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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493299009106

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

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
AMERICAN PSYCHIATRIC ASSOCIATION

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1000 WILSON BLVD NO 1825

City or town, state or province, country, and ZIP or foreign postal code
ARLINGTON, VA 22209

D Employer identification number
52-2168499

E Telephone number
(703) 907-7300

G Gross receipts $ 53,807,018

F Name and address of principal officer
SAUL LEVIN MD MPA
1000 WILSON BLVD NO 1825
ARLINGTON, VA 22209

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☐ 501(c)(3) ☑ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW PSYCH ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 2000 | **M** State of legal domicile DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE PART III, LINE 1

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	253
6	Total number of volunteers (estimate if necessary)	**6**	16
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	5,839,755
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	825,202

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	156,233	116,694
9	Program service revenue (Part VIII, line 2g)	37,552,578	35,635,005
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,932,240	2,013,321
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,973,682	14,015,208
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	60,614,733	51,780,228
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	467,768	462,950
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	23,473,319	24,038,202
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	27,251,608	24,257,513
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	51,192,695	48,758,665
19	Revenue less expenses Subtract line 18 from line 12	9,422,038	3,021,563
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	103,715,491	108,087,651
21	Total liabilities (Part X, line 26)	24,566,037	27,239,221
22	Net assets or fund balances Subtract line 21 from line 20	79,149,454	80,848,430

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

****** 2016-10-25
Signature of officer Date

DAVID KEEN CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
TERRI MCKNIGHT CPA	TERRI MCKNIGHT CPA			P00543022

Firm's name ▶ GELMAN ROSENBERG & FREEDMAN | Firm's EIN ▶ 52-1392008
Firm's address ▶ 4550 MONTGOMERY AVE SUITE 650N, BETHESDA, MD 208142930 | Phone no (301) 951-9090

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ including grants of $) (Revenue $)

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

4b (Code) (Expenses $ including grants of $) (Revenue $)

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

4c (Code) (Expenses $ including grants of $) (Revenue $)

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

See Additional Data

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses ▶**

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
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	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		
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	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *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	Yes	
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		No
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	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *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	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *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? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**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? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	375		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	**1b**	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	**2a**	253		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**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**			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ 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 ▶ DAVID KEEN 1000 WILSON BLVD NO 1825 ARLINGTON, VA 22209 (703) 907-7305

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			
See Additional Data Table										

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

(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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								4,600,350	0	320,401

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 ▶ 50

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
PHARMACEUTICAL MEDIA INC PO BOX 1332 NEW YORK, NY 10156	MEDIA SERVICES	851,846
ARENT FOX LLP 1717 K STREET NW WASHINGTON, DC 20006	LEGAL SERVICES	648,241
CENVEO PUBLISHER SERVICES PO BOX 822934 PHILADELPHIA, PA 19182	PUBLISHING SERVICES	540,823
DARTMOUTH PRINTING COMPANY PO BOX 842371 BOSTON, MA 02284	PUBLISHING SERVICES	522,347
ATYPON SYSTEMS INC 330 SEVENTH AVE 5TH FL NEW YORK, NY 10001	PUBLISHING SERVICES	470,316

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 ▶ 24

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	34,696			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	81,998			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		116,694			
Program Service Revenue			Business Code				
	2a	PUBLICATIONS	541800	15,379,892	10,201,574	5,178,318	
	b	MEMBERSHIP DUES	900004	9,914,138	9,914,138		
	c	ANNUAL MEETING	561000	9,526,499	8,170,244		1,356,255
	d	JOB BANK SALES	900099	661,437		661,437	
	e	CME CERTIFICATIONS	900099	153,039	153,039		
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		35,635,005			
	3	Investment income (including dividends, interest, and other similar amounts)		1,778,207			1,778,207
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		3,131,774			3,131,774
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	1,690,694				
	b	Less cost or other basis and sales expenses	1,455,580				
	c	Gain or (loss)	235,114				
	d	Net gain or (loss)		235,114			235,114
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a	11,093,971			
	b	Less cost of goods sold	b	571,210			
	c	Net income or (loss) from sales of inventory		10,522,761	10,522,761		
Other Revenue		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS	900099	360,673			360,673
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		360,673			
	12	**Total revenue.** See Instructions		51,780,228	38,961,756	5,839,755	6,862,023

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	462,950			
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,184,784			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	221,835			
7 Other salaries and wages	16,328,892			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	840,222			
9 Other employee benefits	2,174,468			
10 Payroll taxes	1,288,001			
11 Fees for services (non-employees)				
a Management				
b Legal	305,926			
c Accounting	154,007			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	129,095			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,976,839			
12 Advertising and promotion	207,100			
13 Office expenses	1,964,576			
14 Information technology	128,475			
15 Royalties				
16 Occupancy	3,094,731			
17 Travel	2,023,621			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,255,913			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,815,590			
23 Insurance	505,507			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a INCOME TAXES	311,782			
b PUBLICATIONS & PROMO	3,001,256			
c EQUIPMENT	1,627,827			
d CREDIT CARD FEES	794,290			
e All other expenses	960,978			
25 **Total functional expenses.** Add lines 1 through 24e	48,758,665			
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		6,597,961	1	14,066,577
	2	Savings and temporary cash investments		2,387,558	2	2,200,067
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		6,014,882	4	4,920,460
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		1,661,348	8	1,482,405
	9	Prepaid expenses and deferred charges		695,606	9	367,744
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 7,982,205			
	b	Less accumulated depreciation	10b 6,194,534	2,208,978	10c	1,787,671
	11	Investments—publicly traded securities		57,704,905	11	55,485,988
	12	Investments—other securities See Part IV, line 11		12,849,525	12	15,529,414
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		2,600,000	14	2,600,000
	15	Other assets See Part IV, line 11		10,994,728	15	9,647,325
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		103,715,491	16	108,087,651
Liabilities	17	Accounts payable and accrued expenses		4,597,128	17	5,187,549
	18	Grants payable			18	
	19	Deferred revenue		12,121,422	19	15,145,030
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		7,847,487	25	6,906,642
	26	**Total liabilities.** Add lines 17 through 25		24,566,037	26	27,239,221
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		78,400,304	27	80,197,413
	28	Temporarily restricted net assets		749,150	28	651,017
	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			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		79,149,454	33	80,848,430
	34	Total liabilities and net assets/fund balances		103,715,491	34	108,087,651

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	51,780,228
2	Total expenses (must equal Part IX, column (A), line 25)	2	48,758,665
3	Revenue less expenses Subtract line 2 from line 1	3	3,021,563
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	79,149,454
5	Net unrealized gains (losses) on investments	5	-1,363,997
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	41,410
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	80,848,430

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 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both			
	☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RENEE L BINDER PRESIDENT	25 00 0 00	X		X				99,700	0	0
MARIA A OQUENDO PRESIDENT-ELECT	20 00 1 00	X		X				35,700	0	0
PAUL SUMMERGRAD IMMEDIATE PAST PRESIDENT	15 00 1 00	X		X				53,000	0	0
FRANK W BROWN TREASURER	10 00 1 00	X		X				0	0	0
ALTHA STEWART SECRETARY	5 00 0 00	X		X				0	0	0
JEFFREY A LIEBERMAN PAST PRESIDENT	5 00 0 00	X						0	0	0
DILIP V JESTE PAST PRESIDENT	5 00 0 00	X						0	0	0
RONALD BURD DIRECTOR	5 00 0 00	X						0	0	0
ANITA S EVERETT DIRECTOR	5 00 0 00	X						0	0	0
GAIL E ROBINSON DIRECTOR	5 00 0 00	X						0	0	0
JEFFREY LEE GELLER DIRECTOR	5 00 0 00	X						0	0	0
VIVIAN B PENDER DIRECTOR	5 00 0 00	X						0	0	0
BRIAN CROWLEY DIRECTOR	5 00 0 00	X						0	0	0
ROBERT SCOTT BENSON DIRECTOR	5 00 0 00	X						0	0	0
MELINDA L YOUNG DIRECTOR	5 00 0 00	X						0	0	0
JEFFREY AKAKA DIRECTOR	5 00 0 00	X						0	0	0
JENNY L BOYER SPEAKER (UNTIL MAY 2015)	5 00 0 00	X						18,875	0	0
GLENN MARTIN SPEAKER (BEGAN JUNE 2015)	5 00 0 00	X						39,050	0	0
DANIEL ANZIA SPEAKER-ELECT (BEGAN JUNE 2015)	5 00 0 00	X						17,675	0	0
RAVI NAVIN SHAH DIRECTOR	5 00 0 00	X						0	0	0
LAMA BAZZI DIRECTOR	5 00 0 00	X						0	0	0
SAUL LEVIN MEDICAL DIRECTOR & CEO	37 00 5 00			X				604,713	0	26,702
DAVID KEEN CFO (BEGAN AUG 2015)	37 00 5 00			X				79,400	0	5,554
STEVEN WOLK INTERIM CFO (UNTIL AUG 2015)	26 00 5 00			X				132,493	0	0
SHAUN SNYDER CHIEF OPERATING OFFICER	43 00 0 00			X				314,951	0	26,699

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			
PAUL BURKE EXECUTIVE DIRECTOR, APAF	0 00 42 00				X			205,532	0	30,656
COLLEEN COYLE GENERAL COUNSEL	42 00 0 00				X			246,841	0	41,158
RODGER CURRIE CHIEF OF GOVERNMENT RELATIONS	46 00 0 00				X			297,860	0	4,764
YOSHIE DAVISON CHIEF OF STAFF	43 00 0 00				X			171,757	0	12,718
REBECCA RINEHART PUBLISHER	42 00 0 00				X			248,681	0	33,691
JON FANNING CHIEF OF MEMBERSHIP	43 00 0 00				X			234,792	0	24,003
KRISTEN KROEGER CHIEF OF POLICY, PROG , PARTNER	44 00 0 00				X			228,422	0	22,896
JASON YOUNG CHIEF OF COMMUNICATIONS	44 00 0 00				X			244,804	0	25,047
IRVIN L MUSZYNSKI DIRECTOR, PARITY ENFORCEMENT	40 00 0 00					X		217,093	0	16,587
CATHY L NASH DIRECTOR, MEETINGS & CONVENTIONS	49 00 0 00					X		183,688	0	29,274
RANNA PAREKH DIRECTOR OF DDHE	44 00 0 00					X		270,561	0	6,699
TRISTAN L GORRINDO DIRECTOR OF EDUCATION	42 00 0 00					X		201,104	0	7,041
ANNELLE B PRIMM DEPUTY MEDICAL DIRECTOR	40 00 0 00					X		231,823	0	6,912
JAMES SCULLY FORMER CEO AND MEDICAL DIRECTOR	0 00 0 00						X	221,835	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493299009106

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

2015

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on 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	Employer identification number
AMERICAN PSYCHIATRIC ASSOCIATION	52-2168499

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ 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-
(1) AMERICAN PSYCHIATRIC POLITICAL ACTION COMMITTEE	1000 WILSON BLVD 1825 ARLINGTON, VA 22209	02-0548679	0	42,742
2				
3				
4				
5				
6				

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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?

☐ Yes ☐ 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

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

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

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

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

1	Dues, assessments and similar amounts from members	1	9,870,364
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	842,435
b	Carryover from last year	2b	-1,374,619
c	Total	2c	-532,184
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	888,333
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	-1,420,517

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493299009106

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
AMERICAN PSYCHIATRIC ASSOCIATION

Employer identification number
52-2168499

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on 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? ☐ Yes ☐ No

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? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on 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	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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, handling of violations, and enforcing conservation easements during the year
▶_____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☑ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☑ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on 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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an 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 on 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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on 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)	Accumulated (c) depreciation	(d)Book value
1a Land				
b Buildings		433,150	373,954	59,196
c Leasehold improvements		694,240	457,325	236,915
d Equipment		2,444,623	1,950,457	494,166
e Other		4,410,192	3,412,798	997,394
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,787,671

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) PINEHURST INSTITUTIONAL LTD WITH CITIGROUP	6,862,735	F
(B) MORGAN STANLEY PRIME PROPERTY FUND	6,894,593	F
(C) TRUMBULL PROPERTY GROWTH AND INCOME FUND	1,772,086	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	15,529,414	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) DSM 5 DEVELOPMENT COSTS	8,448,294
(2) DUE FROM AFFILIATES	357,915
(3) DEPOSITS	151,968
(4) LEASE/PURCHASE COSTS	689,148
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	9,647,325

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	
DEFERRED RENT	855,922
DEFERRED EXECUTIVE COMPENSATION PLAN	1,765,659
ACCRUED PENSION LIABILITY	4,285,061
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	6,906,642

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	50,987,441
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-1,363,997		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	571,210		
e	Add lines **2a** through **2d**			2e	-792,787
3	Subtract line **2e** from line **1**			3	51,780,228
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	51,780,228

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	49,329,875
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	571,210		
e	Add lines **2a** through **2d**			2e	571,210
3	Subtract line **2e** from line **1**			3	48,758,665
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	48,758,665

Part XIII Supplemental Information

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

Return Reference	Explanation
PART III, LINE 4	APA MAINTAINS A COLLECTION OF RARE AND HISTORICAL WORKS DEALING WITH THE HISTORY AND PRACTICE OF PSYCHIATRY
PART X, LINE 2	FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014, THE ASSOCIATION HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS
PART XI, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD REPORTED AS AN EXPENSE ON THE 571,210 FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON THE FORM 990, PART VIII, LINE 10B
PART XII, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD REPORTED AS AN EXPENSE ON THE 571,210 FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON THE FORM 990, PART VIII, LINE 10B

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493299009106

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
AMERICAN PSYCHIATRIC ASSOCIATION

Employer identification number
52-2168499

Part I General Information on Activities Outside the United States.

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		6,862,735
(2)						
(3)						
(4)						
(5)						
3a	Sub-total	0	0			6,862,735
b	Total from continuation sheets to Part I	0	0			0
c	**Totals** (add lines 3a and 3b)	0	0			6,862,735

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

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

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

3 Enter total number of other organizations or entities . . . . . ▶

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

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*	☐ Yes	☑ No

Additional Data

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

Part V **Supplemental Information**

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493299009106

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
AMERICAN PSYCHIATRIC ASSOCIATION

Employer identification number
52-2168499

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on 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
(1) NEW JERSEY PSYCHIATRIC ASSOCIATION 208 LENOX AVE 198 WESTFIELD,NJ 07090	21-0736620	501(C)(6)	33,754				LEGISLATIVE ASSISTANCE
(2) SOUTH CAROLINA PSYCHIATRIC ASSOCIATION P O BOX 11188 COLUMBIA,SC 29211	57-0723983	501(C)(6)	7,679				LEADERSHIP AND RESEARCH GRANTS
(3) NEW YORK STATE PSYCHIATRIC ASSOCIATION- AREA 2 400 GARDEN CITY PLAZA SUITE 202 GARDEN CITY,NY 11530	23-2999702	501(C)(6)	33,329				ASSEMBLY AND LEADERSHIP GRANTS
(4) CALIFORNIA PSYCHIATRIC ASSOCIATION- AREA 6 1029 K STREET SUITE 28 SACRAMENTO,CA 95814	23-7290022	501(C)(6)	23,829				ASSEMBLY AND LEADERSHIP GRANTS
(5) IDAHO PSYCHIATRIC ASSOCIATION PO BOX 2668 BOISE,ID 83701	82-0467681	501(C)(6)	50,000				LEGISLATIVE ASSISTANCE
(6) NEBRASKA PSYCHIATRIC SOCIETY 7906 DAVENPORT STREET OMAHA,NE 68114	47-0600275	501(C)(6)	61,000				LEGISLATIVE ASSISTANCE
(7) WYOMING ASSOCIATION OF PSYCHIATRIC PHYSICIANS PO BOX 4009 CHEYENNE,WY 82003	83-0278384	501(C)(6)	8,000				INFRASTRUCTURE GRANT
(8) HAWAII PSYCHIATRIC MEDICAL ASSOCIATION 2150 N 107TH STREET STE 205 SEATTLE,WA 98133	99-6015793	501(C)(6)	80,000				LEGISLATIVE ASSISTANCE
(9) PSYCHIATRIC MEDICAL ASSOCIATION OF NEW MEXICO 316 OSUNA ROAD NE ALBUQUERQUE,NM 87107	23-7305774	501(C)(6)	16,789				LEGISLATIVE ASSISTANCE AND LEADERSHIP GRANT
(10) NATIONAL FEDERATION OF FAMILIES FOR CHILDREN'S MENTAL HEALTH 15883-A CRABBS BRANCH WAY ROCKVILLE,MD 20855	52-1671408	501(C)(3)	20,000				CONTRIBUTION & DONATION
(11) COVENANT HOUSE 510 PENN PLAZA 3RD FLOOR NEW YORK,NY 10001	13-2725416	501(C)(3)	17,085				CONTRIBUTION & DONATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 2

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 9

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

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

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NEW JERSEY PSYCHIATRIC ASSOCIATION 208 LENOX AVE 198 WESTFIELD,NJ 07090	21-0736620	501(C)(6)	33,754				LEGISLATIVE ASSISTANCE
SOUTH CAROLINA PSYCHIATRIC ASSOCIATION P O BOX 11188 COLUMBIA,SC 29211	57-0723983	501(C)(6)	7,679				LEADERSHIP AND RESEARCH GRANTS
NEW YORK STATE PSYCHIATRIC ASSOCIATION- AREA 2 400 GARDEN CITY PLAZA SUITE 202 GARDEN CITY,NY 11530	23-2999702	501(C)(6)	33,329				ASSEMBLY AND LEADERSHIP GRANTS

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 section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CALIFORNIA PSYCHIATRIC ASSOCIATION- AREA 6 1029 K STREET SUITE 28 SACRAMENTO,CA 95814	23-7290022	501(C)(6)	23,829				ASSEMBLY AND LEADERSHIP GRANTS
IDAHO PSYCHIATRIC ASSOCIATION PO BOX 2668 BOISE,ID 83701	82-0467681	501(C)(6)	50,000				LEGISLATIVE ASSISTANCE
NEBRASKA PSYCHIATRIC SOCIETY 7906 DAVENPORT STREET OMAHA,NE 68114	47-0600275	501(C)(6)	61,000				LEGISLATIVE ASSISTANCE

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 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
WYOMING ASSOCIATION OF PSYCHIATRIC PHYSICIANS PO BOX 4009 CHEYENNE,WY 82003	83-0278384	501(C)(6)	8,000				INFRASTRUCTURE GRANT
HAWAII PSYCHIATRIC MEDICAL ASSOCIATION 2150 N 107TH STREET STE 205 SEATTLE,WA 98133	99-6015793	501(C)(6)	80,000				LEGISLATIVE ASSISTANCE
PSYCHIATRIC MEDICAL ASSOCIATION OF NEW MEXICO 316 OSUNA ROAD NE ALBUQUERQUE,NM 87107	23-7305774	501(C)(6)	16,789				LEGISLATIVE ASSISTANCE AND LEADERSHIP 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 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 FEDERATION OF FAMILIES FOR CHILDREN'S MENTAL HEALTH 15883-A CRABBS BRANCH WAY ROCKVILLE,MD 20855	52-1671408	501(C)(3)	20,000				CONTRIBUTION & DONATION
COVENANT HOUSE 510 PENN PLAZA 3RD FLOOR NEW YORK,NY 10001	13-2725416	501(C)(3)	17,085				CONTRIBUTION & DONATION

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493299009106

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" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
AMERICAN PSYCHIATRIC ASSOCIATION

Employer identification number
52-2168499

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☑ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		
b	Any related organization?	**5b**		
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		
b	Any related organization?	**6b**		
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported on 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 on prior Form 990
	Base **(i)** compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1B	CERTAIN OFFICERS MAY UPGRADE AIR CLASS TO BUSINESS FOR FLIGHTS IN EXCESS OF FIVE HOURS FIRST CLASS MAY BE USED IF IT IS THE ONLY CLASS AVAILABLE OVER COACH
PART I, LINES 4A-B	ANNELLE PRIMM RECEIVED SEVERANCE OF $152,950 JAMES SCULLY RECEIVED A PAYOUT FROM A 457(F) PLAN TOTALING $221,835

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1SAUL LEVIN MEDICAL DIRECTOR & CEO	(I)	544,056	53,625	7,032	18,550	8,152	631,415	0
	(II)	- 0	- 0	- 0	- 0	- 0	- 0	- 0
1SHAUN SNYDER CHIEF OPERATING OFFICER	(I)	299,448	15,287	216	18,550	8,149	341,650	0
	(II)	- 0	- 0	- 0	- 0	- 0	- 0	- 0
2PAUL BURKE EXECUTIVE DIRECTOR, APAF	(I)	203,052	0	2,480	14,882	15,774	236,188	0
	(II)	- 0	- 0	- 0	- 0	- 0	- 0	- 0
3COLLEEN COYLE GENERAL COUNSEL	(I)	231,557	14,749	535	17,067	24,091	287,999	0
	(II)	- 0	- 0	- 0	- 0	- 0	- 0	- 0
4RODGER CURRIE CHIEF OF GOVERNMENT RELATIONS	(I)	297,500	0	360	4,362	402	302,624	0
	(II)	- 0	- 0	- 0	- 0	- 0	- 0	- 0
5YOSHIE DAVISON CHIEF OF STAFF	(I)	171,610	0	147	12,040	678	184,475	0
	(II)	- 0	- 0	- 0	- 0	- 0	- 0	- 0
6REBECCA RINEHART PUBLISHER	(I)	247,097	0	1,584	17,790	15,901	282,372	0
	(II)	- 0	- 0	- 0	- 0	- 0	- 0	- 0
7JON FANNING CHIEF OF MEMBERSHIP	(I)	219,833	14,749	210	15,742	8,261	258,795	0
	(II)	- 0	- 0	- 0	- 0	- 0	- 0	- 0
8KRISTEN KROEGER CHIEF OF POLICY, PROG , PARTNER	(I)	228,088	0	334	7,054	15,842	251,318	0
	(II)	- 0	- 0	- 0	- 0	- 0	- 0	- 0
9JASON YOUNG CHIEF OF COMMUNICATIONS	(I)	244,424	140	240	17,500	7,547	269,851	0
	(II)	- 0	- 0	- 0	- 0	- 0	- 0	- 0
10IRVIN L MUSZYNSKI DIRECTOR, PARITY ENFORCEMENT	(I)	215,743	0	1,350	15,468	1,119	233,680	0
	(II)	- 0	- 0	- 0	- 0	- 0	- 0	- 0
11CATHY L NASH DIRECTOR, MEETINGS & CONVENTIONS	(I)	182,951	0	737	13,565	15,709	212,962	0
	(II)	- 0	- 0	- 0	- 0	- 0	- 0	- 0
12RANNA PAREKH DIRECTOR OF DDHE	(I)	270,030	0	531	0	6,699	277,260	0
	(II)	- 0	- 0	- 0	- 0	- 0	- 0	- 0
13TRISTAN L GORRINDO DIRECTOR OF EDUCATION	(I)	200,929	0	175	0	7,041	208,145	0
	(II)	- 0	- 0	- 0	- 0	- 0	- 0	- 0
14ANNELLE B PRIMM DEPUTY MEDICAL DIRECTOR	(I)	78,873	0	152,950	3,243	3,669	238,735	0
	(II)	- 0	- 0	- 0	- 0	- 0	- 0	- 0
15JAMES SCULLY FORMER CEO AND MEDICAL DIRECTOR	(I)	0	0	221,835	0	0	221,835	0
	(II)	- 0	- 0	- 0	- 0	- 0	- 0	- 0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493299009106

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.

OMB No 1545-0047

2015

Open to Public Inspection

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	CLASSES OF MEMBERSHIP INCLUDE MEDICAL STUDENTS, MEMBERS-IN-TRAINING, ASSOCIATE MEMBERS, GENERAL MEMBERS, FELLOWS, DISTINGUISHED LIFE MEMBERS, HONORARY MEMBERS, LIFE STATUS AND INTERNATIONAL STATUS MEMBERS
FORM 990, PART VI, SECTION A, LINE 7A	THE FOLLOWING CLASSES OF MEMBERS MAY PARTICIPATE IN THE ELECTION OF BOARD MEMBERS MEMBERS -IN-TRAINING, GENERAL MEMBERS, FELLOWS, DISTINGUISHED LIFE MEMBERS, HONORARY MEMBERS AND L IFE STATUS MEMBERS ALL OTHER MEMBERSHIP LEVELS ARE NON-VOTING
FORM 990, PART VI, SECTION A, LINE 7B	THE ASSEMBLY MUST VOTE TO APPROVE POSITION STATEMENTS AND BYLAWS BEFORE A FINAL VOTE BY THE BOARD OF TRUSTEES
FORM 990, PART VI, SECTION B, LINE 11	THE RETURN WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY THE ORGANIZATION'S SENI OR MANAGEMENT A FINAL COPY OF THE 990 WAS SENT TO THE BOARD OF DIRECTORS BEFORE FILING
FORM 990, PART VI, SECTION B, LINE 12C	DIRECTORS ARE REQUIRED TO DISCLOSE INTERESTS AND AFFILIATIONS UPON APPOINTMENT AND THEN AN NUALLY OR AT ANY TIME THERE IS A CHANGE TO THEIR DISCLOSURE ORAL DISCLOSURE OF INTERESTS AND AFFILIATIONS IS REQUIRED AT THE BEGINNING OF EACH MEETING IF A POTENTIAL CONFLICT ARI SES, THE CONFLICT OF INTEREST COMMITTEE REVIEWS AND REPORTS TO THE BOARD OF TRUSTEES WITH RECOMMENDED ACTION STAFF MEMBERS ARE ALSO REQUIRED TO DISCLOSE POTENTIAL CONFLICTS ANNUAL LY
FORM 990, PART VI, SECTION B, LINE 15A	ALL STAFF ARE SUBJECT TO A MARKET-BASED COMPENSATION SYSTEM A COMPREHENSIVE REVIEW WAS PE RFORMED BY AN INDEPENDENT CONSULTANT TO ESTABLISH GRADES AND RANGES FOR ALL COMPENSATED ST AFF POSITIONS WITHIN THE DEFINED RANGES, APPROPRIATE ANNUAL INCREASES ARE APPROVED BY THE BOARD AS PART OF THE BUDGET PROCESS IN OCTOBER 2013, THE ASSOCIATION HIRED A NEW CHIEF E XECUTIVE OFFICER TO FILL THE POSITION VACATED BY THE MEDICAL DIRECTOR/CEO THROUGH RETIREME NT AN INDEPENDENT CONSULTANT FIRM WAS EMPLOYED BY THE ASSOCIATION'S BOARD TO DETERMINE TH E APPROPRIATE SALARY AND COMPENSATION PACKAGE FOR THE NEW CEO THE BOARD ANNUALLY REVIEWS HIS PERFORMANCE, WHICH HAPPENED MOST RECENTLY IN AUGUST 2015 THE CEO SETS COMPENSATION FO R ALL OTHER EMPLOYEES
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PART XI, LINE 9	MINIMUM PENSION LIABILITY ADJUSTMENT 41,410
FORM 990, PART VII, SECTION A	THE BOARD PRESIDENT, PRESIDENT-ELECT, AND SPEAKER RECEIVE COMPENSATION FOR THEIR BOARD DUT IES OTHER BOARD MEMBERS MAY RECEIVE HONORARIUM PAYMENTS FOR SERVICES UNRELATED TO THEIR B OARD DUTIES

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493299009106

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
AMERICAN PSYCHIATRIC ASSOCIATION

Employer identification number
52-2168499

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) APA WHARF HOLDINGS LLC 1000 WILSON BLVD STE 1825 ARLINGTON, VA 22209 81-4198120	REAL ESTATE HOLDING COMPANY	DE	0	0	APA

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	(g) No
(1) AMERICAN PSYCHIATRIC ASSOCIATION FOUNDATION 1000 WILSON BLVD STE 1825 ARLINGTON, VA 22209 13-0433740	FINANCIAL SUPPORT TO PSYCHIATRY PROFESSION	DC	501(C)(3)	509(A)(1)	APA	Yes	
(2) AMERICAN PSYCHIATRIC POLITICAL ACTION COMMITTEE 1000 WILSON BLVD STE 1825 ARLINGTON, VA 22209 02-0548679	POLITICAL ACTION	DC	527	N/A	APA	Yes	

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

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	(i) No
AMERICAN PSYCHIATRIC ASSOCIATION INSURANCE (1)TRUST 1000 WILSON BLVD STE 1825 ARLINGTON, VA 22209 52-6273713	GRANTOR ACTIVITY	DC	APAF	T				Yes	

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

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

		Yes	No
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	1a	No
b	Gift, grant, or capital contribution to related organization(s)	1b	No
c	Gift, grant, or capital contribution from related organization(s)	1c	No
d	Loans or loan guarantees to or for related organization(s)	1d	No
e	Loans or loan guarantees by related organization(s)	1e	No
f	Dividends from related organization(s)	1f	No
g	Sale of assets to related organization(s)	1g	No
h	Purchase of assets from related organization(s)	1h	No
i	Exchange of assets with related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes
o	Sharing of paid employees with related organization(s)	1o	Yes
p	Reimbursement paid to related organization(s) for expenses	1p	No
q	Reimbursement paid by related organization(s) for expenses	1q	No
r	Other transfer of cash or property to related organization(s)	1r	No
s	Other transfer of cash or property from related organization(s)	1s	No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICAN PSYCHIATRIC ASSOCIATION FOUNDATION	M	416,163	ACTUAL
(2) AMERICAN PSYCHIATRIC ASSOCIATION FOUNDATION	N	1,329,968	ACTUAL
(3) AMERICAN PSYCHIATRIC ASSOCIATION FOUNDATION	O	1,896,853	ACTUAL

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation