lighe	st C	ompensated E	mployees (cor	itinued)
					•	C)					
	(A)	(B)	Average box, unless person is bo					000	(D)	(E)	(F)
	Name and title	Average							Reportable	Reportable	Estimated
		hours per	, [ 000. a						compensation	compensation fro	l l
		week (list any hours for	익	ln;	Ş	₩.	en H	Fo	from the	related organizations	other compensation
		related		置	Officer	ý e	등등	Former	organization	(W-2/1099-MISC	
		organizations	C a	g		l a	yee c	*	(W-2/1099-MISC)	}	organization
		below dotted	Individual trustee or director	Institutional trustee		Key employee	ğ				and related organizations
		"""	stee	l st		•	Ě			1	organizations
				e			Highest compensated employee				
		<del> </del>	ļ — —	⊢	<del> </del>	├	-	┯	<u> </u>		
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							<u> </u>				-
1b	Sub-total								137,149		0 0
С	Total from continuation sheets to Part	VII, Sectio	n A					<b>&gt;</b>			
d	Total (add lines 1b and 1c)							<b>&gt;</b>	137,149		0 0
2	Total number of individuals (including but							a) w		ore than \$100 i	
	reportable compensation from the organi	zation ▶ n					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	٠, ٠٠٠		οιο επαιν <b>φ</b> του,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		<u>_</u>									Yes No
3	Did the organization list any former of	ficer direc	tor o	r tr	uste	96	kev s	amn	lovee or high	est compensa	
	employee on line 1a? If "Yes," complete S								-		The second secon
4	•										
4	For any individual listed on line 1a, is the										
	organization and related organizations individual	•							complete Sch	equie 3 for si	
											4
5	Did any person listed on line 1a receive o										34 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	for services rendered to the organization?	/ If "Yes," C	ompi	ete .	Sch	ieal	iie J t	or s	ucn person		. 5 √
Secti	on B. Independent Contractors										
1	Complete this table for your five highest of										
	compensation from the organization. Rep	ort compe	nsatio	n fo	or th	ne c	alend	ar y	ear ending wit	h or within the	organization's tax
	year.										
	(A)								(B)		(C)
	Name and business add	ress							Description of se	ervices	Compensation
									**···		
										<del></del>	
	······										
		<del></del>									<del></del>
2	Total number of independent contracto	rs (includin	na bu	t no	ot I	ımıt	ed to	th	ose listed abo	ove) who	
-	received more than \$100,000 of compens								0	,	
				٠,					U	WINDS OF	A STATE OF THE PARTY OF THE PAR

Par	VIII	Statement of Rever							_
		Check if Schedule O	contains a	a res	ponse or note to				<u> </u>
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514
tt st	1a	Federated campaigns		1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		1b	219,845				
s, G	С	Fundraising events .	[	1c	0			J	
Gift Iar,	d	Related organizations	[	1d	0				
ns, ( Simi	е	Government grants (contr		1e	174,908				
ritio er S	f	All other contributions, gift							
ig the		and similar amounts not inclu	ι	1f	4,521				
nd	9	Noncash contributions include			0				
	<u>h</u>	Total. Add lines 1a-1f	· · · ·	<u> </u>	Business Code	399,274			
Program Service Revenue	2a	lournal Dublication Inc.	ama		511190	759,500	759,500	0	0
Rev	b	Journal Publication Inco Publication Cost Advan			511190	141,000	73 <del>9</del> ,500	0	0
8	C	Conference Income			900099	796,649	796,649	0	0
ervi	d	Student Registration Fe				15,000	15,000	0	0
S	- G				011000	10,000	10,000		
gra	f	All other program servi				0	0	0	0
Pro	g	Total. Add lines 2a-2f			🕨	1,712,149			<u> </u>
	3	Investment income (ii							
		and other similar amou		▶	18,235	0	0	18,235	
	4	Income from investment of tax-exempt bo			ond proceeds ►	0	0	0	0
	5	Royalties	<u> </u>	•		0	0	0	0
			(ı) Real		(ii) Personal				
	6a	Gross rents							
	b	Less: rental expenses					:		
	C	Rental income or (loss)	\	0	0				
	d 7a	Net rental income or (Ic Gross amount from sales of	(i) Securition	es	(II) Other				
	, a	assets other than inventory	(,, 0000		(, 0				
	b	Less: cost or other basis				1			
	-	and sales expenses .							
	С	Gain or (loss)		0	0				
	d	Net gain or (loss) .			▶				
Other Revenue	8a	Gross income from fun	idraising						
Š		events (not including \$		)					
ığ		of contributions reported							
je		See Part IV, line 18							
გ		Less: direct expenses							
		Net income or (loss) fro Gross income from gam			events . <b>&gt;</b>				
	34	See Part IV, line 19 .							
	h	Less: direct expenses		-					
]		Net income or (loss) fro			vities ►				
		Gross sales of inve							
		returns and allowances	; , , .	a					
	b	Less: cost of goods sol	ld	ь	-				
Į		Net income or (loss) fro			entory ►				
		Miscellaneous Rev	/enue		Business Code				
	11a			]					
	b	•							
ĺ	C	All alban name		}					<del></del>
	d	All other revenue .  Total. Add lines 11a-11				650	650	0	0
						2 130 308	1 712 700		19 235

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX										
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses					
1	Grants and other assistance to governments and			,	,					
	organizations in the United States. See Part IV, line 21	292	292							
2	Grants and other assistance to individuals in									
	the United States. See Part IV, line 22	46,000	46,000							
3	Grants and other assistance to governments,		·							
-	organizations, and individuals outside the									
	United States. See Part IV, lines 15 and 16	7,500	7,500							
4	Benefits paid to or for members	0	0							
5	Compensation of current officers, directors,	-								
	trustees, and key employees	137,954	65,303	72,651	0					
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	اه	اه	0	0					
7	Other salaries and wages	78,513	48,247	30,266	0					
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)	ol	ol	0	0					
9	Other employee benefits	0	0	0	0					
10	Payroll taxes	15,980	8,106	7,874	<u> </u>					
11	Fees for services (non-employees):	10,000	5,100	7,014	<del>-</del>					
	Management	o	0	o	0					
b	Legal	10,225	0	10,225	0					
C	Accounting	10,223	0	0	0					
d	Lobbying	0	0	0	0					
e	Professional fundraising services. See Part IV, line 17	0			0					
f	Investment management fees	3,782	0	3,782	0					
g	Other. (If line 11g amount exceeds 10% of line 25, column			-,,,-	-					
3	(A) amount, list line 11g expenses on Schedule O.)	312,786	258,286	54,500	0					
12	Advertising and promotion	0	0	04,000	0					
13	Office expenses	18,010	947	17,063	0					
14	Information technology	7,966	7,527	439	0					
15	Royalties	0	0	0	0					
16	Occupancy	0	0	0	0					
17	Travel	102,444	67,800	34,644	0					
18	Payments of travel or entertainment expenses	102,111	5,7000							
	for any federal, state, or local public officials	o	o	0	0					
19	Conferences, conventions, and meetings	687,029	687,029	0	0					
20	Interest	0	0	0	0					
21	Payments to affiliates	13,655	13,655	0	0					
22	Depreciation, depletion, and amortization .	0	0	0	0					
23	Insurance	10,716	2,603	8,113	0					
24	Other expenses. Itemize expenses not covered									
	above (List miscellaneous expenses in line 24e. If									
	line 24e amount exceeds 10% of line 25, column		į.							
	(A) amount, list line 24e expenses on Schedule O.)			:						
а	Scientific Achievement Awards	12,528	12,528	0	0					
b	Dues and Subscriptions	47,950	45,350	2,600	0					
C	Summer Institute Costs	105,843	105,843	0	0					
d										
e	All other expenses	477	0	477	0					
25	Total functional expenses. Add lines 1 through 24e	1,619,650	1,377,016	242,634	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	ļ								
	following SOP 98-2 (ASC 958-720)									

Check if Schedule O contains a response or note to any line in this Part X	_	n 990 (2				Page 11
Cash—non-interest-bearing	P	art X				
1			Check if Schedule O contains a response or note to any line in this Par			
Pleages and grants receivable, net  Pleages and grants receivable, net  Accounts receivable, net  Loans and other receivables from ourrent and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L  Notes and loans passed by the part II of Schedule L  Notes and loans receivables from officers, directors, trustees, key employees from officers, directors, trustees, key employees. Complete Part II of Schedule L  Notes and loans receivable, net  Notes and loans receivable, net officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule D  Notes and loans payable to unrelated third parties  Notes and loans payable to unrelated third parties  Notes and loans payable so recent and former officers, directors, trustees, key employees, highest compensated employees, and down payable so						
Pledges and grants receivable, net		1	Cash—non-interest-bearing	928,650	1	348,815
A Accounts receivable, net   1/44,926		2	Savings and temporary cash investments	1,553,885	2	2,151,870
5   Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.		3	Pledges and grants receivable, net		3	
trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		4	Accounts receivable, net		4	744,926
Complete Part II of Schedule L   5		5	Loans and other receivables from current and former officers, directors,			
4858(f(1)), persons described in section 4958(o(3)B), and contributing employers and sponsoring organizations (see instructions). Complete Part I of Schedule L					5	
4958(f(1)), persons described in section 4958(c(3)8), and contributing employers and sponsoring organizations (see instructions). Complete Part II of Schedule L		6	Loans and other receivables from other disqualified persons (as defined under section			
sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		•				
7   Notes and loans receivable, net   7   8   Inventories for sale or use   8   November   10a   Notes and loans receivable, net   7   8   Inventories for sale or use   9   Prepaid expenses and deferred charges   55,085   9   26,885   10a   Land, buildings, and equipment: cost or other basis. Complete Part Vi of Schedule D   10a   10b   10c   11c   11c   12   11c   12   11c   12   11c   12   11c   12   11c   12   11c   13   14   11c   13   14   11c   13   15   15   15   15   15   16   16   16						
9 Prepaid expenses and deferred charges 56,065 9 26,865 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10b 10c 11c Investments – publicly traded securities 11c Investments – other securities. See Part IV, line 11 12 13 Investments – other securities. See Part IV, line 11 13 Investments – other securities. See Part IV, line 11 13 Investments – other securities. See Part IV, line 11 13 Investments – other securities. See Part IV, line 11 15 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 2,953,911 16 4,119,430 17 Accounts payable and accrued expenses 29,469 17 31,508 11,288 18 Other devenue 20 Tax-exempt bond liabilities 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 28 Temporarily restricted net assets 9 0 28 0 0 28 0 0 0 28 0 0 0 28 0 0 0 0 0	S		organizations (see instructions). Complete Part II of Schedule L		6	
9 Prepaid expenses and deferred charges 56,065 9 26,865 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10b 10c 11c Investments – publicly traded securities 11c Investments – other securities. See Part IV, line 11 12 13 Investments – other securities. See Part IV, line 11 13 Investments – other securities. See Part IV, line 11 13 Investments – other securities. See Part IV, line 11 13 Investments – other securities. See Part IV, line 11 15 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 2,953,911 16 4,119,430 17 Accounts payable and accrued expenses 29,469 17 31,508 11,288 18 Other devenue 20 Tax-exempt bond liabilities 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 28 Temporarily restricted net assets 9 0 28 0 0 28 0 0 0 28 0 0 0 28 0 0 0 0 0	set	7	Notes and loans receivable, net		7	
9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D  b Less: accumulated depreciation .	As	8	· · · · · · · · · · · · · · · · · · ·		8	
10a		1		56.065	9	26.865
ther basis. Complete Part VI of Schedule D b Less: accumulated depreciation . 10b 11 Investments—publicity traded securities . 12 Investments—publicity traded securities . 12 Investments—other securities. See Part IV, line 11		1 -	· · · · · · · · · · · · · · · · · · ·			
b Less: accumulated depreciation .						
11   Investments — publicly traded securities   11   12   10   12   10   12   10   12   10   13   10   14   15   15   16   16   16   16   16   16		h	<u> </u>		10c	
12   Investments — other securities. See Part IV, line 11			<u> </u>	415.311		846.954
13   Investments — program-related. See Part IV, line 11   14   Intangible assets   14   15   Other assets. See Part IV, line 11   15   Total assets. Add lines 1 through 15 (must equal line 34)   2,953,911   16   4,119,430   17   Accounts payable and accrued expenses   29,469   17   31,508   18   19   Deferred revenue   230,575   19   167,873   19   20   Tax-exempt bond liabilities   20   21   Escrow or custodial account liability. Complete Part IV of Schedule D   21   Escrow or custodial account liability. Complete Part IV of Schedule D   21   22   Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   22   23   Secured mortgages and notes payable to unrelated third parties   23   Unsecured notes and loans payable to unrelated third parties   24   Unsecured notes and other liabilities not included on lines 17-24). Complete Part X of Schedule D   25   Other liabilities not included on lines 17-24). Complete Part X of Schedule D   25   Organizations that follow SFAS 117 (ASC 958), check here ▶						
14		1	·			
15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34)		1				<del></del>
16						
17		1		2.953.911	16	4.119.430
18 Grants payable		_				
19 Deferred revenue		l	- · · · · · · · · · · · · · · · · · · ·			
20 Tax-exempt bond liabilities		19				167,873
21 Escrow or custodial account liability. Complete Part IV of Schedule D .  22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		20	F		20	
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	F		21	
trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	Ş	22	· · · · · · · · · · · · · · · · · · ·			
Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	itie					
Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	Ē		disqualified persons. Complete Part II of Schedule L		22	
24 Unsecured notes and loans payable to unrelated third parties	Ë	23	Secured mortgages and notes payable to unrelated third parties	-	23	
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		24			24	
25   26   Total liabilities. Add lines 17 through 25   287,756   26   209,251		25	Other liabilities (including federal income tax, payables to related third			
Total liabilities. Add lines 17 through 25			parties, and other liabilities not included on lines 17-24). Complete Part X	16,424		9,870
Organizations that follow SFAS 117 (ASC 958), check here   27 Unrestricted net assets			of Schedule D		25	
Complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets		26		287,756	26	209,251
30   Capital stock or trust principal, or current funds	S					
30   Capital stock or trust principal, or current funds	çe		· · · · · · · · · · · · · · · · · · ·			
30   Capital stock or trust principal, or current funds	ilar		<b>-</b>			3,901,651
30   Capital stock or trust principal, or current funds	B		<b>_</b>			
30   Capital stock or trust principal, or current funds	P I	29		8,079	29	8,528
30   Capital stock or trust principal, or current funds	Ī					
	ō	00			66	
	ets					
	\ss					
	et /					
24 Total liabilities and not constalfund belongs	ž	33 34	<del> </del>		_	
34 Total liabilities and net assets/fund balances		34	Total habilities and het assets/fund balances	2,953,911	34	

Page	1	2
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Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<b>✓</b>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,130	0,308
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,619	9,650
3	Revenue less expenses. Subtract line 2 from line 1	3		510	0,658
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,666	6,155
5	Net unrealized gains (losses) on investments	5		2	1,277
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8		71	1,637
9	Other changes in net assets or fund balances (explain in Schedule O)	9			452
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		3,910	0,179
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u> </u>	· · · · i	
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," expected to the control of	olain ır	<u> </u>	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:				✓
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				1
b	Were the organization's financial statements audited by an independent accountant?		2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	ed on a	a		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over of the audit, review, or compilation of its financial statements and selection of an independent account				
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain ir	ר		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set				,
	the Single Audit Act and OMB Circular A-133?		3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
			Forn	n <b>990</b>	(2013)

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

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

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

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name	of the organization			· <del>7 ·</del>				Employer i	dentificatio	on number
soc	IETY FOR PERSON	ALITY AND SOCI	AL PSYCHOLOGY INC						59-10	667323
Pa			rity Status (All orga						instructi	ons.
The 6 1 2 3 4	A church, con A school desc A hospital or a A medical resc	vention of churc ribed in section a cooperative ho	ation because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjun e:	churche ch Sched ation des	s describ lule E.) cribed in	ed in sec section	etion 170 170(b)(1)	(b)(1)(A)( (A)(iii).		)(iii). Enter the
5	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
6 7										
8	A community	trust described i	n <b>section 170(b)(1)(A</b>	)(vi). (Co	mplete Pa	art II.)				
9	receipts from support from	activities related gross investme	receives: (1) more that d to its exempt funct ent income and unre fter June 30, 1975. So	ions—su lated bu	bject to o	certain e xable ind	xceptions come (les	s, and (2) ss sectio	) no mor	e than 331/3% of its
10 11	10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).									
	other than fou or section 509	ndation manage (a)(2).	ers and other than one	e or more	e publicly	support	ed organ	izations o	described	d in section 509(a)(1)
f	organization, o	check this box .	a written determination							· · · · ·
g	following pers		ne organization acce	pied any	girt or co	on a route	/// //O/// B	ary or the	•	
	(i) A person v	who directly or i	ndirectly controls, eithody of the supported							
			on described in (i) abo							11g(ii)
h			a person described in on about the support							11g(iii)
(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) li	organization sted in your document?	the organ	ou notify nization in of your port?	organizal (i) organi	Is the tion in col zed in the S ?	(vii) Amount of monetary support
				Yes	No	Yes	No	Yes	No	
(A)										
(B)	)									
(C)										
(D)										
(E)						i				
					j					ľ

Part				, , ,			•
	(Complete only if you checked the				-		ialify under
	Part III. If the organization fails to	quality unde	er the tests lis	stea below, p	please comple	ete Part III.)	
	on A. Public Support	4 3 2 2 2 2			1 4 9 9 4 9		I (0 =
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.	;				4	
Secti	on B. Total Support				•		
	dar year (or fiscal year beginning in) ▶	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he			<u> </u>		<u> </u>	<u> ▶                               </u>
	on C. Computation of Public Suppor					<del>,</del>	
14	Public support percentage for 2013 (line 6		-			14	<u>%</u>
15	Public support percentage from 2012 Sch					15	% haali hhia
16a	331/3% support test — 2013. If the organization gual						
	box and stop here. The organization qual	•		_			
b	331/2% support test—2012. If the organicheck this box and stop here. The organic	ization qualıfıe	s as a publicly	supported or	ganization .		▶ 🗆
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization med Part IV how the organization meets the "forganization	ets the "facts-	and-circumsta	nces" test, ch	eck this box ar	nd stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m supported organization	tion meets the leets the "facts	facts-and-ci	rcumstances" tances" test.	' test, check th The organizatio	nis box and st	top here.
18	Private foundation. If the organization di					k this box and	see

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	ion A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants ")	335,997	200,157	346,620	233,271	399,274	1,515,319
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	786,513	919,156	970,939	1,147,465	1,712,149	5,536,222
3	Gross receipts from activities that are not an	700,010	9.07.00	0.0,000	.,,		
_	unrelated trade or business under section 513	o	0	o		650	650
4	Tax revenues levied for the					- 030	
*	organization's benefit and either paid						
	to or expended on its behalf	_					•
_	·	0	0	0		0	0
5	The value of services or facilities	,	I			]	
	furnished by a governmental unit to the						
	organization without charge	0	0	0		0	0
6	Total. Add lines 1 through 5	1,122,510	1,119,313	1,317,559	1,380,736	2,112,073	7,052,191
7 <b>a</b>	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	0	0	0		0	0
b	Amounts included on lines 2 and 3						
	received from other than disqualified		ĺ		i	1	
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	0	0	0		0	0
C	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from	1	1			o t	
	line 6.)				t .		7,052,191
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	1,122,510	1,119,313	1,317,559	1,380,736	2,112,073	7,052,191
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .	21,516	11,030	4,881	10,017	18,235	65,679
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses			İ			
	acquired after June 30, 1975	o	o	o		o	0
C	Add lines 10a and 10b	21,516	11,030	4,881	10,017	18,235	65,679
11	Net income from unrelated business	,			·-		<del></del>
	activities not included in line 10b, whether						
	or not the business is regularly carried on	o	О	o			0
12	Other income. Do not include gain or	· · · · · · · · · · · · · · · · · · ·					<del></del>
	loss from the sale of capital assets	ł					
	(Explain in Part IV.)	o	0				_ 0
13	Total support. (Add lines 9, 10c, 11,						<del></del>
	and 12.)	1,144,026	1,130,343	1,322,440	1,390,753	2,130,308	7,117,870
14	First five years. If the Form 990 is for th						
	organization, check this box and stop her				-		
Section	on C. Computation of Public Suppor					v	
15	Public support percentage for 2013 (line 8			3, column (f))		15	99.08 %
16	Public support percentage from 2012 Sch	• •	•			16	98.67 %
Section	on D. Computation of Investment Inc					<u> </u>	<u> </u>
17	Investment income percentage for 2013 (I			line 13, colum	nn (f))	17	0.92 %
18	Investment income percentage from 2012		•			18	1.33 %
19a	331/3% support tests - 2013. If the organi						
	17 is not more than 331/3%, check this box a						
b	331/3% support tests - 2012. If the organization	-				-	
-	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did	-	-	•		• •	_

Schedule A (F	Schedule A (Form 990 or 990-EZ) 2013							
Part IV	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; an Part III, line 12. Also complete this part for any additional information. (See instructions).							
•••••								
		•						

### **SCHEDULE D** (Form 990)

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.

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

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number

OMB No 1545-0047

Open to Public Inspection

SOCIE	TY FOR PERSONALITY AND SOCIAL PSYCHO		59-1667323
Par		or Advised Funds or Other Similar Fu	
	Complete if the organization answ	vered "Yes" to Form 990, Part IV, line 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year) .		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and		
_	funds are the organization's property, subje		
6	Did the organization inform all grantees, do		
	only for charitable purposes and not for the		
Dort	conferring impermissible private benefit?  Conservation Easements.		· · · · · · · · · · Yes   No
Fall		vered "Yes" to Form 990, Part IV, line 7	7
1	Purpose(s) of conservation easements held		<u>.                                    </u>
'	Preservation of land for public use (e.g.,	•	of an historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		or a coramod motorio di dotaro
2	Complete lines 2a through 2d if the organize	ation held a qualified conservation contribu	tion in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation ea	sements	2b
С	Number of conservation easements on a ce		
d	Number of conservation easements include	ded in (c) acquired after 8/17/06, and no	ot on a
	historic structure listed in the National Regis	ster	· · 2d
3	Number of conservation easements modifie	d, transferred, released, extinguished, or te	erminated by the organization during the
	tax year ▶		
4	Number of states where property subject to		
5	Does the organization have a written po- violations, and enforcement of the conserva-		
6	Staff and volunteer hours devoted to monito	oring, inspecting, and emorcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring.	inspecting, and enforcing conservation ea	sements during the year
•	►\$	inspecting, and emorcing conservation ea	sements during the year
8	Does each conservation easement reported	on line 2(d) above satisfy the requirements	s of section 170(h)(4)(B)
_	(i) and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization re	eports conservation easements in its revenu	
	balance sheet, and include, if applicable, the		
	organization's accounting for conservation	easements.	
Part		ections of Art, Historical Treasures, o	
		vered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted un		
	works of art, historical treasures, or other public service, provide, in Part XIII, the text		
	•		
	If the organization elected, as permitted u		
	works of art, historical treasures, or other public service, provide the following amount		education, or research in furtherance of
	(i) Revenues included in Form 990, Part VIII	S .	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X .	,	· · · · · <b>\$</b>
2	If the organization received or held works	of art, historical treasures, or other similar	ar assets for financial gain, provide the
	following amounts required to be reported u		
	Revenues included in Form 990, Part VIII, lir		
	Assets included in Form 990, Part X		<b>b</b> ¢

Part	III Organizations Maintaining	Collections of	Art, Histo	orical T	reasures,	or Ot	her Similar Ass	ets (cor	tinued)
3	Using the organization's acquisition,		ther record	ds, chec	k any of the	follov	ving that are a sig	gnificant	use of its
	collection items (check all that apply):								
а	Public exhibition		d [		or exchange				
b									
	Preservation for future generations								
4	Provide a description of the organiza	tion's collections	and explai	n now ti	ney further ti	ne org	anization's exem	pt purpos	se in Part
_	XIII.	antinik ay yanabiya			bistorical tra				
5	During the year, did the organization assets to be sold to raise funds rather							_	
Part			anieu as pe	art Of the	organizatio	11 5 00	mection:	L Yes	s ∐ No
Part	Escrow and Custodial Arra Complete if the organization		" to Form	aan P	art IV line (	9 orr	enorted an amo	unt on F	orm
	990, Part X, line 21.	ranswered res	10 1 0111	1 000, 1	artiv, mio	o, o	oportou an ame	on on i	01111
	Is the organization an agent, trustee	. custodian or oth	ner interme	ediary fo	or contribution	ons or	other assets not	:	
14	included on Form 990, Part X?							_	s □ No
b	If "Yes," explain the arrangement in P							_	
_							Am	nount	
С	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amou							☐ Yes	i ☐ No
b	If "Yes," explain the arrangement in P	art XIII. Check her	re if the ex	planatioi	n has been p	rovide	ed in Part XIII .		
Pari									
	Complete if the organization								
		(a) Current year	(b) Prior	year	(c) Two years	back	(d) Three years back	(e) Four y	ears back
1a	Beginning of year balance	8,079		17,729	1	7,727	17,498		17,386
b	Contributions	0		30		0	0		0
С	Net investment earnings, gains, and								
	losses	513		335		2	229		112
d	Grants or scholarships	0	ļ	10,000		0	0		0
е	Other expenditures for facilities and								
	programs	0	<del> </del>	0		0	0		0
f	Administrative expenses	64		15		0	0		0
g	End of year balance	8,528		8,079		7,729	17,727		17,498
2	Provide the estimated percentage of t			(line 1g	, column (a))	neid a	as:		
a	Board designated or quasi-endowme		<u>o</u> %						
b		100 %							
С	Temporarily restricted endowment		000/						
0-	The percentages in lines 2a, 2b, and 2			ation the	at are hold a	nd	ministered for the		
3a	Are there endowment funds not in the	e possession of the	ne organiza	auon ina	at are rielu a	nu au	ministered for the	_	es No
	organization by:								
	(i) unrelated organizations							3a(i)	<b>-</b>
•	(ii) related organizations							3a(ii)	<del>-   •</del> -
b 4	If "Yes" to 3a(II), are the related organ Describe in Part XIII the intended uses							3b	
4 Port			OIT 3 GIIGOV	WINGIL I	ilius.				
Part	Complete if the organization		" to Form	990 P	art IV line	11a S	See Form 990 F	art X lir	e 10
	Description of property	(a) Cost or o			or other basis		Accumulated	(d) Book	
	Description of property	(investr	I		ther)		preciation	(4, 500	
	Land	.				·	,		
b	Buildings								
C	Leasehold improvements			-					
ď	Equipment								
e	Other	•							
Total.	Add lines 1a through 1e. (Column (d) r		90, Part X,	, column	(B), line 10(	c).) .	<b>.</b>		

Part VII	Investments—Other Secu		Town 000 Dort IV II	no 11h Coo Form	000 Dort V line 12
	Complete if the organizatio				
	(a) Description of security or of (including name of secu		(b) Book value		thod of valuation d-of-year market value
(1) Financial	derivatives				
•	neld equity interests				
(3) Other					
(A)	•••••			<del>_</del>	
(B)				<del></del>	
(C)				<del> </del>	
(D)				<del>                                     </del>	
(E)					
(F) (G)					
(H)				<del></del>	
	b) must equal Form 990, Part X, col. (B) line	121		<del></del>	· · · · · · · · · · · · · · · · · · ·
Part VIII	Investments - Program Re			_L	
	Complete if the organization		Form 990. Part IV. lii	ne 11c. See Form	990. Part X. line 13.
	(a) Description of investment		(b) Book value	(c) Me	othod of valuation
(4)	<del></del>			000, 01 011	or your market value
(1)				<del> </del>	
(3)		<del></del>		<del> </del>	
(4)				<del></del>	
(5)				<u> </u>	<del></del>
(6)		<del></del>			
(7)					
(8)					
(9)					
Total. (Column (I	b) must equal Form 990, Part X, col. (B) line	13.) ▶			
Part IX	Other Assets.				
	Complete if the organization		orm 990, Part IV, lir	ne 11d. See Form	
		(a) Description		<del></del>	(b) Book value
(1)					
(2)			~ · · · · · · · · · · · · · · · · · · ·		<del> </del>
(3)	·	<del></del>	<del></del>	· <del>·-</del>	<del></del>
(4)			**		
(5)					
(6)	<u> </u>		<del></del>		
(8)	<del></del>				
(9)	<del></del>		<del></del>		
	mn (b) must equal Form 990, Par	rt X, col. (B) line 15.) .			
Part X	Other Liabilities.				
	Complete if the organization	n answered "Yes" to F	form 990, Part IV, Iir	ne 11e or 11f. See	Form 990, Part X,
	line 25.		·	<del></del>	
1.	(a) Description of liability	(b) Book valu	16		
(1) Federal in	<del></del>	<del></del>	0		
	eld for SPPS Consortium		9,870		
(3)			<del></del>		
(4)		<del></del>			
(6)	···				
(7)		<del></del>	<del></del>		
(8)		<del></del>	<del></del>		
(9)		<del></del>			
	n) must equal Form 990, Part X, col. (B) line 2	25.) ▶	9,870		
	uncertain tax positions. In Part XIII			on's financial stateme	ents that reports the
	s liability for uncertain tax positions				

Part		•	r Return.
	Complete if the organization answered "Yes" to Form 990,		
1	Total revenue, gains, and other support per audited financial statements	5	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	
а	Net unrealized gains on investments		_
b	Donated services and use of facilities		_
C	Recoveries of prior year grants		_
d	Other (Describe in Part XIII.)	· · · · · · · · · · · · · · · · · · ·	_ <del></del>
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		40
-	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		
Part	Reconciliation of Expenses per Audited Financial States Complete if the organization answered "Yes" to Form 990,		ei netuiii.
	Total expenses and losses per audited financial statements		T1
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities	2a	
a b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		
C	Add lines <b>4a</b> and <b>4b</b>	·	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, III		
Part	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar		
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par		
Sched	ule D, Part V, Line 4 - Recognize scientific achievement and memorialize the	endowment namesake.	
••••			
	•••••		
			••••••
			•••••
			Sohadula D /Form 000) 0042
			Schedule D (Form 990) 2013

# SCHEDULE F (Form 990)

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

OMB No 1545-0047

2013

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

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

Open to Public Inspection

Employer Identification number

Par		n on Activit		the United States. Comp	olete if the organization ans	wered "Yes" on
1	Form 990, Part IV, line For grantmakers. Does the		maintain reco	ords to substantiate the am	ount of its grants and other	· · · · · · · · · · · · · · · · · · ·
•	assistance, the grantees' el					
	grants or assistance?					☐Yes ☐No
2	For grantmakers. Describe	e in Part V i	the organizatio	on's procedures for monit	toring the use of its gran	ts and other
-	assistance outside the Unit		ino organizati	on a procedures for morni	torning the doo or no gran	to una otnor
•	Ant Was an Decise Other			and the second continues of the contests of	!!!\	
	Activities per Region. (The fo	(b) Number of	(c) Number of	(d) Activities conducted in	(e) If activity listed in (d) is	(f) Total
	(a) riogion	offices in the region	employees, agents, and	region (by type) (e.g., fundraising, program services,	a program service, describe specific type of	expenditures for and investments
			independent contractors in region	investments, grants to recipients located in the region)	service(s) in region	ın region
			in region	located in the region)		
(1)		ļ				
(2)						
(3)		ļ			<del></del>	
(4)						
(5)						
	<del></del>					<del>-</del>
(6)						
(7)						
(8)						
			<del></del>			
(9)			<u> </u>			<u> </u>
(10)						
(11)						
(12)						
(13)						
(14)			<del></del>			
(15)						
(16)						
(17)					3	
3a	Sub-total					<u> </u>
b	Total from continuation sheets to Part I					
С	Totals (add lines 3a and 3b)	<b></b>				<del></del>

Page 2

Schedule F (Form 990) 2013

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

(i) Method of valuation (book, FMV, appraisal, other)																
(h) Description of non-cash assistance					9											
(g) Amount of (h) non-cash of non-assistance																
(f) Manner of cash disbursement																
(e) Amount of cash grant																
(d) Purpose of grant																
(b) IRS code ection and EIN (f applicable)																
(b) IRS code section and EIN (if applicable)																
(a) Name of organization										(	(	6		,	(	(
-	Ξ	2	<u>ල</u>	<b>4</b>	<u>(2</u>	9	ε	8	6	(10)	(11)	(12)	(13)	(14)	(15)	(16)

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

3 Enter total number of other organizations or entities . .

N

Schedule F (Form 990) 2013

Page 3

Schedule F (Form 990) 2013

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

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

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Part V	Supplemental Information
	Describe the line was in a provided by Dest I Bur O (consistent of funds). Dest I line O not tree (A (consenting mother).
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional
	amounts of investments vs. expenditures per region): Part II, line 1 (accounting method); Part III (accounting method); and
	Part III, column (a) (actimated number of reginicate), as applicable. Also complete this part to provide any additional
	rat III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional
	information (see instructions).
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### Schedule F, Part V, Statement 1

Form: Schedule F

Page. 3

Line Number: Part III

# SOCIETY FOR PERSONALITY AND SOCIAL PSYCHOLOGY INC 59-1667323

### **Grants To Individuals Located Outside US**

		Recipients	Cash Grant	Non-Cash Assistance
Assistance	Student travel scholarships to annual conference awarded at \$500 per student	6	3,000	0
Region	North America (including Canada and Mexico, but not the United States)			
Cash Disbursement	US dollar checks			
Desc. of Non-Cash Asst.	N/A			
Valuation				
Assistance	Student travel scholarships to annual conference awarded at \$500 per student	5	2,500	0
Region	Europe (including Iceland and Greenland)	)		
Cash Disbursement	US dollar checks			
Desc. of Non-Cash Asst.	N/A			
Valuation				
Assistance	Student travel scholarships to annual	4	2,000	0
	conference awarded at \$500 per student			
Region	East Asia and the Pacific			
Cash Disbursement	US dollar checks			
Desc. of Non-Cash Asst.	N/A			
Valuation				

**SCHEDULE 1** (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.

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

the selection criteria used to award the grants or assistance?

General Information on Grants and Assistance

Partl

SOCIETY FOR PERSONALITY AND SOCIAL PSYCHOLOGY INC

Open to Public Inspection OMB No. 1545-0047 2013

Employer identification number

59-1667323

**%** □

✓ Yes

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

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, (h) Purpose of grant or assistance (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance . Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable (p) EIN 1 (a) Name and address of organization or government Part II N (12) Ξ ල € <u>S</u> 9 Ε 8 <u></u>

Schedule I (Form 990) (2013)

Cat. No 50055P

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

Schedule I (F	Schedule I (Form 990) (2013)
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.

Part III can be o	Part III can be duplicated if additional space is needed	space is needed.		id.		
(a) Type of grant or assistance	or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 See Schedule I, Part IV, Statement 1	atement 1					
2						
က						
4						
5						
9						
Schedule I, Part I, Line 2 - The assis review of attendance is performed.	Supplemental Information. Provide the Information repart! Line 2 - The assistance is in the form of individual \$500 chendance is performed.	he information re individual \$500 che	ecks to predoctoral str	e 2, Part III, column idents to defray their t	equired in Part I, line 2, Part III, column (b), and any other additional information. iecks to predoctoral students to defray their travel costs to attend the annual conference. A pr	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.  Schedule I, Part I, Line 2 - The assistance is in the form of individual \$500 checks to predoctoral students to defray their travel costs to attend the annual conference. A post-conference review of attendance is performed.
						Schedule I (Form 990) (2013)

### Schedule I, Part IV, Statement 1

SOCIETY FOR PERSONALITY AND SOCIAL PSYCHOLOGY INC

59-1667323

Form. Schedule I

Page 2

Line Number: Part III

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

		Number of recipients	Amt. of cash grant	
Type of grant	Travel scholarships to the Annual Conference awarded at the rate of \$500 to each student based upon the merit of each applicant	89	44,500	0
Method of valuation	NA			
Desc. of Non-Cash Asst.				
Type of grant	Travel scholarships to the Summer Institute in Social and Personality Psychology awarded based upon need to predoctoral students. The average scholarship was \$375 per student.	4	1,500	0
Method of valuation Desc. of Non-Cash Asst.	NA			

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

### Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 20**13** 

Open to Public

Department of the Treasury Internal Revenue Service

► 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. Inspection Name of the organization **Employer identification number** SOCIETY FOR PERSONALITY AND SOCIAL PSYCHOLOGY INC 59-1667323 Form 990, Part III, Line 2 - The Summer Institute in Social and Personality Psychology (SISPP), funded by a National Science Foundation grant, was held on the campus of the University of California, Davis. 75 predoctoral students in social and personality psychology received intense instruction in cutting edge research and were exposed to international research collaboration opportunities. Form 990, Part VI, Section A, Line 6 - The Society is a membership organization open to individuals interested in the mission of SPSP. Form 990, Part VI, Section A, Line 9 - Chad Rummel, 1660 L Street NW #1000, Washington DC 20036 Jennifer Beer, Dept. of Psychology, 1 University Station, A8000, Austin, TX 78712 Shelly Gable, Psychology Department, 3822 Psychology East, Santa Barbara, CA 93106 Wendi Gardner, Dept. of Psychology, 202 Swift Hall, 2029 Sheridan Road, Northwestern University, Evanston, IL 60208 Sam Gosling, Dept. of Psychology, University of Texas, 1 University Station A8000, Austin, TX 78712 Michael Zarate, Dept. of Psychology, University of Texas at El Paso, 500 W University Ave., El Paso TX 79902 David Funder, Department of Psychology, University of California, Riverside, CA 92521 Patricia Devine, Dept. of Psychology, 1202 W. Johnson St., University of Wisconsin, Madison, WI 53706 James Pennebaker, Dept. of Psychology, The University of Texas, Austin, Texas 78712 Wendy Wood, Dept. of Psychology, University of Southern California, Los Angeles, CA John F. Dovidio, 265 High St., Coventry CT, 06238 Susan Schroeder, 2700 Rosewood Dr., Fayetteville, AR 72703 Form 990, Part VI, Section B, Line 11b - The Form 990 is drafted by the CFO and reviewed by the Executive Officer, Secretary/Treasurer and Executive Director prior to being filed. Form 990, Part VI, Section B, Line 12c - The Society has a written conflict of interest policy which is reviewed annually at a meeting of the Executive Committee. Officers and directors of the Society sign a Conflict of Interest Disclosure Statement annually. Form 990, Part VI, Section B, Line 15 - The new Executive Director was hired using the services of an independent professional recruiting firm who used their substantial knowledge base to advise the independent Executive Committee members on the appropriate salary. CFO compensation was determined by reference to a major accounting recruiting firm data base. Form 990, Part VI, Section C, Line 19 - The Society makes its governing document, conflict of interest policies, and financial statements available upon receipt of a written request. Form 990, Part IX, Line 11g - PROGRAM SERVICE EXPENSES: Convention Liasion (4,000), Total Editor Stipends (110,562), Public Information (62,208), Web Editor (7,500), Instructor Stipends (74,016) MANAGEMENT AND GENERAL EXPENSES: Employee Search Firm Fees (54,500) Form 990, Part XI, Line 8 - A prior period adjustment was made to correct the recognition of journal royalty income to be on the accrual Form 990, Part XI, Line 9 - Investment increase in Campbell Endowment restricted fund, as reduced by investment fees: 449, Rounding: 3

Schedule O, Statement 1

SOCIETY FOR PERSONALITY AND SOCIAL PSYCHOLOGY INC 59-1667323

Form. 990

Page<sup>-</sup> 2

Line Number. Part III Line 4d

### Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	Preparation, printing, and distribution of three scientific publications, including journal editorial management and other costs	263,050		870,943
Total:		263,050	0	870,943