



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



Form 990



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>B</b> Check if applicable <input type="checkbox"/> Address change  <input type="checkbox"/> Name change  <input type="checkbox"/> Initial return  <input type="checkbox"/> Final return/terminated  <input type="checkbox"/> Amended return  <input type="checkbox"/> Application pending	<b>C</b> Name of organization AMERICAN PSYCHOLOGICAL ASSOCIATION INC		<b>D Employer identification number</b>  53-0205890
	% NANCY PINA Doing business as		
	Number and street (or P O box if mail is not delivered to street address)Room/suite 750 FIRST STREET NE		<b>E Telephone number</b>  (202) 336-5500
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20002		<b>G Gross receipts \$</b> 164,207,220
	<b>F Name and address of principal officer</b> NORMAN ANDERSON 750 FIRST STREET NE WASHINGTON,DC 20002		
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <input type="checkbox"/> (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number <input type="checkbox"/>	
<b>J Website:</b> WWW APA ORG			
<b>K Form of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input type="checkbox"/>			<b>L Year of formation</b> 1925
			<b>M State of legal domicile</b> DC

Part I		Summary	
Activities & Governance	<b>1</b> Briefly describe the organization’s mission or most significant activities THE AMERICAN PSYCHOLOGICAL ASSOCIATION IS A NATIONAL MEMBERSHIP A NATIONAL MEMBERSHIP ORGANIZATION CREATED TO ADVANCE PSYCHOLOGY AS A MEANS OF PROMOTING HEALTH, EDUCATION AND HUMAN WELFARE		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)		<b>3</b> 172
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)		<b>4</b> 169
	<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a)		<b>5</b> 722
<b>6</b> Total number of volunteers (estimate if necessary)		<b>6</b> 160	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12		<b>7a</b> 5,667,067	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34		<b>7b</b> 2,356,371	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year 2,534,834	Current Year 1,798,443
	<b>9</b> Program service revenue (Part VIII, line 2g)	107,745,753	109,444,386
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d )	1,796,979	9,163,228
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,461,270	9,996,233
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	127,538,836	130,402,290
	Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 )	2,224,827
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		60,005,714	62,047,028
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0			
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		56,882,742	63,242,141
<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		119,113,283	127,511,304
<b>19</b> Revenue less expenses Subtract line 18 from line 12		8,425,553	2,890,986
Net Assets or Fund Balances	Beginning of Current Year		End of Year
	<b>20</b> Total assets (Part X, line 16)	257,045,386	260,756,298
	<b>21</b> Total liabilities (Part X, line 26)	191,581,742	201,074,569
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	65,463,644	59,681,729

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	<div>***** Signature of officer</div>	<div>2015-09-29 Date</div>			
	<div>ARCHIE L TURNER CFO Type or print name and title</div>				
Paid Preparer Use Only	Print/Type preparer's name Jeffrey J Schragg	Preparer's signature Jeffrey J Schragg	Date	Check <input type="checkbox"/> if self-employed	PTIN P00234543
	Firm's name <input type="checkbox"/> BDO USA LLP			Firm's EIN <input type="checkbox"/>	
	Firm's address <input type="checkbox"/> 8401 GREENSBORO DRIVE 8TH FLOOR  MCLEAN, VA 22102			Phone no (703) 893-0600	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

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 PSYCHOLOGICAL ASSOCIATION (APA) IS A NATIONAL MEMBERSHIP ORGANIZATION CREATED TO ADVANCE PSYCHOLOGY AS A MEANS OF PROMOTING HEALTH, EDUCATION, AND HUMAN WELFARE APA FULFILLS THESE OBJECTIVES BY SUPPORTING A NUMBER OF PROGRAMS AND ACTIVITIES FOR ITS MEMBERS AND THE GENERAL PUBLIC THESE ACTIVITIES INCLUDE PROMOTION OF RESEARCH IN PSYCHOLOGY, DISSEMINATION OF RESEARCH RESULTS AND PSYCHOLOGICAL KNOWLEDGE TO BOTH PSYCHOLOGISTS AND THE PUBLIC, PROGRAMS DESIGNED TO SUPPORT THE USE OF PSYCHOLOGICAL KNOW-HOW IN EDUCATION, AND PROGRAMS DESIGNED TO ENSURE QUALITY EDUCATIONAL OPPORTUNITIES FOR STUDENTS INTERESTED IN PURSUING A CAREER IN PSYCHOLOGY

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

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

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 \$ 41,545,696 including grants of \$ ) (Revenue \$ 88,992,936 )

The APA Publications and Databases Office is responsible for the dissemination of psychological information worldwide Information dissemination projects include 81 scholarly journals, a book and video publishing program, and seven electronic database products In 2014, the APA journals program published more than 5,000 articles in 390 journal issues In 2014, PsycARTICLES, the electronic database product containing full-text journal content, added 6 new titles and nearly 7,600 articles In 2014, APA released 36 new book titles APA's self-help imprint released 3 new titles in 2014 Magination Press, APA's children's book imprint, released 13 new titles (and 15 children's book awards were received) APA released 261 book titles to ebrary, the primary platform for hosting e-book content and providing access to academic libraries, 39 APA books were released in Kindle editions, and 11 new video titles WERE RELEASED At the end of 2014, the PsycBOOKS database contained nearly 1,055 APA books, 2,978 classic books on psychology, and more than 60,203 chapters PsycINFO, the bibliographic database, contained 3,785,610 records by the end of 2014 PsycTESTS, the research database on psychological tests, measures, scales, surveys and other assessments, had a total of 27,486 records, 68% of which included full text testS PsycEXTRA, the gray literature database that includes both bibliographic records and full text content, increased by 30,412 in 2014 and totaled 341,194 records In 2014, 485 new reviews were added to PsycCRITIQUES, the database of book and film reviews

4b

(Code ) (Expenses \$ 11,675,392 including grants of \$ ) (Revenue \$ 13,752,230 )

THE APA PUBLIC & MEMBER COMMUNICATIONS DIRECTORATE COMPRISES MEDIA RELATIONS AND PUBLIC AFFAIRS, MEMBERSHIP SERVICES, MARKETING AND ADVERTISING SALES, PUBLICATIONS EDITING AND DESIGN, AND TWO MEMBER MAGAZINES THE DIRECTORATE IS THE PRIMARY POINT OF CONTACT FOR MEDIA, MEMBERS AND THE PUBLIC, AND AS SUCH, STRIVES TO ADVANCE PSYCHOLOGY AS A SCIENCE, AS A PROFESSION, AND AS A MEANS OF PROMOTING HUMAN HEALTH AND WELFARE DIRECTORATE ACTIVITIES INCLUDE DEVELOPMENT OF MEMBERSHIP RECRUITMENT ADVERTISING AND DIRECT MAIL CAMPAIGNS AND THE PROMOTION OF MEMBERSHIP BENEFITS AND PRODUCTS RESPONSIBILITIES INCLUDE THE SALE OF ADVERTISING IN ALL OFFICIAL APA MAGAZINES, JOURNALS, AND ON APA'S WEBSITE, THE SALE OF EXHIBIT SPACE AT APA'S ANNUAL CONVENTION, PUBLISHING TIMELY INFORMATION ON APA'S WEBSITE AND ENSURING A POSITIVE USER EXPERIENCE, AND OPERATING THE MEMBER SERVICE CENTER, WHICH HANDLES MEMBER RELATIONS, BULK SUBSCRIPTION ORDERS, BOOK AND JOURNAL FULFILLMENT, AND DUES PROCESSING THE DIRECTORATE SERVES AS THE PRIMARY CONDUIT FOR INFORMATION FOR MEDIA, THE GENERAL PUBLIC, AND POLICYMAKERS ABOUT PSYCHOLOGY AND APA THROUGH NEWS STORIES IN POPULAR AND TRADE MEDIA AND THROUGH DISSEMINATION OF INFORMATION VIA WWW APA ORG AND PUBLICATION OF PAMPHLETS AND BROCHURES

4c

(Code ) (Expenses \$ 9,711,203 including grants of \$ 656,970 ) (Revenue \$ 5,074,577 )

THE APA EDUCATION DIRECTORATE PLAYS A STRONG ROLE IN THE AREA OF QUALITY ASSURANCE FOR 988 ACCREDITED PROGRAMS IN PROFESSIONAL PSYCHOLOGY THE CONTINUING EDUCATION COMMITTEE APPROVED 800 ORGANIZATIONS AS SPONSORS OF CONTINUING EDUCATION THE DIRECTORATE ALSO PLAYS AN IMPORTANT ROLE IN SHAPING THE EDUCATIONAL EXPERIENCE OF TOMORROW'S PSYCHOLOGISTS AND IN PROVIDING CONTINUING PROFESSIONAL EDUCATION FOR TODAY'S PRACTITIONER CONTINUING EDUCATION IS OFFERED THROUGH 308 WEB DELIVERED PROGRAMS, AND 184 BOOK-BASED AND JOURNAL ARTICLE-BASED PROGRAMS 403 CONTINUING EDUCATION OPPORTUNITIES WERE OFFERED BEFORE AND DURING THE 2014 APA CONVENTION IN WASHINGTON, DC

4d

Other program services (Describe in Schedule O )

(Expenses \$ 28,468,013 including grants of \$ 1,565,165 ) (Revenue \$ 1,624,643 )



















4e

Total program service expenses ▶

91,400,304

Form 990 (2014)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9 Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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	Yes	
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		No
36	<b>Section 501(c)(3) organizations.</b> 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	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <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? <b>Note.</b> 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.	1,496	
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?		1c	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.	722	
b. If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
3a. Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	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.		3b	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)?		4a	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?		5a	No
b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c. If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a. Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7. Organizations that may receive deductible contributions under section 170(c).			
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?		7a	No
b. If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
c. Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
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	No
f. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
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? <b>Note.</b> 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	172	
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			
1b	Enter the number of voting members included in line 1a, above, who are independent	169	
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?	Yes	
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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		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?	Yes	
10b	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?	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b 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	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
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?		No
16b	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?		

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.  
☒ Own website ☐ Another's website ☒ Upon request ☐ 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  
NANCY PINA  
750 FIRST STREET NE  
WASHINGTON, DC 20002 (202) 336-5827

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			

<b>1b</b>	<b>Sub-Total . . . . .</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	5,829,670	0	836,959

**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 122

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<b>4</b>	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> . . . . .	<b>4</b>	Yes
<b>5</b>	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> . . . . .	<b>5</b>	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) Name and business address	(B) Description of services	(C) Compensation
CENVEO PUBLISHER SERVICES, PO BOX 822934 PHILADELPHIA, PA 19182	PUBLISHING	5,504,336
AUTOMATED GRAPHIC SYSTEMS, 4590 GRAPHICS DRIVE WHITE PLAINS, MD 20695	MAIL & POSTAGE SVC	1,306,539
VIRTUSA CORP, 25512 NETWORK PLACE CHICAGO, IL 60673	TECHNOLOGY SERVICES	975,527
RANDSTAD, PO BOX 7247-6655 PHILADELPHIA, PA 19170	STAFFING AGENCY	958,465
PLAN B TECHNOLOGIES, 16701 MELFORD BLVD STE 300 BOWIE, MD 20715	TECHNOLOGY SERVICES	924,652

**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 ▶78

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					
	e	Government grants (contributions) 1e	1,656,804				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	141,639				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f . . . . .	1,798,443				
Program Service Revenue	2a	LICENSING FEES	Business Code 541900	63,866,063	63,866,063		
	b	JOURNAL SUBSCRIPTIONS	111000	14,498,967	11,674,594	2,824,373	
	c	MEMBERSHIP DUES	900099	10,451,072	10,451,072		
	d	PUBLICATION SALES	511120	13,662,191	13,662,191		
	e	CONVENTION AND CONFERENCE FEES	611600	2,878,261	2,878,261		
	f	All other program service revenue		4,087,832	4,087,832		
	g	Total. Add lines 2a-2f . . . . .	109,444,386				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .	1,358,673			1,358,673
4		Income from investment of tax-exempt bond proceeds . . . . .	0				
5		Royalties . . . . .	648,948			648,948	
6a		Gross rents	(i) Real 27,201,469	(ii) Personal			
		b	Less rental expenses	19,020,080			
		c	Rental income or (loss)	8,181,389	0		
		d	Net rental income or (loss) . . . . .	8,181,389		2,755,809	5,425,580
7a		Gross amount from sales of assets other than inventory	(i) Securities 22,589,405	(ii) Other			
		b	Less cost or other basis and sales expenses	14,332,460	452,390		
		c	Gain or (loss)	8,256,945	-452,390		
		d	Net gain or (loss) . . . . .	7,804,555			7,804,555
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 . . . . .	0			
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 . . . . .	0			
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 . . . . .	0			
Miscellaneous Revenue		Business Code					
11a	APA OTHER REVENUE	900099	1,079,011			1,079,011	
b	MAILING LIST RENTAL	533110	86,885		86,885		
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .	1,165,896					
12	Total revenue. See Instructions . . . . .	130,402,290	106,620,013	5,667,067	16,316,767		

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.	1,062,816	1,062,816		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	1,159,319	1,159,319		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	6,818,657	4,884,250	1,934,407	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7	Other salaries and wages.	43,408,847	30,941,352	12,467,495	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	2,336,698		2,336,698	
9	Other employee benefits.	5,986,726		5,986,726	
10	Payroll taxes.	3,496,100		3,496,100	
11	Fees for services (non-employees):				
a	Management.	0			
b	Legal.	1,097,525	7,213	1,090,312	
c	Accounting.	174,805		174,805	
d	Lobbying.	269,923	269,923		
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	614,077		614,077	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	12,941,588	9,919,483	3,022,105	
12	Advertising and promotion.	2,169,331	1,993,598	175,733	
13	Office expenses.	12,578,866	12,026,944	551,922	
14	Information technology.	3,879,043	208,805	3,670,238	
15	Royalties.	4,291,913	4,291,913		
16	Occupancy.	7,924,518	10,195	7,914,323	
17	Travel.	3,706,414	2,588,062	1,118,352	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	4,756,458	1,889,469	2,866,989	
20	Interest.	1,171,071		1,171,071	
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	1,930,900		1,930,900	
23	Insurance.	797,463		797,463	
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	LEGAL SETTLEMENT EXPENSE	4,215,000		4,215,000	
b	HONORARIA AND STIPENDS	2,718,022	2,413,146	304,876	
c	INCOME TAX EXPENSE	908,694		908,694	
d	OVERHEAD RECOVERY	-6,478,137	-2,319,104	-4,159,033	
e	All other expenses	3,574,667	20,052,920	-16,478,253	
25	Total functional expenses. Add lines 1 through 24e.	127,511,304	91,400,304	36,111,000	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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		500	1	500
	2	Savings and temporary cash investments		47,615,264	2	40,474,819
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		19,392,730	4	24,416,479
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		195,500	5	187,273
	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		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		4,090,000	8	4,062,713
	9	Prepaid expenses and deferred charges		1,328,218	9	1,139,603
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a169,756,661			
	b	Less accumulated depreciation	10b88,894,221	78,112,804	10c	80,862,440
	11	Investments—publicly traded securities		90,359,419	11	92,844,841
	12	Investments—other securities See Part IV, line 11		4,085	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		15,946,866	15	16,767,630
	16	Total assets. Add lines 1 through 15 (must equal line 34)		257,045,386	16	260,756,298
Liabilities	17	Accounts payable and accrued expenses		17,136,658	17	22,672,543
	18	Grants payable		0	18	0
	19	Deferred revenue		51,008,031	19	51,550,229
	20	Tax-exempt bond liabilities		14,525,000	20	13,750,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D		9,433,239	21	10,274,069
	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		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		84,302,428	23	85,453,015
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	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		15,176,386	25	17,374,713
	26	Total liabilities. Add lines 17 through 25		191,581,742	26	201,074,569
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund		0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds		65,463,644	32	59,681,729
	33	Total net assets or fund balances		65,463,644	33	59,681,729
	34	Total liabilities and net assets/fund balances		257,045,386	34	260,756,298

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	130,402,290
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	127,511,304
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	2,890,986
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	65,463,644
5	Net unrealized gains (losses) on investments . . . . .	5	-6,664,688
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	-2,008,213
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	59,681,729

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? . . . . .	Yes	
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	Yes	

Additional Data

Software ID:

Software Version:

EIN: 53-0205890

Name: AMERICAN PSYCHOLOGICAL ASSOCIATION INC

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

(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) NADINE J KASLOW PHD ..... PRESIDENT	18 0 ..... 1 0	X		X				59,150	0	0
(1) BONNIE MARKHAM PHD PSYD ..... TREASURER	16 0 ..... 1 0	X		X				22,400	0	0
(2) DONALD N BERSOFF PHD ..... PAST PRESIDENT	11 0 ..... 1 0	X		X				18,000	0	0
(3) BARRY S ANTON PHD ..... PRESIDENT ELECT	11 0 ..... 1 0	X		X				18,000	0	0
(4) JENNIFER F KELLY PHD ..... RECORDING SECRETARY	11 0 ..... 1 0	X		X				18,000	0	0
(5) SUSAN H MCDANIEL PHD ..... MEMBER AT LARGE	9 0 ..... 1 0	X						16,100	0	0
(6) JENNIFER M DORAN MA ..... APAGS MEMBER OF BOARD	9 0 ..... 1 0	X						14,100	0	0
(7) LINDA F CAMPBELL PHD ..... MEMBER AT LARGE	9 0 ..... 1 0	X						14,100	0	0
(8) LOUISE A DOUCE PHD ..... MEMBER AT LARGE	9 0 ..... 1 0	X						14,100	0	0
(9) JOSEPHINE D JOHNSON PHD ..... MEMBER AT LARGE	9 0 ..... 1 0	X						14,100	0	0
(10) DIANA L PRESCOTT PHD ..... MEMBER AT LARGE	9 0 ..... 1 0	X						14,100	0	0
(11) WILLIAM J STRICKLAND PHD ..... MEMBER AT LARGE	9 0 ..... 1 0	X						14,100	0	0
(12) NORMAN ABELES PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(13) KENNETH M ADAMS PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(14) LARRY ALFERINK PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(15) MARTIN J AMERIKANER PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(16) JEAN MARIA ARRIGO PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(17) DEBORAH L BANDALOS PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(18) MARTHA E BANKS PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(19) LAURA H BARBANEL EDD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(20) SALLY H BARLOW PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(21) BERNARD C BEINS PHD ..... COR MEMBER	1 0 ..... 0 0	X						25,000	0	0
(22) STACEY LYNN BENSON PSYD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(23) GUILLERMO BERNAL PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(24) ROSIE PHILLIPS BINGHAM PHD ..... COR MEMBER	1 0 ..... 0 0	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) SANDRA J BISHOP-JOSEF PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(1) JUDITH S BLANTON PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(2) WILLIAM P BLOOM PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(3) CORWIN BOAKE PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(4) KENNETH H BOHM PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(5) THOMAS J BOLL PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(6) FRANCES E BOULON-DIAZ PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(7) LINDA F BROWN PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(8) SARAH ESTES BURGAMY PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(9) CHARLES K BURNETT PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(10) ELIZABETH K CARLL PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(11) JEAN A CARTER PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(12) ARMAND R CERBONE PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(13) NICOLAS LUC CHEVRIER PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(14) JEAN LAU CHIN EDD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(15) JUNE W J CHING PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(16) JOAN C CHRISLER PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(17) SCOTT D CHURCHILL PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(18) SUSAN D CLAYTON PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(19) ANNABEL J COHEN PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(20) REGINA C COLONIA-WILLNER PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(21) JOAN M COOK PHD ..... COR MEMBER	1 0 ..... 0 0	X						2,500	0	0
(22) HELEN L COONS PHD ..... COR MEMBER	1 0 ..... 0 0	X						1,350	0	0
(23) STEWART E COOPER PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(24) CHESTER D COPEMANN PHD ..... COR MEMBER	1 0 ..... 0 0	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			
(51) JOSEPH J COYNE PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(1) PAUL L CRAIG PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(2) LEILANI SALVO CRANE PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(3) MARYBETH M CRESCI PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(4) TIMOTHY W CURBY PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(5) BRIAN L CUTLER PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(6) GRADY DALE EDD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(7) EUGENE JOSEPH D'ANGELO PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(8) JESSICA HENDERSON DANIEL PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(9) EDWARD ANTHONY DELGADO-ROMERO PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(10) DAVID S DEMATTEO PHD ..... COR MEMBER	1 0 ..... 0 0	X						1,000	0	0
(11) EDUARDO I DIAZ PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(12) BETH DOLL PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(13) MICHAEL DOMJAN PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(14) DAVID L DOWNING PSYD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(15) FRANK FARLEY PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(16) MARTIN J FINO PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(17) MARY A FRISTAD PHD ABPP ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(18) BRAVADA M GARRETT-AKINSANYA PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(19) KIMBERLY A GORGENS PHD ABPP ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(20) JOHN GRABOWSKI PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(21) LORRAINE W GREENE PHD ABPP ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(22) BEVERLY GREENE PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(23) BARNEY GREENSPAN PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(24) LISA R GROSSMAN PHD ..... COR MEMBER	1 0 ..... 0 0	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			
(76) WILLIAM B GUNN PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(1) DOUGLAS C HALDEMAN PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(2) JANE K HARMON-JACOBS PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(3) MICHELE HARWAY PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(4) WILLIAM L HATHAWAY PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(5) KATE F HAYS PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(6) ANGELA O HERZOG PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(7) WALTER J HILLABRANT PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(8) KAREN L HOLLIS PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(9) SALLY S HORWATT PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(10) TAMMY L HUGHES PHD ..... COR MEMBER	1 0 ..... 0 0	X						1,500	0	0
(11) LARRY C JAMES PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(12) DEBORAH F JOHNSON PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(13) LYNN R KAHLE PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(14) DAVID BYRON KAZAR PHD ABPP ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(15) MARY E KITE PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(16) ELIZABETH A KLONOFF PHD ..... COR MEMBER	1 0 ..... 0 0	X						1,250	0	0
(17) LINDA K KNAUSS PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(18) JEANNE MARIE LEBLANC PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(19) KANG LEE PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(20) RONALD F LEVANT EDD ABPP ..... COR MEMBER	1 0 ..... 0 0	X						5,000	0	0
(21) JAMES W LICHTENBERG PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(22) LISA MARIE LINNING PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(23) JAMES RAYMOND LONG PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(24) ELIZABETH LONNING PSYD ..... COR MEMBER	1 0 ..... 0 0	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			
(101) CALEB LORING PSYD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(1) RODNEY L LOWMAN PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(2) SUNIYA S LUTHAR PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(3) NEIL A MASSOTH PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(4) ALI M MATTU PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(5) MARSHA DINGLE MCCARY PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(6) CATHY MCDANIELS WILSON PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(7) NANCY A MCGARRAH PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(8) ROBERT E MCGRATH PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(9) RICHARD M MCGRAW PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(10) LISA J MILLER PHD ..... COR MEMBER	1 0 ..... 0 0	X						2,500	0	0
(11) RODNEY KEITH MILLER PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(12) DAVID HARLOW MILLS PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(13) NANCY S MOLITOR PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(14) LINDA R MONA PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(15) STEVEN D MOORE PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(16) EDUARDO S MORALES PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(17) MANDELL J MUCH PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(18) JAMES ANTON MULICK PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(19) DARLYNE G NEMETH PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(20) GILBERT H NEWMAN PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(21) JOHN C NORCROSS PHD ..... COR MEMBER	1 0 ..... 0 0	X						750	0	0
(22) GEORGE H NORTHRUP PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(23) ROBERTA L NUTT PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(24) BRUCE D NYSTROM PHD ..... COR MEMBER	1 0 ..... 0 0	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			
(126) JUDITH K OLSON PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(1) PATRICK O'NEILL PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(2) LISA M OSBECK PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(3) J BRUCE OVERMIER PHD ..... COR MEMBER	1 0 ..... 0 0	X						1,250	0	0
(4) JODI RAE OWEN PSYD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(5) WILLIAM D PATENAUDE PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(6) PAULA R PIETROMONACO PHD ..... COR MEMBER	1 0 ..... 0 0	X						2,445	0	0
(7) DIANNE M POLOWCZYK PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(8) NATALIE PORTER PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(9) ROBERT J RESNICK PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(10) CELIANE M REY-CASSERLY PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(11) CHERI SMITH REYNOLDS PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(12) MICHAEL C ROBERTS PHD ..... COR MEMBER	1 0 ..... 0 0	X						8,750	0	0
(13) MICHAEL R RODRIGUEZ PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(14) DOLLY C SADOW PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(15) DIANNE S SALTER PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(16) DOUGLAS S SAUNDERS PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(17) K WARNER SCHAIE PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(18) JOHN C SCOTT PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(19) STEPHEN D SCOTT PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(20) IRMA SERRANO-GARCIA PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(21) DAVID A SMITH PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(22) BRUCE NAIRN SMITH PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(23) LINDA C SOBELL PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(24) NORMAN L STEPHENSON PHD ..... COR MEMBER	1 0 ..... 0 0	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			
(151) BONNIE R STRICKLAND PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(1) TERI L STRONG PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(2) RICHARD M SUINN PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(3) DAVID T SUSMAN PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(4) PATRICIA LG TAIMANGLO PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(5) HAROLD TAKOOSHIAN PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(6) LORI FOSTER THOMPSON PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(7) LOUIS TURCHETTA PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(8) DANIEL L ULLMAN PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(9) SUSANA P URBINA PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(10) THERESA KATHERINE VESCIO PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(11) LENORE E WALKER EDD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(12) DANNY WEDDING PHD ..... COR MEMBER	1 0 ..... 0 0	X						19,000	0	0
(13) DEBORAH L WHETZEL PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(14) SUSAN KRAUSS WHITBOURNE PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(15) RANDALL PHILLIP WHITE PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(16) ELLEN W WILLIAMS PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(17) WENDY ROSE WILLIAMS PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(18) ERIC K WILLMARTH PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(19) ROBERT H WOODY PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(20) FRANK C WORRELL PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(21) JEFFREY N YOUNGGREN PHD ..... COR MEMBER	1 0 ..... 0 0	X						0	0	0
(22) NORMAN B ANDERSON PHD ..... EVP/CEO	37 0 ..... 1 0			X				586,897	0	100,937
(23) ARCHIE L TURNER ..... CFO	38 0 ..... 0 0			X				366,452	0	86,018
(24) CYNTHIA D BELAR PHD ..... ED, EDUCATION DIRECTORATE	38 0 ..... 0 0				X			322,269	0	33,203

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			
(176) STEVEN J BRECKLER PHD ..... ED, SCIENCE DIRECTORATE	38 0 ..... 0 0				X			483,489	0	54,879
(1) RHEA K FARBERMAN ..... ED, PUBLIC & MEMBER COMMUNIC	38 0 ..... 0 0				X			477,047	0	50,003
(2) NATHALIE P GILFOYLE JD ..... GENERAL COUNSEL	38 0 ..... 0 0				X			376,567	0	27,689
(3) TONY F HABASH DSC ..... CHIEF INFORMATION OFFICER	38 0 ..... 0 0				X			351,240	0	88,754
(4) MICHAEL HONAKER PHD ..... DEPUTY CEO	38 0 ..... 0 0				X			338,495	0	39,628
(5) GWENDOLYN P KEITA PHD ..... ED PUBLICA INTEREST DIRECTORAT	38 0 ..... 0 0				X			275,982	0	68,558
(6) KATHERINE C NORDAL PHD ..... ED PROFESSIONAL PRACTICE	20 0 ..... 18 0				X			305,022	0	60,453
(7) GARY R VANDENBOS PHD ..... ED, PUBS & COMM PUBLISHER	38 0 ..... 0 0				X			366,777	0	39,582
(8) STEPHEN BEHNKE JD PHD ..... DIRECTOR ETHICS OFFICE	38 0 ..... 0 0					X		230,808	0	25,269
(9) PETER M GAVIORNO ..... SENIOR DIR SALES & MARKETING	38 0 ..... 0 0					X		260,693	0	38,868
(10) NANCY MOORE ..... ED, GOVERNANCE AFFAIRS	38 0 ..... 0 0					X		292,967	0	55,455
(11) RANDY E PHELPS PHD ..... DEPUTY EXECUTIVE DIRECTOR	19 0 ..... 19 0					X		222,038	0	42,102
(12) ELISABETH R STRAUS ..... EXEC VP/EXEC DIR, APF	38 0 ..... 0 0					X		264,382	0	25,561

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization AMERICAN PSYCHOLOGICAL ASSOCIATION INC	Employer identification number 53-0205890
--	--

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations . . . . . \_\_\_\_\_

g

Provide the following information about the supported organization(s)

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
11 Total support Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .						▶

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2013 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						▶

Part III

Support Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,376,169	3,262,611	2,785,859	2,534,834	1,798,443	13,757,916
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	103,870,257	99,052,430	99,412,066	105,117,603	107,268,961	514,721,317
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	107,246,426	102,315,041	102,197,925	107,652,437	109,067,404	528,479,233
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0		0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0				0
c Add lines 7a and 7b	0	0	0	0		0
8 Public support (Subtract line 7c from line 6.)						528,479,233

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	107,246,426	102,315,041	102,197,925	107,652,437	109,067,404	528,479,233
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,706,942	15,306,622	5,112,911	13,927,582	7,863,264	53,917,321
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	2,804,203	2,507,232	2,663,199	2,571,189	2,534,150	13,079,973
c Add lines 10a and 10b	14,511,145	17,813,854	7,776,110	16,498,771	10,397,414	66,997,294
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	121,757,571	120,128,895	109,974,035	124,151,208	119,464,818	595,476,527
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	88 749 %
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	84 327 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	11 251 %
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	15 673 %

- 19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶
- 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶



Part IV

Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990) .	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> <b>Answer (a) and (b) below.</b>		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 <u>Parent of Supported Organizations</u> <b>Answer (a) and (b) below.</b>			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009. . . . .			
b From 2010. . . . .			
c From 2011. . . . .			
d From 2012. . . . .			
e From 2013. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010. . . . .			
b From 2011. . . . .			
c From 2012. . . . .			
d From 2013. . . . .			
e From 2014. . . . .			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

Return Reference

Explanation

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 PSYCHOLOGICAL ASSOCIATION INC	Employer identification number 53-0205890
--	--

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 <b>Form 1120-POL</b> 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)		8,209													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		565,627													
c Total lobbying expenditures (add lines 1a and 1b)		573,836													
d Other exempt purpose expenditures		90,826,468													
e Total exempt purpose expenditures (add lines 1c and 1d)		91,400,304													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000													
<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)		250,000													
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	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	613,898	522,368	596,037	573,836	2,306,139
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	3,929	7,192	9,297	8,209	28,627

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).

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

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	
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	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
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	

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](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization AMERICAN PSYCHOLOGICAL ASSOCIATION INC	Employer identification number 53-0205890
--	--

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 ▶ \$ \_\_\_\_\_

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

Cat No 52283D

Schedule D (Form 990) 2014

**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)

(ii) related organizations . . . . .

3a(ii)

b

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

3b

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 . . . . .		9,705,321		9,705,321
b Buildings . . . . .		124,286,848	61,727,215	62,559,633
c Leasehold improvements . . . . .		4,783,101	4,470,769	312,332
d Equipment . . . . .		24,709,842	17,940,153	6,769,689
e Other . . . . .		6,271,549	4,756,084	1,515,465
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				80,862,440



**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	139,612,047
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-6,664,688
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	-2,531,558
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-9,196,246
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	148,808,293
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	614,077
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	-19,020,080
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	-18,406,003
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	130,402,290

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	145,326,656
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	-590,651
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-590,651
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	145,917,307
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	614,077
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	-19,020,080
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	-18,406,003
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	127,511,304

**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
SCHEDULE D, PART IV, LINE 2B	ESCROW AND CUSTODIAL ARRANGEMENT EXPLANATION APA IS AFFILIATED WITH 54 DIVISIONS THAT REPRESENT MAJOR SCIENTIFIC AND PROFESSIONAL INTERESTS THE DIVISIONS OPERATE INDEPENDENTLY FROM APA UPON REQUEST, APA WILL ACT AS A COLLECTION AGENT FOR DUES AND ASSESSMENTS PAID BY THE DIVISIONS' MEMBERS AMOUNTS COLLECTED AND HELD BY APA ON BEHALF OF THE DIVISIONS ARE INCLUDED IN CURRENT ASSETS AND CURRENT LIABILITIES IN THE ACCOMPANYING CONSOLIDATED STATEMENTS OF FINANCIAL POSITION CASH AND CASH EQUIVALENTS AND INVESTMENTS HELD ON BEHALF OF THE DIVISIONS TOTALED \$10,230,162 AND \$9,844,085 AS OF DECEMBER 31, 2014 AND 2013, RESPECTIVELY
SCHEDULE D, PART X, LINE 2	FIN 48 FOOTNOTE In accordance with authoritative guidance issued by the FASB, APA recognizes tax liabilities when, despite the management's belief that tax return positions are supportable, APA believes that certain positions may not be fully sustained upon review by tax authorities. Benefits from tax positions are measured at the largest amount of benefit that is greater than 50% likely of being realized upon settlement. To the extent that the final tax outcome of these matters is different than the amounts recorded, such differences impact income tax expense in the period in which such determination is made. Interest and penalties, if any, related to accrued liabilities for potential tax assessments are included in income tax expense. APA is generally no longer subject to income tax examinations by the U S federal, state or local tax authorities for years ended December 31, 2010 and prior. Management has evaluated APA's tax positions and has concluded that APA has taken no material uncertain tax positions that require adjustment to the consolidated financial statements to comply with the provisions of this guidance.
SCHEDULE D, PART XI, LINE 2D	OTHER REVENUE ON BOOKS BUT NOT ON RETURN REVENUE OF AFFILIATES 4,952,285 INTERCOMPANY ELIMINATIONS (14,987,249) INTEREST IN LLC ADJUSTMENT 7,503,406 ---- ----- TOTAL (2,531,558)
SCHEDULE D, PART XI, LINE 4B	OTHER REVENUE ON RETURN BUT NOT ON BOOKS RENTAL EXPENSES INCLUDED IN REVENUE (19,020,080) ----- Total (19,020,080)
SCHEDULE D, PART XII, LINE 2D	OTHER EXPENSES ON BOOKS BUT NOT ON RETURN EXPENSES OF AFFILIATES 4,884,976 INTERCOMPANY ELIMINATIONS (7,483,840) UNREALIZED LOSS ON INTEREST RATE SWAPS 2,008,213 ----- TOTAL (590,651)
SCHEDULE D, PART XII, LINE 4B	OTHER EXPENSES ON RETURN BUT NOT ON BOOKS RENTAL EXPENSES INCLUDED IN REVENUE (19,020,080) ----- TOTAL (19,020,080)

[illegible]

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
AMERICAN PSYCHOLOGICAL ASSOCIATION INC

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](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public  
Inspection

Employer identification number  
53-0205890

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

40

3

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

0

**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
(1) TRAVEL TO APA CONVENTION	99	29,700			
(2) DOCTORAL DISSERTATION RESEARCH SUPPORT	48	52,008			
(3) ACADEMIC ENHANCEMENT INITIATIVE	51	234,060			
(4) MINORITY FELLOWSHIP PROGRAM DISSERTATION SUPPORT	75	807,044			
(5) TRAVEL TO INTERNATIONAL CONGRESS OF PSYCHOLOGY	30	8,019			
(6) BASIC PSYCHOLOGY SCIENCE RESEARCH GRANT	9	9,000			
(7) APAGS JUNIOR SCIENTIST FELLOWSHIP	20	19,488			

**Part IV**

**Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INDIVIDUALS AND/OR ORGANIZATIONS RECEIVING DISBURSEMENTS FROM THE ORGANIZATION IN FURTHERANCE OF ITS EXEMPT PROGRAMS ARE ADEQUATELY INVESTIGATED TO ENSURE THAT THEY ARE QUALIFYING RECIPIENTS. PROCEDURES ARE FOLLOWED TO CONFIRM THAT DISCRIMINATION DOES NOT FACTOR IN ASSIGNING GRANTS. IN ADDITION, GRANTEES ARE REQUIRED TO PROVIDE REPORTS WITH RESPECT TO THE USE OF GRANT FUNDS, AND APA REVIEWS REPORTS TO INSURE ALL GRANT FUNDS ARE USED FOR CHARITABLE PURPOSES.



Additional Data

Software ID:  
Software Version:  
EIN: 53-0205890  
Name: AMERICAN PSYCHOLOGICAL ASSOCIATION INC

Form 990,Schedule I, Part II, Grants and Other Assistance to 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
Archives of the History of American PsychologyThe University of Akron Polsky Building LL10A Akron, OH 44325	34-6002924	501(c)(3)	75,000				General Support

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
Wellesley College106 Central St Wellesley Hills, MA 02481	04-2103637	501(c)(3)	6,140				2014 CEMRRAT 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
New Mexico State University PO Box 30002 MSC SPA Las Cruces,NM 88003	85-0170157	501(c)(3)	6,500				2014 ProDIGs Award

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
University of California Riverside200 University Office Bldg Riverside, CA 92521	95-6006142	501(c)(3)	6,200				2014 ProDIGs Award

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
University of Houston-DowntownOne Main Street Suite 625 Houston,TX 77002	74-6001399	501(c)(3)	6,200				2014 ProDIGs Award

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
CA State University Fullerton 2600 Nutwood Ave CP-210 Fullerton, CA 92831	95-2081258	501(c)(3)	20,000				Seed funding 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
Carlos Albizu University Inc 2173 NW 99 Avenue Miami, FL 33172	66-0234412	501(c)(3)	20,000				Seed funding 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
Case Western Reserve University11220 Bellflower Rd Rm 109Cleveland, OH 44106	34-1018992	501(c)(3)	19,450				Seed funding 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
Chicago School for Prof Psychology325 N Wells St 310 Chicago,IL 60654	36-3005527	501(c)(3)	20,000				Seed funding 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
Columbia Valley Community Health600 Orondo Avenue Wenatchee, WA 98801	23-7297657	501(c)(3)	20,000				Seed funding 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
County of Bexar301 E Mitchell St San Antonio, TX 78210	74-6002039	BEXAR COUNTY	18,760				Seed funding 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
County of Los Angeles441 Bauchet Room 1017 Los Angeles, CA 90012	95-6000927	LA COUNTY	20,000				Seed funding 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
County of Maricopa295 W Western Avenue Avondale, AZ 85323	86-6000500	MARICOPA COUNTY	20,000				Seed funding 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
Drexel UniversityPO Box 9500-1090 Philadelphia, PA 19195	23-1352630	501(c)(3)	20,000				Seed funding 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
El Camino Hospital2500 Grant Road ECH 133 Mountain View, CA 94040	94-3167314	501(c)(3)	16,800				Seed funding 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
Elizabeth H Faulk Foundation Inc22455 Boca Rio Rd Boca Raton,FL 33433	23-7153172	501(c)(3)	19,900				Seed funding 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
Florida Gulf Coast University Board of Trustees10501 FGCU Blvd South Fort Myers, FL 33965	65-0753801	501(c)(3)	20,000				Seed funding 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
Jefferson Center for Mental Health4851 Independence Street Wheat Ridge, CO 80033	84-0474717	501(c)(3)	19,998				Seed funding 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
Lehigh University36 University Drive Bethlehem, PA 18015	24-0795445	501(c)(3)	20,000				Seed funding 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
Manatee Glens Corporation 379 6th Avenue East Bradenton, FL 34205	58-1009537	501(c)(3)	18,000				Seed funding 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
Milton S Hershey Medical CenterDept of PsychiatryH073 Ste C-560Hershey,PA 17033	25-1854772	501(c)(3)	20,000				Seed funding 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
North Carolina State UniversityCampus Box 7205 Raleigh, NC 27695	56-6000756	501(c)(3)	20,000				Seed funding 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
Philadelphia Mental Health Clinic IncPMHC/1235 Pine Street Philadelphia, PA 19107	23-1532882	501(c)(3)	20,000				Seed funding 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
Pleasantville Union Free School District60 Romer Avenue Pleasantville, NY 10570	13-6007136	PUBLIC SCHOOL	20,000				Seed funding 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
President & Board of Trustees Santa Clara College 500 El Camino Real Santa Clara, CA 95053	94-1156617	501(C)(3)	20,000				Seed funding 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
Research Foundation of the State101 Counseling Hlth Wellness Cent Oneonta,NY 13820	14-1368361	501(c)(3)	15,073				Seed funding 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
Saint Peter's University Hospital123 How Lane New Brunswick, NJ 08901	22-1487330	501(c)(3)	20,000				Seed funding 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
Stephen F Austin State UniveristyPO Box 13019 SFA Station Nacogdoches, TX 75962	75-6002514	501(c)(3)	20,000				Seed funding 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
The MetroHealth System 2500 MetroHealth Drive Cleveland, OH 44109	34-6004382	501(c)(3)	19,989				Seed funding 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
The Ohio State University 700 Fisher Hall 2100 Neil Ave Columbus, OH 43210	31-6025986	501(c)(3)	20,000				Seed funding 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
The University of Puget Sound1500 No Warner Street Tacoma,WA 98416	91-0564961	501(c)(3)	20,000				Seed funding 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
The University of Texas Health Science1941 East Rd BBSB 3122 Houston, TX 77054	74-1761309	501(c)(3)	20,000				Seed funding 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
The Wright Institute2728 Durant Avenue Berkeley, CA 94704	94-1674865	501(c)(3)	20,000				Seed funding 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
University of Cincinnati225 Calhoun Street Ste 200 Cincinnati, OH 45221	31-6000989	501(c)(3)	20,000				Seed funding 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
Western Kentucky University Research1906 College Heights Blvd 11026 Bowling Green, KY 42101	61-1358086	501(c)(3)	20,000				Seed funding 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
Woodland Centers Inc3086 State Route 160 Gallipolis, OH 45631	31-0840780	501(c)(3)	20,000				Seed funding 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
Friends of the National Zoo 3001 Connecticut Ave NW Washington, DC 20008	52-0853312	501(c)(3)	35,400				Animal exhibits during the Convention

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
PCPC Foundation601 Thirteenth Street NW Ste 400 N Washington, DC 20005	26-2012436	501(c)(3)	25,000				PCPCC Exec Membership Dues Jan 1-Dec 31,2015

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
National Academy of Sciences500 5th St NW Washington, DC 20001	53-0196932	501(c)(3)	10,000				IOM/NRC Forum on Promotion Children's Cognitive

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
AMERICAN PSYCHOLOGICAL FOUNDATION INC750 FIRST STREET NE 9TH FLOOR WASHINGTON,DC 20002	52-6051733	501(C)(3)	100,000				GENERAL SUPPORT



Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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
TRAVEL TO APA CONVENTION	99	29,700			
DOCTORAL DISSERTATION RESEARCH SUPPORT	48	52,008			
ACADEMIC ENHANCEMENT INITIATIVE	51	234,060			
MINORITY FELLOWSHIP PROGRAM DISSERTATION SUPPORT	75	807,044			
TRAVEL TO INTERNATIONAL CONGRESS OF PSYCHOLOGY	30	8,019			
BASIC PSYCHOLOGY SCIENCE RESEARCH GRANT	9	9,000			
APAGS JUNIOR SCIENTIST FELLOWSHIP	20	19,488			

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](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
AMERICAN PSYCHOLOGICAL ASSOCIATION INC

Employer identification number  
53-0205890

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>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><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>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.</div></div>	Yes	
<div><div>2</div><div>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?</div></div>	Yes	
<div><div>3</div><div>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><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div><div>4</div><div>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>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>		No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>		No
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>		No
<div><div></div><div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div></div>		
<div><div>5</div><div>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>		
<div><div>a</div><div>The organization?</div></div>	Yes	
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III.</div>		No
<div><div>6</div><div>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>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III.</div>		No
<div><div>7</div><div>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.</div></div>		No
<div><div>8</div><div>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.</div></div>		No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div></div>		

**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
SCHEDULE J, PART I, LINE 1A	HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES THE CEO'S HEALTH CLUB DUES ARE PAID BY THE ORGANIZATION
SCHEDULE J, PART I, LINE 5A	COMMISSION FOR SALE OF PUBLICATION PETER GAVIORNO \$78,070

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 53-0205890  
**Name:** AMERICAN PSYCHOLOGICAL ASSOCIATION INC

## 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 NORMAN B ANDERSON PHD, EVP/CEO	(i) (ii)	540,177 0	30,000 0	16,720 0	77,607 0	23,330 0	687,834 0	0 0
1 STEPHEN BEHNKE JD PHD, DIRECTOR ETHICS OFFICE	(i) (ii)	229,015 0	0 0	1,793 0	14,177 0	11,092 0	256,077 0	0 0
2 CYNTHIA D BELAR PHD, ED, EDUCATION DIRECTORATE	(i) (ii)	203,377 0	114,449 0	4,443 0	12,381 0	20,822 0	355,472 0	114,449 0
3 STEVEN J BRECKLER PHD, ED, SCIENCE DIRECTORATE	(i) (ii)	301,340 0	180,251 0	1,898 0	48,753 0	6,126 0	538,368 0	180,251 0
4 RHEA K FARBERMAN, ED, PUBLIC & MEMBER COMMUNIC	(i) (ii)	349,566 0	125,389 0	2,092 0	20,634 0	29,369 0	527,050 0	89,564 0
5 PETER M GAVIORNO, SENIOR DIR SALES & MARKETING	(i) (ii)	163,369 0	95,420 0	1,904 0	10,143 0	28,725 0	299,561 0	0 0
6 NATHALIE P GILFOYLE JD, GENERAL COUNSEL	(i) (ii)	370,191 0	0 0	6,376 0	15,600 0	12,089 0	404,256 0	0 0
7 TONY F HABASH DSC, CHIEF INFORMATION OFFICER	(i) (ii)	350,563 0	0 0	677 0	59,380 0	29,374 0	439,994 0	0 0
8 MICHAEL HONAKER PHD, DEPUTY CEO	(i) (ii)	334,563 0	0 0	3,932 0	17,856 0	21,772 0	378,123 0	0 0
9 GWENDOLYN P KEITA PHD, ED PUBLICA INTEREST DIRECTORAT	(i) (ii)	269,313 0	0 0	6,669 0	47,249 0	21,309 0	344,540 0	0 0
10 NANCY MOORE, ED, GOVERNANCE AFFAIRS	(i) (ii)	263,280 0	26,934 0	2,753 0	44,119 0	11,336 0	348,422 0	0 0
11 KATHERINE C NORDAL PHD, ED PROFESSIONAL PRACTICE	(i) (ii)	298,646 0	0 0	6,376 0	48,889 0	11,564 0	365,475 0	0 0
12 RANDY E PHELPS PHD, DEPUTY EXECUTIVE DIRECTOR	(i) (ii)	219,285 0	0 0	2,753 0	13,654 0	28,448 0	264,140 0	0 0
13 ELISABETH R STRAUS, EXEC VP/EXEC DIR, APF	(i) (ii)	236,118 0	24,138 0	4,126 0	14,481 0	11,080 0	289,943 0	0 0
14 ARCHIE L TURNER, CFO	(i) (ii)	362,619 0	0 0	3,833 0	56,559 0	29,459 0	452,470 0	0 0
15 GARY R VANDENBOS PHD, ED, PUBS & COMM PUBLISHER	(i) (ii)	360,864 0	0 0	5,913 0	17,628 0	21,954 0	406,359 0	0 0

Schedule K (Form 990)	<div>Supplemental Information on Tax Exempt Bonds</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.</div> <div>▶ Attach to Form 990.</div> <div>▶ Information about Schedule K (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>	OMB No 1545-0047
		2014
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization AMERICAN PSYCHOLOGICAL ASSOCIATION INC	Employer identification number 53-0205890
--	--	--

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A DISTRICT OF COLUMBIA	53-6001131	254839E66	03-20-2003	21,100,000	LOAN REFINANCING		X		X		X

Part II    Proceeds									
		A		B		C		D	
1	Amount of bonds retired	0							
2	Amount of bonds legally defeased	0							
3	Total proceeds of issue	21,100,000							
4	Gross proceeds in reserve funds	0							
5	Capitalized interest from proceeds	0							
6	Proceeds in refunding escrows	0							
7	Issuance costs from proceeds	422,000							
8	Credit enhancement from proceeds	0							
9	Working capital expenditures from proceeds	506,629							
10	Capital expenditures from proceeds	20,171,371							
11	Other spent proceeds	0							
12	Other unspent proceeds	0							
13	Year of substantial completion	2003							
		Yes	No						
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use									
				A		B		C	
				Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?			X					
2	Are there any lease arrangements that may result in private business use of bond-financed property?				X				

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 470 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	1 460 %							
6	Total of lines 4 and 5	1 930 %							
7	Does the bond issue meet the private security or payment test?	X							
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X						
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?	X							
c	No rebate due?								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider	0							
c	Term of hedge								
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?								
b	Name of provider	0							
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X						

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).



Schedule L  
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2014

Open to Public Inspection

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

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
AMERICAN PSYCHOLOGICAL ASSOCIATION INC

Employer identification number  
53-0205890

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b				
1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?
				YesNo

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) NORMAN ANDERSON PHD	OFFICER	MORTGAGE LOAN		X	300,000	189,000		No	Yes		Yes	

Total ▶ \$189,000

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.				
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

**Part V Supplemental Information**

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

Return Reference	Explanation
SCHEDULE L, PART II	LOANS TO AND/OR FROM INTERESTED PERSONS BORROWER NORMAN B ANDERSON, PHD ORIGINAL AMOUNT 300,000 INTEREST RATE 1 025 (IMPUTED INTEREST CALCULATED) DATE OF NOTE 01/09/2004 MATURITY DATE 12/31/2017 REPAYMENT TERMS DEFERRED UNTIL THE END OF DR ANDERSON'S CONTRACT SECURITY PROVIDED DEED OF TRUST TO RESIDENTIAL PROPERTY IN ARLINGTON, VA PURPOSE OF LOAN MORTGAGE LOAN DESCRIPTION & FMV OF CONSIDERATION CASH 01/01/14 BEGINNING BALANCE 195,500 12/31/14 ENDING BALANCE 189,000

**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](http://www.irs.gov/form990).**

OMB No 1545-0047

**2014****Open to Public  
Inspection**Name of the organization  
AMERICAN PSYCHOLOGICAL ASSOCIATION INC**Employer identification number**

53-0205890

**Return  
Reference****Explanation**FORM 990,  
PART III,  
LINE 4D

OTHER PROGRAM SERVICE ACCOMPLISHMENTS THE SCIENCE DIRECTORATE SUPPORTS THE INTEGRITY AND INFRASTRUCTURE OF PSYCHOLOGICAL SCIENCE AND HELPS PREPARE TOMORROW'S BEHAVIORAL SCIENTISTS THE DIRECTORATE AWARDS RESEARCH AND TRAVEL GRANTS FOR GRADUATE STUDENTS (147 GRANTS IN 2014), DISSEMINATES INFORMATION ABOUT THE PSYCHOLOGY WORKFORCE (MORE THAN 25 PRESENTATIONS, REPORTS, AND BRIEFS, HUNDREDS OF DATA TABLES POSTED), SUPPORTS ADVANCED RESEARCH TRAINING FOR FACULTY AND STUDENTS (4 TRAINING COURSES, MORE THAN 100 PARTICIPANTS ATTENDING IN 2014), DISSEMINATES PSYCHOLOGICAL SCIENCE THROUGH SPECIAL LECTURES AND SCIENCE EXPOSITIONS (8 LECTURES AND 1 SCIENCE EXPOSITION IN 2014), AND ARCHIVES INFORMATION IMPORTANT TO THE DISCIPLINE (MORE THAN 400 REQUESTS SATISFIED IN 2014) THE APA PUBLIC INTEREST DIRECTORATE APPLIES THE SCIENCE AND PRACTICE OF PSYCHOLOGY TO THE FUNDAMENTAL PROBLEMS OF HUMAN WELFARE AND SOCIAL JUSTICE AND THE PROMOTION OF EQUITABLE AND JUST TREATMENT OF ALL SEGMENTS OF SOCIETY THROUGH EDUCATION, TRAINING, AND PUBLIC POLICY IN 2014 THE DIRECTORATE MANAGED MORE THAN \$1.8 MILLION IN FEDERAL AND FOUNDATION GRANTS ADDRESSING VIOLENCE PREVENTION AND CHILD MALTREATMENT, HIV/AIDS RESEARCH, PREVENTION, AND CARE, LESBIAN, GAY, AND BISEXUAL ADOLESCENT HEALTH AND WELL-BEING, RECOVERY TO PRACTICE, WOMEN'S HEALTH, WOMEN'S LEADERSHIP, ETHNIC MINORITY TRAINING, AND WORK, STRESS, AND HEALTH AMONG 2014 APA-FUNDED PROGRAMS AND ACTIVITIES WERE ADVOCACY RELATED TO PUBLIC INTEREST ISSUES, AND ACTIVITIES ADDRESSING PSYCHOLOGICAL ISSUES RELATED TO WOMEN, LESBIAN, GAY, BISEXUAL, AND TRANSGENDER CONCERNS, RACIAL AND ETHNIC MINORITIES, AIDS, SOCIOECONOMIC STATUS, VIOLENCE PREVENTION, DISABILITY, AGING, WORK, STRESS, AND HEALTH, HEALTH DISPARITIES, AND HUMAN RIGHTS THE APA PRACTICE DIRECTORATE PROMOTES THE PRACTICE OF PSYCHOLOGY AND THE ACCESSIBILITY AND AVAILABILITY OF MENTAL AND BEHAVIORAL HEALTH SERVICES INCLUDING ADVOCACY FOR ADEQUATE AND APPROPRIATE CONSUMER ACCESS TO PSYCHOLOGICAL SERVICES, DEVELOPMENT OF CLINICAL PRACTICE GUIDELINES AND PROFESSIONAL PRACTICE, A PUBLIC EDUCATION CAMPAIGN FOCUSING ON MIND/BODY HEALTH AND THE CONNECTION BETWEEN PSYCHOLOGICAL AND PHYSICAL HEALTH, THE PUBLIC EDUCATION CAMPAIGN NETWORK, THE ANNUAL STRESS IN AMERICA SURVEY, THE APA HELP CENTER, A WEB-BASED PLATFORM FOR CONSUMER INFORMATION, EDUCATIONAL AND PROFESSIONAL DEVELOPMENT MATERIALS FOR PRACTITIONERS, AND, A DISASTER RESPONSE NETWORK IN COOPERATION WITH THE AMERICAN RED CROSS, AND, STAFFING AND SUPPORT FOR NUMEROUS APA GOVERNANCE AND WORK GROUPS IN PURSUIT OF THEIR EFFORTS ON BEHALF OF PSYCHOLOGY AND THE PUBLIC

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1A	<p>VOTING MEMBERS APA IS GOVERNED BY A COUNCIL OF REPRESENTATIVES COMPRISED OF 172 MEMBERS WHICH MEETS TWICE A YEAR, AND ITS SMALLER BOARD OF DIRECTORS WHICH IS COMPRISED OF APA'S FIVE OFFICERS, PLUS SEVEN AT-LARGE-MEMBERS WHO ARE ALSO COUNCIL MEMBERS THE BOARD OF DIRECTORS MEETS AT LEAST SIX, AND OFTEN AS MANY AS TEN TIMES A YEAR IN PERSON, IN ADDITION TO BI-MONTHLY MEETINGS BY CONFERENCE CALL ALL VOTING BOARD MEMBERS ARE INDEPENDENT EXCEPT THREE THE BOARD OF DIRECTORS IS THE ADMINISTRATIVE AGENT OF COUNCIL, SUPERVISES THE WORK OF THE CHIEF EXECUTIVE OFFICER OF THE ASSOCIATION, AND EXERCISES GENERAL SUPERVISION OVER THE AFFAIRS OF THE ASSOCIATION IN THE INTERVAL BETWEEN THE ANNUAL MEETINGS OF COUNCIL, THE BOARD OF DIRECTORS HAS AUTHORITY TO TAKE SUCH ACTIONS AS ARE NECESSARY FOR THE CONDUCT OF THE ASSOCIATION'S AFFAIRS IN ACCORDANCE WITH THE BYLAWS AND THE POLICIES OF COUNCIL IF AN EMERGENCY IS DECLARED BY A MAJORITY OF THE BOARD OF DIRECTORS, THE BOARD HAS THE POWER TO TAKE ACTIONS AS THOUGH SUCH ACTIONS WERE TAKEN BY COUNCIL THE BOARD OF DIRECTORS CONSISTS OF THE PRESIDENT, THE PRESIDENT-ELECT, THE PAST PRESIDENT, THE RECORDING SECRETARY, THE TREASURER, THE CHIEF EXECUTIVE OFFICER (WITHOUT VOTE), THE APAGS REPRESENTATIVE TO THE COUNCIL OF REPRESENTATIVES, AND SIX OTHERS ELECTED BY THOSE MEMBERS HOLDING SEATS ON COUNCIL</p>

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

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 REVIEW PROCESS THE APA AUDIT SUBCOMMITTEE PERFORMS A THOROUGH REVIEW OF A DRAFT OF THE IRS FORM 990, AS DOES MANAGEMENT. SUBSEQUENT TO THEIR REVIEWS THE RETURN IS FINALIZED AND FORWARDED, VIA E-MAIL, TO THE BOARD OF DIRECTORS AND COUNCIL OF REPRESENTATIVES BEFORE IT IS FILED WITH THE IRS.

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



Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINES 15A AND 15B	<p>DETERMINING COMPENSATION APA IS GOVERNED BY A COUNCIL OF REPRESENTATIVES COMPRISED OF 160 MEMBERS WHICH MEETS TWICE A YEAR, AND ITS SMALLER 12 MEMBER BOARD OF DIRECTORS THE BOARD OF DIRECTORS SETS COMPENSATION FOR SENIOR MANAGEMENT PURSUANT TO A COMPENSATION POLICY THE FULL BOARD SETS COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER (CEO), THE CHIEF FINANCIAL OFFICER (CFO) AND THE DEPUTY CHIEF EXECUTIVE OFFICER (DCEO) BASED ON, AMONG OTHER THINGS, COMPARABILITY DATA FROM AN INDEPENDENT COMPENSATION CONSULTANT, PERFORMANCE MEASURES, AND A REVIEW FOR REASONABLENESS FOR COMPENSATION FOR ASSOCIATION SENIOR EXECUTIVES OTHER THAN THE CEO, CFO AND DCEO, THE CEO MAKES COMPENSATION RECOMMENDATIONS TO THE PERSONNEL AND COMPENSATION COMMITTEE (PCC) OF THE BOARD BASED PRIMARILY ON PERFORMANCE AND COMPARABILITY DATA IN ADDITION THE PCC REVIEWS, ON BEHALF OF THE BOARD, THE CONTRACT PERIOD AND COMPENSATION FOR ANY OTHER KEY EMPLOYEES OF THE ASSOCIATION AS DEFINED IN THE INSTRUCTIONS TO THE 990 CONTEMPORARY MINUTES OF THE DELIBERATION AND DECISIONS OF THE BOARD AND PCC ARE MAINTAINED THE MEMBERS OF THE BOARD OF DIRECTORS RECEIVE HONORARIA FOR THEIR SERVICE ON THE BOARD THESE HONORARIA ARE ESTABLISHED BY THE COUNCIL OF REPRESENTATIVES AND SET OUT IN THE COUNCIL OF REPRESENTATIVES "SELECTED SPENDING POLICY" GUIDELINES THE MEMBERS OF COUNCIL DO NOT RECEIVE HONORARIA, AND THE BOARD OF DIRECTORS DOES NOT HAVE A ROLE IN REVIEWING, SETTING OR RECOMMENDING THE AMOUNT OF ITS OWN HONORARIA</p>

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

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

Return Reference	Explanation
FORM 990, PART VII, SECTION A - OFFICERS	THE PERSONS LISTED AS PRESIDENT, TREASURER, PAST PRESIDENT, PRESIDENT ELECT, AND RECORDING SECRETARY ARE MEMBERS OF THE BOARD OF DIRECTORS WHO HAVE LEADERSHIP ROLES WITH THE BOARD ALTHOUGH TECHNICALLY REFERRED TO AS OFFICERS, THEIR SERVICES TO APA ARE PROVIDED SOLELY AS PART OF THEIR BOARD LEADERSHIP RESPONSIBILITIES

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES UNREALIZED HOLDING LOSS ON INTEREST RATE SWAPS (2,008,213)

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTING & CONTRACTUAL FEES TOTAL FEES 12941588

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](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
AMERICAN PSYCHOLOGICAL ASSOCIATION INC

Employer identification number  
53-0205890

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
(1) APA 750 LLC 750 1ST STREET NE WASHINGTON, DC 20002 53-0205890	RE RENTAL	DE	15,912,008	62,971,281	APA
(2) APA TEN G LLC 750 1ST STREET NE washington, DC 20002 52-1890269	RE RENTAL	DE	11,962,075	45,741,565	APA
(3) CONFERENCE CENTER RETURN LLC 750 1ST STREET NE WASHINGTON, DC 20002 53-0205890	RE RENTAL	DE	0	0	APA 750

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) APA PRACTICE ORGANIZATION 750 1ST STREET NE  WASHINGTON, DC 20002 52-2262136	MEMBERSHIP	DC	501(C)(6)		NA		No

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



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

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

Yes

1o

Yes

1p

No

1q

Yes

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) APA PRACTICE ORGANIZATION	n	942,955	FMV
(2) APA PRACTICE ORGANIZATION	o	1,612,859	FMV
(3) APA PRACTICE ORGANIZATION	q	1,612,859	FMV

**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) Disproportionate 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
------------------	-------------