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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

Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

AMERICAN PSYCHIATRIC ASSOCIATION

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

1000 WILSON BLVD NO 1825

City or town, state or province, country, and ZIP or foreign postal code

ARLINGTON, VA 22209

F Name and address of principal officer

SAUL LEVIN MD MPA

1000 WILSON BLVD NO 1825

ARLINGTON,VA 22209

H(a) Is this a group return for subordinates?

☐ Yes

☒ No

H(b) Are all subordinates included?

☐ Yes

☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☐ 501(c)(3)

☒ 501(c) (6)

☐ (insert no)

☐ 4947(a)(1) or

☐ 527

J Website: WWW PSYCH ORG

K Form of organization

☒ Corporation

☐ Trust

☐ Association

☐ Other

L Year of formation 2000

M State of legal domicile DC

Part I	Summary																									
Activities & Governance	<div>1 Briefly describe the organization's mission or most significant activities</div> <div>SEE PART III, LINE 1</div> <div></div> <div></div> <div></div>																									
	<div>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div>																									
	<table><tr><td>3 Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>25</td></tr><tr><td>4 Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>19</td></tr><tr><td>5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)</td><td>5</td><td>241</td></tr><tr><td>6 Total number of volunteers (estimate if necessary)</td><td>6</td><td>0</td></tr><tr><td>7a Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>6,321,073</td></tr><tr><td>7b Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>540,562</td></tr></table>	3 Number of voting members of the governing body (Part VI, line 1a)	3	25	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	241	6 Total number of volunteers (estimate if necessary)	6	0	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	6,321,073	7b Net unrelated business taxable income from Form 990-T, line 34	7b	540,562							
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Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

2015-10-27

Date

DAVID KEEN CHIEF FINANCIAL OFFICER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

TERRI MCKNIGHT CPA

Preparer's signature

TERRI MCKNIGHT CPA

Date

Check ☐ if self-employed

PTIN

P00543002

Firm's name

GELMAN ROSENBERG & FREEDMAN

Firm's EIN

52-1392008

Phone no

(301) 951-9090

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes

☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

Part III

Statement of Program Service Accomplishments

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

☐

1

Briefly describe the organization’s mission

THE AMERICAN PSYCHIATRIC ASSOCIATION (APA) WAS INCORPORATED IN 2000 AS A 501(C)(6) TRADE ASSOCIATION ITS 36,000 U S AND INTERNATIONAL PHYSICIAN MEMBERS SPECIALIZE IN THE DIAGNOSIS AND TREATMENT OF MENTAL AND EMOTIONAL DISORDERS AND SUBSTANCE ABUSE DISORDERS

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If “Yes,” describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ including grants of \$) (Revenue \$)

EDUCATIONAL PROGRAMS - THE ASSOCIATION'S EDUCATIONAL PROGRAMS HELP MEET THE NEEDS OF PSYCHIATRISTS, PSYCHIATRY RESIDENTS, MEDICAL STUDENTS AND ULTIMATELY IMPROVE PATIENT CARE THE PROGRAMS PROVIDE PSYCHIATRISTS WITH OPPORTUNITIES FOR MAINTENANCE OF CERTIFICATION, FOR LIFELONG LEARNING, AND FOR MEETING THE CORE COMPETENCIES IN ADDITION TO PROVIDING CONTINUING MEDICAL EDUCATION ACTIVITIES THE APA ANNUAL MEETING IS AN ANNUAL EDUCATIONAL FORUM FOR PSYCHIATRISTS INCLUDING 5 DAYS OF LECTURES, SYMPOSIA, INTENSIVE COURSES, PRESENTATIONS OF SCIENTIFIC PAPERS AND RESEARCH, AND OTHER EDUCATIONAL ACTIVITIES RELATED TO PATIENT CARE ATTENDANCE AT THE ANNUAL MEETING AND THE INSTITUTE ON PSYCHIATRIC SERVICES FALL NATIONAL MEETING GENERALLY INCLUDES APPROXIMATELY 15,000 PHYSICIANS THE APA PUBLICATION FOCUS PROVIDES A BROAD TOPIC ORIENTED ANALYSIS OF CURRENT PSYCHIATRIC CLINICAL PRACTICE AND LITERATURE, AS WELL AS CME CREDIT AND MOC ACTIVITIES FOR SELF-ASSESSMENT AND PERFORMANCE IN PRACTICE, AND IS AVAILABLE IN PRINT AND ONLINE, WITH APPROXIMATELY 4,000 SUBSCRIBERS APA PROVIDES CME CREDIT FOR PAPERS PUBLISHED IN ITS SCIENTIFIC AND RESEARCH JOURNAL, THE AMERICAN JOURNAL OF PSYCHIATRY, AS WELL AS FOR ITS REVIEWERS APA MAINTAINS AN ONLINE LEARNING MANAGEMENT SYSTEM THAT DISSEMINATES ONLINE CLINICAL CME COURSES, E G , APA PRACTICE GUIDELINES, ETHICS, DSM 5, AND A SAMHSA MANDATED COURSE, “OFFICE BASED TREATMENT OF OPIATE DEPENDENT PATIENTS ”

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

PUBLICATIONS - THE APA IS THE LEADING PUBLISHER OF BOOKS, JOURNALS, AND ELECTRONIC PRODUCTS FOR THE PSYCHIATRIC COMMUNITY IT PUBLISHES APPROXIMATELY 30 TEXTBOOKS AND MONOGRAPHS, 5 JOURNALS, CME PROGRAMS, A NEWS PUBLICATION, IN PRINT AND ONLINE ALL PERIODICALS AND SELECTED BOOKS ARE FEATURED ON ITS STATE-OF-THE-ART ELECTRONIC PLATFORM, PSYCHIATRYONLINE THIS ONLINE RESOURCE OFFERS E-BOOKS, JOURNALS, NEWS, AND SEMANTICALLY LINKED CONTENT SEARCHABLE BY TOPIC A MAIN COMPONENT OF THE PRINT, E-BOOK, AND ONLINE PUBLICATIONS PROGRAM IS THE DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS (DSM), THE STANDARD CLASSIFICATION OF MENTAL DISORDERS USED BY MENTAL HEALTH PROFESSIONALS IN THE UNITED STATES THAT CONTAINS A LISTING OF DIAGNOSTIC CRITERIA FOR EVERY PSYCHIATRIC DISORDER RECOGNIZED BY THE U S HEALTHCARE SYSTEM THE CURRENT EDITION, DSM-5, IS USED BY PROFESSIONALS IN A WIDE ARRAY OF CONTEXTS, INCLUDING PSYCHIATRISTS AND OTHER PHYSICIANS, PSYCHOLOGISTS, SOCIAL WORKERS, NURSES, OCCUPATIONAL AND REHABILITATION THERAPISTS, AND COUNSELORS, AS WELL AS BY CLINICIANS AND RESEARCHERS OF MANY DIFFERENT ORIENTATIONS (E G , BIOLOGICAL, PSYCHODYNAMIC, COGNITIVE, BEHAVIORAL, INTERPERSONAL, FAMILY/SYSTEMS) IT IS USED IN BOTH CLINICAL SETTINGS (INPATIENT, OUTPATIENT, PARTIAL HOSPITAL, CONSULTATION-LIAISON, CLINIC, PRIVATE PRACTICE, AND PRIMARY CARE) AS WELL AS WITH COMMUNITY POPULATIONS IN ADDITION TO SUPPLYING DETAILED DESCRIPTIONS OF DIAGNOSTIC CRITERIA, DSM IS ALSO A NECESSARY TOOL FOR COLLECTING AND COMMUNICATING ACCURATE PUBLIC HEALTH STATISTICS ABOUT THE DIAGNOSIS OF PSYCHIATRIC DISORDERS THE NEWS PUBLICATION, PSYCHIATRIC NEWS, FOCUSES ON ELEMENTS OF DSM-5 THIS NEWSPAPER COVERS NEWS, CLINICAL ADVANCES, PRACTICE MANAGEMENT INFORMATION, AND LEGISLATIVE HIGHLIGHTS, WITH A SPOTLIGHT ON THE APA EFFORTS TO ACHIEVE PARITY IN MENTAL HEALTH CARE IT REPRESENTS THE VOICE OF APA AND THE PSYCHIATRIC COMMUNITY TO PROMOTE QUALITY CARE FOR INDIVIDUALS WITH MENTAL DISORDERS

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

RESEARCH - DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS (DSM) IS THE OFFICIAL COMPENDIUM OF ALL PSYCHIATRIC DIAGNOSES RECOGNIZED BY THE U S HEALTHCARE SYSTEM THE DSM-5 PROVIDES THE DIAGNOSTIC CRITERIA BY WHICH PSYCHIATRISTS AND OTHER MENTAL HEALTH SPECIALISTS CAN MAKE UNIFORM DIAGNOSES

See Additional Data

4d

Other program services (Describe in Schedule O)




















(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses ▶

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)? <i>If "Yes," complete Schedule A</i>		No
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> 		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? <i>If "Yes," complete Schedule C, Part II</i>		
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> 	Yes	
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> 		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? <i>If "Yes," complete Schedule D, Part II</i> 		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 		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? <i>If "Yes," complete Schedule D, Part IV</i> 		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 		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		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 	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? <i>If "Yes," complete Schedule D, Part VII</i> 	Yes	
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? <i>If "Yes," complete Schedule D, Part VIII</i> 		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? <i>If "Yes," complete Schedule D, Part IX</i> 	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	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)? <i>If "Yes," complete Schedule D, Part X</i> 	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i> 	Yes	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i> 		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? <i>If "Yes," complete Schedule F, Parts III and IV</i> 		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		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>		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part 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 domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		
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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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? <i>If "Yes," complete Schedule N, Part I</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		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	352	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.	241	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
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	
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.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

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

Section 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	25	
	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	19	
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	No
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	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
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	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
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 organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
18	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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
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, address, and telephone number of the person who possesses the organization's books and records ▶DAVID KEEN

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) Average hours per week (list any hours for related organizations below dotted line)	(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-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	4,574,959	0	340,357

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶52

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	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.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
PHARMACEUTICAL MEDIA INC PO BOX 1332 NEW YORK, NY 10156	ADVERTISING	1,127,555
DARTMOUTH JOURNAL SERVICES PO BOX 842371 BOSTON, MA 02284	PRINTING SERVICES	692,694
BRIDGELINE DIGITAL SERVICES 80 BLANCHARD RD BURLINGTON, VT 01803	WEB SERVICES	565,155
SILVERCHAIR 310 E MAIN STREET CHARLOTTESVILLE, VA 22902	PUBLISHING SERVICES	462,904
CENOVO PUBLISHER SERVICES PO BOX 822934 PHILADELPHIA, PA 19182	PUBLISHING SERVICES	426,964

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 **19**

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line 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
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d	43,400			
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	112,833			
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f	156,233			
Program Service Revenue	2a	PUBLICATIONS	Business Code 541800	15,143,827	9,514,528	5,629,299
	b	ANNUAL MEETING	561000	11,738,143	10,376,683	1,361,460
	c	MEMBERSHIP DUES	900004	9,813,048	9,813,048	
	d	JOB BANK SALES	900099	691,774	691,774	
	e	CME CERTIFICATIONS	900099	165,786	165,786	
	f	All other program service revenue				
	g	Total. Add lines 2a-2f	37,552,578			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	1,676,997			1,676,997
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties	3,037,632			3,037,632
	6a	Gross rents	(i) Real (ii) Personal			
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other 3,369,632			
	b	Less cost or other basis and sales expenses	114,389			
	c	Gain or (loss)	3,255,243			
	d	Net gain or (loss)	3,255,243			3,255,243
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a			
	b	Less direct expenses	b			
	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19	a			
	b	Less direct expenses	b			
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances	a			
	b	Less cost of goods sold	b			
	c	Net income or (loss) from sales of inventory		14,751,888	14,751,888	
		Miscellaneous Revenue	Business Code			
	11a	MISCELLANEOUS	900099	184,162		184,162
	b					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d		184,162		
	12	Total revenue. See Instructions		60,614,733	44,621,933	6,321,073
					9,515,494	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	464,965			
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	2,803			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	3,452,808			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	366,151			
7	Other salaries and wages.	15,263,600			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	852,288			
9	Other employee benefits.	2,269,279			
10	Payroll taxes.	1,269,193			
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	285,224			
c	Accounting.	127,837			
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	81,981			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	3,492,340			
12	Advertising and promotion.	247,159			
13	Office expenses.	2,473,705			
14	Information technology.	134,616			
15	Royalties.				
16	Occupancy.	3,750,404			
17	Travel.	2,156,802			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	3,871,786			
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	3,577,634			
23	Insurance.	553,402			
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).				
a	INCOME TAX EXPENSE	263,261			
b	PUBLICATIONS & PROMOT	2,759,474			
c	EQUIPMENT	1,494,336			
d	IMPAIRMENT OF INTANGIB	1,300,000			
e	All other expenses	681,647			
25	Total functional expenses. Add lines 1 through 24e.	51,192,695			
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		11,240,640	1	6,597,961
	2	Savings and temporary cash investments		2,211,349	2	2,387,558
	3	Pledges and grants receivable, net		125,000	3	
	4	Accounts receivable, net		10,100,694	4	6,014,882
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		1,567,221	8	1,661,348
	9	Prepaid expenses and deferred charges		931,935	9	695,606
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a7,345,457			
	b	Less accumulated depreciation	10b5,136,479	2,233,759	10c	2,208,978
	11	Investments—publicly traded securities		42,866,867	11	57,704,905
	12	Investments—other securities See Part IV, line 11		7,893,556	12	12,849,525
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		3,900,000	14	2,600,000
	15	Other assets See Part IV, line 11		13,367,881	15	10,994,728
	16	Total assets. Add lines 1 through 15 (must equal line 34)		96,438,902	16	103,715,491
Liabilities	17	Accounts payable and accrued expenses		4,781,967	17	4,597,128
	18	Grants payable			18	
	19	Deferred revenue		12,732,649	19	12,121,422
	20	Tax-exempt bond liabilities			20	
	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	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		5,778,588	25	7,847,487
	26	Total liabilities. Add lines 17 through 25		23,293,204	26	24,566,037
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		72,271,353	27	78,400,304
	28	Temporarily restricted net assets		874,345	28	749,150
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		73,145,698	33	79,149,454
	34	Total liabilities and net assets/fund balances		96,438,902	34	103,715,491

Part XI Reconciliation 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	60,614,733
2	Total expenses (must equal Part IX, column (A), line 25)	2	51,192,695
3	Revenue less expenses Subtract line 2 from line 1	3	9,422,038
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	73,145,698
5	Net unrealized gains (losses) on investments	5	-568,371
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	-2,849,911
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	79,149,454

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	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		

Additional Data

Software ID:
Software Version:
EIN: 52-2168499
Name: AMERICAN PSYCHIATRIC ASSOCIATION

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	including grants of \$) (Revenue \$)
ADVOCACY - THE APA STRIVES TO RAISE THE VOICE OF PSYCHIATRY THROUGH GOVERNMENT RELATIONS, INTERNAL AND EXTERNAL COMMUNICATIONS, AND ENSURING PATIENT ACCESS TO MENTAL HEALTH SERVICES THE APA SUPPORTS PSYCHIATRISTS AND THEIR PATIENTS THROUGH PROMOTION OF THE PAUL WELLSTONE AND PETE DOMENICI MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT OF 2008, AND BY ASSISTING IN THE IMPLEMENTATION OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT REGARDING THE PARITY ACT, THE APA HAS OFFERED NUMEROUS COMMENTS ON THE LAW'S IMPLEMENTING REGULATIONS AND HAS ENGAGED IN PRIMARY COMPLIANCE AND ENFORCEMENT ACTIVITIES SIMILAR ACTIVITIES WILL BE REQUIRED IN LIGHT OF THE EXTENSION OF THE PARITY ACT'S REQUIREMENTS REGARDING SPECIFIC HEALTH CARE PLANS UNDER THE PPACA				

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAUL SUMMERGRAD PRESIDENT	25 00 1 00	X		X				99,700	0	0
(1) RENEE L BINDER PRESIDENT-ELECT	20 00 0 00	X		X				37,500	0	0
(2) MARIA A OQUENDO SECRETARY	15 00 1 00	X		X				0	0	0
(3) FRANK W BROWN TREASURER	10 00 1 00	X		X				0	0	0
(4) JEFFREY A LIEBERMAN IMMEDIATE PAST PRESIDENT	5 00 0 00	X		X				53,000	0	0
(5) DILIP V JESTE DIRECTOR	5 00 0 00	X						0	0	0
(6) JOHN M OLDHAM DIRECTOR	5 00 0 00	X						0	0	0
(7) ANITA S EVERETT DIRECTOR	5 00 0 00	X						0	0	0
(8) MOLLY K MCVOY DIRECTOR	5 00 0 00	X						0	0	0
(9) GAIL E ROBINSON DIRECTOR	5 00 0 00	X						0	0	0
(10) JEFFREY LEE GELLER DIRECTOR	5 00 0 00	X						0	0	0
(11) VIVIAN B PENDER DIRECTOR	5 00 0 00	X						0	0	0
(12) BRIAN CROWLEY DIRECTOR	5 00 0 00	X						0	0	0
(13) JUDITH F KASHTAN DIRECTOR	5 00 0 00	X						0	0	0
(14) ROBERT SCOTT BENSON DIRECTOR	5 00 0 00	X						0	0	0
(15) MELINDA L YOUNG DIRECTOR	5 00 0 00	X						18,875	0	0
(16) JEFFREY AKAKA DIRECTOR	5 00 0 00	X						0	0	0
(17) JENNY L BOYER DIRECTOR	20 00 0 00	X						39,050	0	0
(18) GLENN ANDREW MARTIN DIRECTOR	15 00 0 00	X						17,675	0	0
(19) LARA J COX DIRECTOR	5 00 0 00	X						0	0	0
(20) RAVI NAVIN SHAH DIRECTOR	5 00 0 00	X						0	0	0
(21) CHRISTINA J ARRENDONDO DIRECTOR	5 00 0 00	X						0	0	0
(22) ADENIYI O ADELAKUN DIRECTOR	5 00 0 00	X						0	0	0
(23) DESIREE N SHAPIRO DIRECTOR	5 00 0 00	X						0	0	0
(24) DAVID FASSLER DIRECTOR	5 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) SAUL LEVIN MEDICAL DIRECTOR & CEO	35 00 5 00			X				567,465	0	10,192
(1) THERESE SWETNAM CFO (UNTIL DEC 2014)	35 00 5 00			X				343,974	0	19,588
(2) STEVEN WOLK INTERIM CFO (BEGAN DEC 2014)	35 00 5 00			X				6,090	0	0
(3) COLEEN COYLE GENERAL COUNSEL	40 00 0 00				X			213,256	0	37,817
(4) JON FANNING CHIEF OF MEMBERSHIP	40 00 0 00				X			209,161	0	15,608
(5) DEBORAH HALES EXECUTIVE DIRECTOR (UNTIL OCT 2014)	40 00 0 00				X			250,273	0	14,585
(6) KRISTIN KROEGER CHIEF OF POLICY, PROGRAMS & PARTNER	40 00 0 00				X			213,585	0	14,936
(7) ANNELLE PRIMM DEPUTY MEDICAL DIRECTOR	40 00 0 00				X			252,585	0	25,437
(8) DARRELL REGIER EXECUTIVE DIRECTOR (UNTIL MAR 2014)	40 00 0 00				X			220,032	0	11,992
(9) REBECCA RINEHARDT PUBLISHER	40 00 0 00				X			244,632	0	32,428
(10) SHAUN SNYDER CHIEF OPERATING OFFICER	40 00 0 00				X			241,392	0	11,530
(11) PAUL BURKE EXECUTIVE DIRECTOR, FOUNDATION	5 00 35 00				X			202,243	0	28,207
(12) MARGARET C DEWAR DIRECTOR, ASSOCIATION GOVERNANCE	40 00 0 00					X		175,348	0	19,271
(13) IRVIN L MUSZYNSKI DIRECTOR, HEALTHCARE SYSTEMS & FIN	40 00 0 00					X		216,752	0	15,975
(14) WILLIAM E NARROW ASSOCIATE DIRECTOR, RESEARCH	40 00 0 00					X		216,115	0	29,569
(15) CATHY L NASH DIRECTOR, MEETINGS & CONVENTIONS	40 00 0 00					X		180,564	0	26,915
(16) KATHY N STEIN DIRECTOR, BUSINESS OPERATIONS	40 00 0 00					X		201,323	0	14,525
(17) JAMES SCULLY FORMER CHAIRPERSON	35 00 5 00						X	354,369	0	11,782

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.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**

www.irs.gov/form990.

OMB No 1545-0047

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization AMERICAN PSYCHIATRIC ASSOCIATION	Employer identification number 52-2168499
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

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

- A
- Check ☐ 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 Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT 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 activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i.			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	9,824,507
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	460,579
b Carryover from last year	2b	-950,992
c Total	2c	-490,413
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	884,206
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	-1,374,619

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation

[illegible]

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization AMERICAN PSYCHIATRIC ASSOCIATION	Employer identification number 52-2168499
--	--

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4

Number of states where property subject to conservation easement is located ► _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included in Form 990, Part VIII, line 1

► \$ _____

(ii) Assets included in Form 990, Part X

► \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

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

- 3

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

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII and complete the following table
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance				
b	Contributions				
c	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 year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

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

(i)

unrelated organizations

3a(i)

Yes

No

(ii)

related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,127,391	684,189	443,202
d Equipment		2,432,683	1,659,104	773,579
e Other		3,785,383	2,793,186	992,197
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,208,978

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	60,675,983
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-568,371
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	629,621
e	Add lines 2a through 2d	2e	61,250
3	Subtract line 2e from line 1	3	60,614,733
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	60,614,733

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	51,822,316
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	629,621
e	Add lines 2a through 2d	2e	629,621
3	Subtract line 2e from line 1	3	51,192,695
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)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	51,192,695

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART X, LINE 2	FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013, THE ASSOCIATION HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE FEDERAL FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER IT IS FILED.
PART XI, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD INCLUDED AS AN EXPENSE ON THE 629,621 FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON THE FORM 990, PART VIII, LINE 10B.
PART XII, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD INCLUDED AS AN EXPENSE ON THE 629,621 FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON THE FORM 990, PART VIII, LINE 10B.

[illegible]

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
AMERICAN PSYCHIATRIC ASSOCIATION

Employer identification number
52-2168499

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		6,872,875
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			6,872,875
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			6,872,875

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to 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.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

2 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 ▶

Part III

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒ 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; do not file with Form 990)*

☐ 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 ☒ 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; do not file with Form 990)*

☐ Yes ☒ No

Additional Data

Software ID:

Software Version:

EIN: 52-2168499

Name: AMERICAN PSYCHIATRIC ASSOCIATION

Part V Supplemental Information

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

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2014

Open to Public
Inspection

Name of the organization
AMERICAN PSYCHIATRIC ASSOCIATION

Employer identification number
52-2168499

Part I

General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. 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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

1

3

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

12

Part III

Grants and Other Assistance to Domestic Individuals. 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)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

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
PART I, LINE 2	THE USE OF GRANT FUNDS IS CLOSELY REVIEWED AND MONITORED BY THE RESPONSIBLE PROGRAM MANAGER THIS INCLUDES, BUT IS NOT LIMITED TO, THE REVIEW OF MONTHLY SOURCES AND USES OF GRANT FUNDS AND THE REVIEW OF GRANT REQUIREMENTS

Additional Data

Software ID:
Software Version:
EIN: 52-2168499
Name: AMERICAN PSYCHIATRIC ASSOCIATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONNECTICUT PSYCHIATRIC SOCIETY ONE REGENCY DRIVE PO BOX 30 BLOOMFIELD,CT 06002	06-0873123	501(C)(6)	6,086				REIMBURSEMENT FOR AREA 1 MEETING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARYLAND PSYCHIATRIC SOCIETY1101 ST PAUL STREET SUITE 305 BALTIMORE, MD 21202	52-0888193	501(C)(6)	25,176				DISTRICT BRANCH (DB) EXPEDITED GRANT, AND BLOCK GRANT-AREA 3 MOC PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINNESOTA PSYCHIATRIC SOCIETY 4707 HIGHWAY 61 232 SAINT PAUL, MN 55110	41-1111501	501(C)(6)	7,727				DISTRICT BRANCH (DB) EXPEDITED GRANT-CME EVENT DURING ANNUAL CONFERENCE/RECRUITMENT INITIATIVE, AND DB COMPETITIVE INNOVATIVE GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSISSIPPI PSYCHIATRIC ASSOCIATION755 AVIGNON DRIVE RIDGELAND,MS 39157	64-0757628	501(C)(6)	7,227				DB INFRASTRUCTURE GRANT-TO PROVIDE OPERATIONAL FUNDING, AND DB EXPEDITED GRANT- HEALTHCARE REFORM INITIATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW JERSEY PSYCHIATRIC ASSOCIATION208 LENOX AVE 198 WESTFIELD,NJ 07090	21-0736620	501(C)(6)	73,727				DB EXPEDITED GRANT-TRAINING FOR NEW JERSEY PSYCHIATRIC RESIDENTS, AND CALF GRANT- FOR LEGISLATIVE AND PUBLIC AFFAIRS ACTIVITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOCIETY OF UNIFORMED SEVICE PSYCHIATRISTS 7617 VIRGINIA LANE FALLS CHURCH, VA 22043	54-2038924	501(C)(6)	5,000				DB INNOVATIVE GRANT-TO PROPOSE THE DEVELOPMENT AND DEPLOYMENT OF A COMBINATION WEBINAR/ONLINE MEETING THAT MEMBERS COULD ACCESS ON THE INTERNET TO FACILITATE MOC ACTIVITIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW YORK STATE PSYCHIATRIC ASSOCIATION400 GARDEN CITY PLAZA SUITE 202 GARDEN CITY,NY 11530	13-2999702	501(C)(6)	33,727				AREA 2 BLOCK GRANT FUND, AND DB EXPEDITED GRANT-PRACTICE MANAGEMENT WORKSHOP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA PSYCHIATRIC ASSOCIATION1029 K STREET SUITE 28 SACRAMENTO, CA 95814	23-7290022	501(C)(6)	18,727				DB EXPEDITED GRANT- CME EVENT DURING ANNUAL CONFERENCE/RECRUITMENT INITIATIVE, AND AREA 6 BLOCK GRANT FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ILLINOIS PSYCHIATRIC SOCIETY300 WADAMS SUITE 424 CHICAGO,IL 60606	36-2526396	501(C)(6)	132,727				DB EXPEDITED GRANT-MENTORING EVENT FOR ECP'S AND RESIDENTS TO MEET WITH EXPERIENCED GENERAL MEMBERS, AND CALF GRANT-FOR LEGISLATIVE AND PUBLIC AFFAIRS ACTIVITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW YORK COUNTY DISTRICT BRANCH1001 AVENUE OF THE AMERICAS FL 11 NEW YORK, NY 10018	13-2506338	501(C)(6)	7,727				DB EXPEDITED GRANT-HEALTHCARE REFORM, AND DB INNOVATIVE GRANT-FUNDING TO TRAIN SEVERAL MEMBERS OF THE DISTRICT BRANCH TO PROVIDE EDUCATION AND SUPPORT TO PSYCHIATRISTS AND PSYCHIATRIC TRAINING PROGRAMS ABOUT PSYCHIATRIST'S REACTIONS TO PATIENT SUICIDE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH CAROLINA PSYCHIATRIC ASSOCIATION4917 WATERS EDGE 250 RALEIGH,NC 27606	56-1196167	501(C)(6)	12,727				DB EXPEDITED GRANT-WORKSHOP PROGRAM DEVELOPMENT, AND DB INNOVATIVE GRANT-FUNDING WILL BE USED TO HIRE MARKETING/PHYSICIAN PRACTICE CONSULTANTS TO SYNTHESIZE EXISTING APA AND NATIONAL RESOURCES AND DEVELOP A SERIES OF COORDINATED MODULES/PRESENTATIONS FOR USE INDIVIDUALLY OR COLLECTIVELY IN VARIOUS SETTINGS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PSYCHIATRIC SOCIETY OF VIRGINIA2209 DICKENS ROAD RICHMOND,VA 23230	54-0829762	501(C)(6)	7,727				DB EXPEDITED GRANT-MEMBERSHIP RECRUITMENT, AND DB INNOVATIVE GRANT-PROPOSES CREATING A MOBILE APP TO COMMUNICATE WITH THE VIRGINIA SOCIETY MEMBERS AND NON-MEMBER PSYCHIATRISTS ON RELEVANT MEMBERSHIP AND GOVERNMENTAL AFFAIRS INFORMATION THIS WOULD CREATE A MOBILE RESPONSIVE WAY OF PUSHING INFORMATION OUT TO THE MEMBERSHIP IN ADDITION TO POSTING INFORMATION ON THE PSV WEBSITE, IN THE PSV NEWSLETTER AND MAILING IT OUT TO MEMBERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE DOE FUND232 EAST 84TH STREET NEW YORK, NY 10028	13-3412540	501(C)(3)	11,893				DONATIONS FROM APA GIVES BACK PROGRAM

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.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
AMERICAN PSYCHIATRIC ASSOCIATION

Employer identification number
52-2168499

Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: <div><div>a Receive a severance payment or change-of-control payment?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4a	Yes	
		4b	Yes	
		4c		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 5a or 5b, describe in Part III.	5a		
		5b		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 6a or 6b, describe in Part III.	6a		
		6b		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	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)(i)-(iii) 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) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

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
PART I, LINE 1B	CERTAIN OFFICERS MAY UPGRADE AIR CLASS TO BUSINESS FOR FLIGHTS IN EXCESS OF FIVE HOURS. FIRST CLASS MAY BE USED IF IT IS THE ONLY CLASS AVAILABLE OVER COACH.
PART I, LINES 4A-B	DARRELL REGIER RECEIVED SEVERANCE OF \$105,953. JAMES SCULLY RECEIVED A PAYOUT FROM A 457(F) PLAN TOTALING \$194,210.

Additional Data

Software ID:
Software Version:
EIN: 52-2168499
Name: AMERICAN PSYCHIATRIC ASSOCIATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SAUL LEVIN, MEDICAL DIRECTOR & CEO	(i) 546,315 (ii) 0	(i) 15,150 (ii) 0	(i) 6,000 (ii) 0	(i) 2,568 (ii) 0	(i) 7,624 (ii) 0	(i) 577,657 (ii) 0	(i) 0 (ii) 0
1 THERESE SWETNAM, CFO (UNTIL DEC 2014)	(i) 342,974 (ii) 0	(i) 1,000 (ii) 0	(i) 0 (ii) 0	(i) 18,200 (ii) 0	(i) 1,388 (ii) 0	(i) 363,562 (ii) 0	(i) 0 (ii) 0
2 COLEEN COYLE, GENERAL COUNSEL	(i) 212,256 (ii) 0	(i) 1,000 (ii) 0	(i) 0 (ii) 0	(i) 15,612 (ii) 0	(i) 22,205 (ii) 0	(i) 251,073 (ii) 0	(i) 0 (ii) 0
3 JON FANNING, CHIEF OF MEMBERSHIP	(i) 208,161 (ii) 0	(i) 1,000 (ii) 0	(i) 0 (ii) 0	(i) 677 (ii) 0	(i) 14,931 (ii) 0	(i) 224,769 (ii) 0	(i) 0 (ii) 0
4 DEBORAH HALES, EXECUTIVE DIRECTOR (UNTIL OCT 2014)	(i) 250,273 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 13,979 (ii) 0	(i) 606 (ii) 0	(i) 264,858 (ii) 0	(i) 0 (ii) 0
5 KRISTIN KROEGER, CHIEF OF POLICY, PROGRAMS & PARTNER	(i) 212,585 (ii) 0	(i) 1,000 (ii) 0	(i) 0 (ii) 0	(i) 14,936 (ii) 0	(i) 0 (ii) 0	(i) 228,521 (ii) 0	(i) 0 (ii) 0
6 ANNELLE PRIMM, DEPUTY MEDICAL DIRECTOR	(i) 251,575 (ii) 0	(i) 1,010 (ii) 0	(i) 0 (ii) 0	(i) 10,406 (ii) 0	(i) 15,031 (ii) 0	(i) 278,022 (ii) 0	(i) 0 (ii) 0
7 DARRELL REGIER, EXECUTIVE DIRECTOR (UNTIL MAR 2014)	(i) 114,079 (ii) 0	(i) 0 (ii) 0	(i) 105,953 (ii) 0	(i) 8,083 (ii) 0	(i) 3,909 (ii) 0	(i) 232,024 (ii) 0	(i) 0 (ii) 0
8 REBECCA RINEHARDT, PUBLISHER	(i) 243,632 (ii) 0	(i) 1,000 (ii) 0	(i) 0 (ii) 0	(i) 17,417 (ii) 0	(i) 15,011 (ii) 0	(i) 277,060 (ii) 0	(i) 0 (ii) 0
9 SHAUN SNYDER, CHIEF OPERATING OFFICER	(i) 240,392 (ii) 0	(i) 1,000 (ii) 0	(i) 0 (ii) 0	(i) 3,985 (ii) 0	(i) 7,545 (ii) 0	(i) 252,922 (ii) 0	(i) 0 (ii) 0
10 PAUL BURKE, EXECUTIVE DIRECTOR, FOUNDATION	(i) 201,243 (ii) 0	(i) 1,000 (ii) 0	(i) 0 (ii) 0	(i) 13,295 (ii) 0	(i) 14,912 (ii) 0	(i) 230,450 (ii) 0	(i) 0 (ii) 0
11 MARGARET C DEWAR, DIRECTOR, ASSOCIATION GOVERNANCE	(i) 174,348 (ii) 0	(i) 1,000 (ii) 0	(i) 0 (ii) 0	(i) 11,893 (ii) 0	(i) 7,378 (ii) 0	(i) 194,619 (ii) 0	(i) 0 (ii) 0
12 IRVIN L MUSZYNSKI, DIRECTOR, HEALTHCARE SYSTEMS & FIN	(i) 215,752 (ii) 0	(i) 1,000 (ii) 0	(i) 0 (ii) 0	(i) 14,765 (ii) 0	(i) 1,210 (ii) 0	(i) 232,727 (ii) 0	(i) 0 (ii) 0
13 WILLIAM E NARROW, ASSOCIATE DIRECTOR, RESEARCH	(i) 215,115 (ii) 0	(i) 1,000 (ii) 0	(i) 0 (ii) 0	(i) 14,627 (ii) 0	(i) 14,942 (ii) 0	(i) 245,684 (ii) 0	(i) 0 (ii) 0
14 CATHY L NASH, DIRECTOR, MEETINGS & CONVENTIONS	(i) 179,564 (ii) 0	(i) 1,000 (ii) 0	(i) 0 (ii) 0	(i) 12,053 (ii) 0	(i) 14,862 (ii) 0	(i) 207,479 (ii) 0	(i) 0 (ii) 0
15 KATHY N STEIN, DIRECTOR, BUSINESS OPERATIONS	(i) 200,043 (ii) 0	(i) 1,280 (ii) 0	(i) 0 (ii) 0	(i) 14,006 (ii) 0	(i) 519 (ii) 0	(i) 215,848 (ii) 0	(i) 0 (ii) 0
16 JAMES SCULLY, FORMER CHAIRPERSON	(i) 160,159 (ii) 0	(i) 0 (ii) 0	(i) 194,210 (ii) 0	(i) 11,226 (ii) 0	(i) 556 (ii) 0	(i) 366,151 (ii) 0	(i) 0 (ii) 0

2014

Open to Public Inspection

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

▶ 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 PSYCHIATRIC ASSOCIATION	Employer identification number 52-2168499
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	
FORM 990, PART VI, SECTION A, LINE 7A	THE FOLLOWING CLASSES OF MEMBERS MAY PARTICIPATE IN THE ELECTION OF BOARD MEMBERS -IN-TRAINING, GENERAL MEMBERS, FELLOWS, DISTINGUISHED LIFE MEMBERS, HONORARY MEMBERS AND L IFE STATUS MEMBERS ALL OTHER MEMBERSHIP LEVELS ARE NON-VOTING
FORM 990, PART VI, SECTION A, LINE 7B	THE ASSEMBLY MUST VOTE TO APPROVE POSITION STATEMENTS AND BYLAWS BEFORE A FINAL VOTE BY THE BOARD OF TRUSTEES
FORM 990, PART VI, SECTION B, LINE 11	THE RETURN WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY THE ORGANIZATION'S SENI OR MANAGEMENT A FINAL COPY OF THE 990 WAS SENT TO THE BOARD OF DIRECTORS BEFORE FILING
FORM 990, PART VI, SECTION B, LINE 12C	DIRECTORS ARE REQUIRED TO DISCLOSE INTERESTS AND AFFILIATIONS UPON APPOINTMENT AND THEN AN NUALLY OR AT ANY TIME THERE IS A CHANGE TO THEIR DISCLOSURE ORAL DISCLOSURE OF INTERESTS AND AFFILIATIONS IS REQUIRED AT THE BEGINNING OF EACH MEETING IF A POTENTIAL CONFLICT ARI SES, THE CONFLICT OF INTEREST COMMITTEE REVIEWS AND REPORTS TO THE BOARD OF TRUSTEES WITH RECOMMENDED ACTION STAFF MEMBERS ARE ALSO REQUIRED TO DISCLOSE POTENTIAL CONFLICTS ANNUAL LY
FORM 990, PART VI, SECTION B, LINE 15A	ALL STAFF ARE SUBJECT TO A MARKET-BASED COMPENSATION SYSTEM A COMPREHENSIVE REVIEW WAS PE RFORMED BY AN INDEPENDENT CONSULTANT TO ESTABLISH GRADES AND RANGES FOR ALL COMPENSATED ST AFF POSITIONS WITHIN THE DEFINED RANGES, APPROPRIATE ANNUAL INCREASES ARE MEASURED AGAINS T THE LOCAL MARKET AND APPROVED BY THE BOARD AS PART OF THE BUDGET PROCESS IN OCTOBER 201 3, THE ASSOCIATION HIRED A NEW CHIEF EXECUTIVE OFFICER TO FILL THE POSITION VACATED BY THE MEDICAL DIRECTOR/CEO THROUGH RETIREMENT AN INDEPENDENT CONSULTANT FIRM WAS EMPLOYED BY T HE ASSOCIATION'S BOARD TO DETERMINE THE APPROPRIATE SALARY AND COMPENSATION PACKAGE FOR TH E NEW CEO THE BOARD ANNUALLY REVIEWS HIS PERFORMANCE, WHICH HAPPENS EVERY JUNE THE CEO S ETS COMPENSATION FOR ALL OTHER EMPLOYEES
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PART XI, LINE 9	MINIMUM PENSION LIABILITY ADJUSTMENT -2,849,911
FORM 990, PART VII, SECTION A	BOARD OFFICERS MAY RECEIVE COMPENSATION FOR THEIR BOARD DUTIES OTHER BOARD MEMBERS MAY RE CEIVE HONORARIUM PAYMENTS FOR SERVICES NOT RELATED TO THEIR BOARD DUTIES

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
AMERICAN PSYCHIATRIC ASSOCIATION

Employer identification number
52-2168499

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) AMERICAN PSYCHIATRIC ASSOCIATION FOUNDATION 1000 WILSON BLVD STE 1825 ARLINGTON, VA 22209 13-0433740	FINANCIAL SUPPORT TO PSYCHIATRY PROFESSION	DC	501(C)(3)	509(A)(1)	APA	Yes	
(2) AMERICAN PSYCHIATRIC POLITICAL ACTION COMMITTEE 1000 WILSON BLVD STE 1825 ARLINGTON, VA 22209 02-0548679	POLITICAL ACTION	DC	527	N/A	APA	Yes	

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) AMERICAN PSYCHIATRIC ASSOCIATION INSURANCE TRUST 1000 WILSON BLVD STE 1825 ARLINGTON, VA 22209 52-6273713	GRANTOR ACTIVITY	DC	APAF	T				Yes	

Part V

Transactions With Related Organizations

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

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)

l

Performance of services or membership or fundraising solicitations for related organization(s)

m

Performance of services or membership or fundraising solicitations by related organization(s)

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

Other transfer of cash or property to related organization(s)

s

Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

Yes

1n

Yes

1o

Yes

1p

No

1q

No

1r

No

1s

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICAN PSYCHIATRIC ASSOCIATION FOUNDATION	M	457,304	ACTUAL
(2) AMERICAN PSYCHIATRIC ASSOCIATION FOUNDATION	N	554,316	ACTUAL
(3) AMERICAN PSYCHIATRIC ASSOCIATION FOUNDATION	O	2,237,617	ACTUAL
(4) AMERICAN PSYCHIATRIC ASSOCIATION FOUNDATION	C	43,400	ACTUAL

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII

Supplemental Information

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

Return Reference	Explanation
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