DLN: 93493227027870 OMB No 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 10-01-2018 , and ending 09-30-2019 D Employer identification number B Check if applicable AMERICAN POLITICAL SCIENCE ASSOCIATION □ Address change 53-0200001 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 1527 NEW HAMPSHIRE AVE NW ☐ Amended return ☐ Application pending (202) 483-2512 City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC  $\,$  20036 G Gross receipts \$ 8,786,815 Name and address of principal officer H(a) Is this a group return for STEVEN RATHGEB SMITH ☐Yes **☑**No subordinates? 1527 NEW HAMPSHIRE AVE NW H(b) Are all subordinates WASHINGTON, DC 20036 ☐Yes ☐No ıncluded? **☑** 501(c)(3) **☐** 501(c)( ) **◄** (Insert no ) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW APSANET ORG L Year of formation 1951 M State of legal domicile DC K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities THE LEADING PROFESSIONAL ORGANIZATION FOR THE STUDY OF POLITICAL SCIENCE Activities & Governance 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) . 4 31 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 700 **6** Total number of volunteers (estimate if necessary) . . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 178,309 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 1,809,015 1,349,139 Ravenua 4,447,359 9 Program service revenue (Part VIII, line 2g) . 5,522,212 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 1,435,898 989,864 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 880,786 1,054,346 9,647,911 7,840,708 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 954,025 1,024,190 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 2,630,621 3,118,607 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶129,182 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 3,502,788 3,597,737 7,087,434 7,740,534 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 2,560,477 100,174 Net Assets or Fund Balances Beginning of Current Year End of Year 46,615,556 47,345,655 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 4,078,995 4,609,251 22 Net assets or fund balances Subtract line 21 from line 20 . 42,536,561 42,736,404 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 2020-08-14 Signature of officer Sign Here STEVEN RATHGEB SMITH EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf P01404047 Paid self-employed Firm's name RUBINO AND COMPANY CHARTERED Firm's EIN ► 52-1186096 Preparer Use Only Firm's address ▶ 6903 ROCKLEDGE DRIVE SUITE 300 Phone no (301) 564-3636 BETHESDA, MD 208171818 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)					Page <b>2</b>
Pa	rt III Statement	of Program Servic	e Accomplis	hments		
	Check if Sched	dule O contains a respo	nse or note to	any line in this Part III		🗹
1	Briefly describe the o	rganization's mission		·		
ABOU STUD CONI MEMI MATE	JT POLITICS, POLICY A PENTS, AND PRACTITIC DUCT OF GOVERNMEN BERS, AND PUBLICIZE: RIALS RELEVANT TO T	ND CIVIC PARTICIPATE DNERS WHO BRING WI FAND POLITICS THE A SRESEARCH FINDINGS THE DISCIPLINE APSA	ION THE ASSO DE-RANGING II ASSOCIATION D ON IMPORTAN ENHANCES THE	CIATION PROMOTES A NTERESTS, METHODOL DISSEMINATES INFORM IT THEORETICAL AND F E CAPACITY OF POLITIC	CHOLARSHIP AND TEACHING A LIVELY, DIVERSE COMMUNITY OGIES, AND PERSPECTIVES TO ATION, FACILITATES COLLABO OCLITICAL ISSUES, AND PUBLIS CAL SCIENTISTS TO CONDUCT DISCIPLINE AND TO THE WIDI	OF SCHOLARS, TEACHERS, THE ANALYSIS AND RATION AMONG ITS SHES A VARIETY OF RESEARCH, IMPROVE
2	-	, -	nt program ser	vices during the year w	hich were not listed on	☐ Yes ☑ No
	the prior Form 990 oi If "Yes." describe the	se new services on Sch	edule O			∟ Yes ⊻ No
3	•			changes in how it cond	ucts, any program	
		se changes on Schedul				. ☐ Yes ☑ No
4	Section 501(c)(3) and		ns are required	to report the amount of	largest program services, as more figures, as more figures, and allocations to other	
4a	(Code See Additional Data	) (Expenses \$	3,329,641	including grants of \$	1,024,190 ) (Revenue \$	1,951,850 )
4b	(Code	) (Expenses \$	1,722,648	including grants of \$	) (Revenue \$	14,256 )
	See Additional Data					
4c	(Code	) (Expenses \$	1,115,320	ıncludıng grants of \$	) (Revenue \$	2,118,436 )
	See Additional Data					
	See Additional Data	Table				
4d		es (Describe in Schedu				
	(Expenses \$	747,216 incli		•	) (Revenue \$	178,231 )
4e	Total program serv	ice expenses 🕨	6,914,8	25		

Par	tiV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III "	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	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 2	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		No
е	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 2	12a	Yes	
	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		No
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	Yes	
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? <i>If "Yes," complete Schedule G, Part III</i>	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		
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		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,	22	Yes	

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Part V

Ollin	950 (2010)			Page 4
Pai	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "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)			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			

28b

28c

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Yes

Yes

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Nο

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . .

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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

Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

10a

10b

11a

11b

12b

13b

13c

12a

13a

14a

14b

15

No

No

Form **990** (2018)

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	o" respo	onse to i	ines
Se	ction 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 31			
	If there are material differences in voting rights among members of the governing	1		
	body, or if the governing body delegated broad authority to an executive committee or			
	similar committee, explain in Schedule O			
Ь	Enter the number of voting members included in line 1a, above, who are independent  1b 31			
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?	$\vdash$		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	
	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			
а	The governing body?	8a	Yes	
ь	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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
100	Did the eventuation have local chapters, branches, or affiliates?	10a	Yes	No No
	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		NO
_				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь		
	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the		Yes	
11a	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	Yes	
11a b	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990		Yes Yes	
11a b 12a	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
11a b 12a	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13	11a		
11a b 12a b	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	11a 12a	Yes	
11a b 12a b	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in	11a 12a 12b	Yes Yes	
11a b 12a b	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	11a 12a 12b	Yes Yes Yes	
11a b 12a b c	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	11a 12a 12b 12c 13	Yes Yes Yes	
11a b 12a b c 13 14 15	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent	11a 12a 12b 12c 13	Yes Yes Yes	
11a b 12a b c 13 14 15	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
11a b 12a b c 13 14 15	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
11a b 12a b c 13 14 15	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
11a b 12a b c 13 14 15 a b	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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	11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes Yes Yes	No
11a b 12a b c 13 14 15 a b	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
11a b 12a b c 13 14 15 a b	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?	11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes Yes Yes	No
11a b 12a b c 13 14 15 a b	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?	11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes Yes Yes	No
11a b 12a b c 13 14 15 a b	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?  List the States with which a copy of this Form 990 is required to be filed▶	11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes Yes Yes	No
11a b 12a b c 13 14 15 a b 16a b	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?  Ection C. Disclosure  List the States with which a copy of this Form 990 is required to be filed  NY  Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s	11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes Yes Yes	No
11a b 12a b c 13 14 15 a b 16a b	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?  List the States with which a copy of this Form 990 is required to be filed▶  NY  Section 6104 requires an organization to make its Form 1023 (or 1024-A 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 Sche	11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes Yes Yes	No
11a b 12a b c 13 14 15 a b 16a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes Yes Yes	No

101111 330 (2	010)										Page /
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	≘ ın t	hıs	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	ıstees, Key E	mploy	ees	, an	d F	lighe	st (	Compensated En	nployees	
year .	this table for all persons requir of the organization's current of		·						, ,		•
of compensa	tion Enter -0- in columns (D), ( if the organization's <b>current</b> key	E), and (F) if no	compe	nsatı	on w	vas į	paid		- ,,		
• List the who received	organization's five <b>current</b> high direportable compensation (Box and any related organizations	est compensate	d emplo	yees	(oth	ner t	than a	n off	icer, director, truste	e or key employee)	1
• List all o	of the organization's <b>former</b> office compensation from the organization						pensat	ed e	employees who rece	ived more than \$10	0,000
	f the organization's <b>former dir</b> e , more than \$10,000 of reportat										e
compensated	in the following order individual demployees, and former such p	ersons									
☐ Check tl	nis box if neither the organization	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	Т
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo oth a direct	ox, un off tor/t	t cho unles ficer rust	and a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MI3C)	(W- 2/1099- MISC)	related organizations
See Additiona	al Data Table										

Page **8** 

	Section A Officers Direct	ore Tructes	· Kov !	Em-	loves	-	and	ui~!	nest Car	mnore		d Employees	/cor	tinued)	Page 8
Par	(A) Name and Title	(B) Average hours per week (list any hours	Position than o	on (de	(C) o not ox, u	t che	eck m ss pers	ore son	Rep comp fro	(D) ( Reportable Repo compensation compe from the from			(E) Reportable Impensation Imp		) ated of other sation the
		for related organizations below dotted line)	individual trustee or director	Institutional Trustee	<u> </u>	key employee	Highest compensated employee	Former		99-MISC		2/1099-MISO		organizat relat organiz	on and ed
See	Additional Data Table			_			<u> </u>	_					_		
	ississimi buta Table							-					$\dashv$		
													$\dashv$		
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													$\dashv$		
													$\dashv$		
	Sub-Total				•		•		•				Ţ		
	otal from continuation sheets to Parotal (add lines 1b and 1c)						<b>&gt;</b>			852,944			0		159,820
2	Total number of individuals (including of reportable compensation from the	but not limited organization ►	to thos 5	e list	ed al	bov€	e) who	rec	eived mo	re thar	\$10	00,000			
3	Did the organization list any <b>former</b> of line 1a? If "Yes," complete Schedule 3			ee, k		mplo	oyee,	or hi	ghest co	mpensa	ited	employee on		Yes	No
4	For any individual listed on line 1a, is organization and related organization:	the sum of repo	ortable o	- comp	ensa							the	3		No
5	Did any person listed on line 1a receivervices rendered to the organization									ition or	ındı	vidual for	5		No
Se	ction B. Independent Contract														140
1	Complete this table for your five high- from the organization Report comper	est compensate											mper	nsation	
·		(A) and business addre										(B) uption of services		(Compe	
	IOTT BUSINESS SERVICES										NNUA	L MEETING HOTE	L		276,012
ATLAN	0X 402642 NTA, GA 30384														
	ERSITY OF FLORIDA 50 E CAMPUS OFC BLDG									EDITOR	IAL S	SERVICES			246,962
GAINE	SVILLE, FL 32611 ERSITY OF MANNHEIM									FDITOP	IAI 9	SERVICES			200,000
	1ANNHEIM														200,000
GM	ALO AUDIO VISUAL									2019 AF	NNUA	L MEETING AUDIO	)		161,984
10 SC	NWIL DRVE									VISUAL			-		_52,50.
	ALO, NY 14225 STEMS									AMS CC	MPU	TER SERVICES			127,844
	BRANDON AVENUE STE 275 IGFIELD, VA 22150														
2 T	otal number of independent contractor ompensation from the organization •		not lim	ited t	o th	ose	listed	abov	ve) who i	receive	d mo	ore than \$100,0	00 of		
	omponsation from the organization P	<u> </u>												Form <b>99</b>	0 (2018)

		· · ·	Daviania								rage <b>3</b>
Part	VIII	Statement of Check if Schedul		a rocac	once or note to a	ny lina in i	thic Part \/III				П
		Check ii Schedul	e o contains	а гезро	on se of flote to al		(A) revenue	R€ € f	(B) elated or exempt unction	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a	Federated campaig	ns	1a				r	evenue		512 - 514
nts Ints		Membership dues		1b		-					
irai 10u		: Fundraising events		1c		_					
Š, ( An		Related organizatio		1d		-					
<u>a</u> e		Government grants (co		1e		_					
ıs,		All other contributions,				-					
ë S	-	and similar amounts no above		1f	1,349,139	9					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contribution	ons included								
		ın lınes 1a - 1f \$									
<u>ة ت</u>	_ h	n Total. Add lines 1a	-1f	•	· · · •		1,349,139				
ı					Busine	ss Code	2.1	10.426	2.110	426	
, L		MEMBERSHIP				900099	·	18,436	2,118,		52.720
Program Service Revenue		CONFERENCES AND MEE				541800		04,580	1,951,		52,730
č e		CONGRESSIONAL FELLO	)WSHIP			900099		70,343	170,		175
ž		ADVERTISING				541800		36,175		136,	1/5
E .	е	PUBLICATIONS				900099		14,256	14,	256	
ogr	f	All other program se	rvice revenue	:				3,569			3,569
Δ	g٦	<b>Fotal.</b> Add lines 2a-2	.f		<b>&gt;</b>	1,447,359					
	<b>3</b> I	nvestment income (ii	ncluding divid	lends, ı	nterest, and other	er	014.50				014.500
		imilar amounts) .				<u> </u>	814,58	9			814,589
		ncome from investme	ent or tax-exe		ona proceeas	<b>▶</b>	964,15	3			964,153
		toyantes I I I	(ı) Rea		(II) Personal	-	<u> </u>				<del> </del>
	6a	Gross rents									
	h	Less rental expenses		372,379 290,074		_					
	b	Less Terrial expenses		250,071							
	С	Rental income or (loss)		82,305							
	d	Net rental income o	r (loss)			$\dashv$	82,30	5		42,13	4 40,171
			(ı) Securit		(II) Other						
		Gross amount from sales of assets other	8	325,024	6,	284					
		than inventory									
	b	Less cost or other basis and	$\epsilon$	550,345	5,	688					
	С	sales expenses Gain or (loss)	1	L74,679		596					
	d	Net gain or (loss) .			<b>•</b>		175,27	5			175,275
		Gross income from fi (not including \$	_	ents of							
nue		contributions reporte	ed on line 1c)								
₹ A		See Part IV, line 18									
ă,		Less direct expense: Net income or (loss)		b	ents .						
Other Revenue		Gross income from g			end •						+
Ó		See Part IV, line 19		i							
	h			a							
		Less direct expense: Net income or (loss)		<b>b</b> activit	les 🏲						
		Gross sales of invent			· · · · · · · · · · · · · · · · · · ·						
		returns and allowand	ces	٦.							
	b	Less cost of goods s	sold -	a b							
		Net income or (loss)									
		Miscellaneous			Business Code						
	11a	aMISCELLANEOUS IN	ICOME		900	099	7,88	8	7,888		
	b										
	С										
		All other revenue .									
	e	Total. Add lines 11a	-11d		•		7,88	8			
	12	Total revenue. See	Instructions				7,840,70	8	4,262,773	178,30	9 2,050,487
							•	•		•	Form <b>990</b> (2018)

Form 990 (2018) Page **10 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 . (C) (B) Do not include amounts reported on lines 6b, (A) (D) Program service Management and 7b, 8b, 9b, and 10b of Part VIII. Total expenses Fundraisingexpenses expenses general expenses 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 994,690 Grants and other assistance to domestic individuals. See 994.690 Part IV, line 22 29,500 29,500 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16 4 Benefits paid to or for members 27,574 457,173 82,719 346,880 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,068,916 1,654,756 374,191 39,969 7 Other salaries and wages 169,412 138,820 27,766 2,826 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . 241,331 185,158 50,962 5,211 9 Other employee benefits . **10** Payroll taxes . . . 181,775 126,989 50,155 4,631 11 Fees for services (non-employees) a Management . 69,874 69,874 **b** Legal 57,517 57,517 c Accounting **d** Lobbying . . . . . e Professional fundraising services See Part IV, line 17 45.000 45.000 f Investment management fees . . . q Other (If line 11g amount exceeds 10% of line 25, column 1,278,079 930,149 344,492 3.438 (A) amount, list line 11g expenses on Schedule O) 11.744 11,744 12 Advertising and promotion 13 Office expenses 363,190 253.534 107,724 1.932 17,778 30,910 14 Information technology 48.688 15 Royalties . 177,365 22,182 155,183 16 Occupancy 502.349 76.355 208 578 912 17 Travel 18 Payments of travel or entertainment expenses for any

657,891

16,860

25

1,074

1,288,607

6,914,825

31.687

42,377

61,688

147,486

6,169

-1,329,889

696,527

691.689

42,377

78,548

147,511

7,243

7,740,534

0

2,111

41,282

129,182

Form **990** (2018)

federal, state, or local public officials .

19 Conferences, conventions, and meetings

**22** Depreciation, depletion, and amortization

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

25 Total functional expenses. Add lines 1 through 24e 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)

21 Payments to affiliates . .

expenses on Schedule O )

**b** OFFSITE STORAGE

e All other expenses

a BANK FEES (CREDIT CARD/

c SERVICE CENTER ALLOCATI

20 Interest .

23 Insurance

d

Form	1 990	(2018)					Page <b>11</b>				
P	art X	Balance Sheet									
		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX			🗆				
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year				
	1	Cash-non-interest-bearing			283,368	1	3,017,270				
	2	Savings and temporary cash investments		[	1,371,980	2	51,389				
	3	Pledges and grants receivable, net			1,215,461	3	18,957				
	4	Accounts receivable, net		[	289,903	4	456,346				
	5	Loans and other receivables from current and fo trustees, key employees, and highest compensa Part II of Schedule L	ited en	nployees Complete		5					
ts.	6	Loans and other receivables from other disqualit section 4958(f)(1)), persons described in section contributing employers and sponsoring organization voluntary employees' beneficiary organizations. Part II of Schedule L		6							
Assets	7	Notes and loans receivable, net	200		200						
As	8	Inventories for sale or use	880	8	880						
_	9	Prepaid expenses and deferred charges		240,925	9	311,798					
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	6,441,127							
	ь	Less accumulated depreciation	<b>10</b> b	3,340,650	3,084,370	<b>10</b> c	3,100,477				
	11	Investments—publicly traded securities .			40,034,723	11	40,348,538				
	12	Investments—other securities See Part IV, line	11 .			12					
	13	Investments—program-related See Part IV, line	11 .			13					
	14	Intangible assets		[	40,000 14						
	15	Other assets See Part IV, line 11			53,946	15	0				
	16	Total assets. Add lines 1 through 15 (must equ	al line	34)	46,615,556	16	47,345,655				
	17	Accounts payable and accrued expenses			739,138	17	1,264,043				
	18	Grants payable				18					
	19	Deferred revenue			1,989,893	19	2,201,180				
	20	Tax-exempt bond liabilities				20					
ý	21	Escrow or custodial account liability Complete F	Part IV	of Schedule D		21					
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee									
		persons Complete Part II of Schedule L $$ .				22					
	23	Secured mortgages and notes payable to unrela	ted thi	rd parties	1,273,642	23	1,073,730				
	24	Unsecured notes and loans payable to unrelated	l thırd	parties		24					

12	Investments—other securities. See Part IV, line 11		12	
13	Investments—program-related See Part IV, line 11		13	
14	Intangible assets	40,000	14	40,000
15	Other assets See Part IV, line 11	53,946	15	0
16	Total assets.Add lines 1 through 15 (must equal line 34)	46,615,556	16	47,345,655
17	Accounts payable and accrued expenses	739,138	17	1,264,043
18	Grants payable		18	
19	Deferred revenue	1,989,893	19	2,201,180
20	Tax-exempt bond liabilities		20	
 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	

Other liabilities (including federal income tax, payables to related third parties, 76,322 25 70,298 and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D 4.078.995 4.609.251 26 Total liabilities. Add lines 17 through 25 . . 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and Net Assets or Fund Balances

18.427.887

19,108,674

5,000,000

42,536,561

46,615,556

27

28

29

30

31

32

33

34

18,467,245

19,269,159

5,000,000

42,736,404

47,345,655

Form **990** (2018)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds . . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

27 28

29

30

31

32

33 34

3a

3b

No

Form 990 (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

Audit Act and OMB Circular A-133?

### **Additional Data**

Software ID:

Software Version:

EIN: 53-0200001

Name: AMERICAN POLITICAL SCIENCE ASSOCIATION

Form 990 (2018)

#### Form 990, Part III, Line 4a:

THE MAIOR PROGRAMS OFFERED BY THE AMERICAN POLITICAL SCIENCE ASSOCIATION CENTENNIAL CENTER FOR POLITICAL SCIENCE AND PUBLIC AFFAIRS THE

AMERICAN POLITICAL SCIENCE ASSOCIATION, IN RECOGNITION OF ITS CENTENARY, LAUNCHED THE CENTENNIAL CENTER FOR POLITICAL SCIENCE AND PUBLIC AFFAIRS IN THE FALL OF 2003 THE CENTER IS DESIGNATED TO EXPAND OPPORTUNITIES FOR CREATING KNOWLEDGE AND PROMOTING TEACHING IN THE DISCIPLINE IT ENCOURAGES INDIVIDUAL RESEARCH AND WRITING IN ALL FIELDS OF POLITICAL SCIENCE, FACILITATES COLLABORATION AMONG SCHOLARS WORKING WITHIN THE DISCIPLINE AND ACROSS THE SOCIAL AND BEHAVIORAL SCIENCES AND HUMANITIES, AND PROMOTES COMMUNICATION BETWEEN SCHOLARS WORKING WITHIN THE DISCIPLINE AND OTHER INITIATIVES FOR FIFTY YEARS, APSA HAS SUPPORTED SCHOLARS FROM UNDERREPRESENTED GROUPS TO ATTEND DOCTORAL PROGRAMS THROUGH RECOGNITION AND FINANCIAL SUPPORT FROM MINORITY FELLOWSHIPS MORE THAN 500 FELLOWS HAVE BEEN DESIGNATED IN THIS EFFORT APSA ALSO SUPPORTS THE WORK OF THE RALPH BUNCHE SUMMER INSTITUTE TO ALLOW UNDERGRADUATES FROM DIVERSE BACKGROUNDS OR WITH INTERESTS IN BROADENING OPPORTUNITIES FOR STUDENTS FROM UNDERREPRESENTED BACKGROUNDS TO GET A PREVIEW OF GRADUATE LEVEL WORK INTERNATIONAL

APSA ALSO SUPPORTS THE WORK OF THE RALPH BUNCHE SUMMER INSTITUTE TO ALLOW UNDERGRADUATES FROM DIVERSE BACKGROUNDS OR WITH INTERESTS IN BROADENING OPPORTUNITIES FOR STUDENTS FROM UNDERREPRESENTED BACKGROUNDS TO GET A PREVIEW OF GRADUATE LEVEL WORK INTERNATIONAL PROGRAMS APSA OPERATES PROGRAMS TO ENGAGE WITH SCHOLARS FROM INTERNATIONAL ARENAS, INCLUDING SUMMER WORKSHOPS IN THE MIDDLE EAST AND NORTH AFRICA, AND ASIA AS WELL AS PROVIDING OPPORTUNITIES FOR JUNIOR FOREIGN SCHOLARS TO LEARN IMPORTANT METHODOLOGICAL SKILLS AND CUTTING EDGE SCHOLARSHIP IN THE DISCIPLINE TASK FORCES APSA SPONSORS TASK FORCES MARSHALLING THE EXPERTISE OF POLITICALSCIENTISTS TO BEAR ON IMPORTANT ISSUES WITHIN SOCIETY AND THEPROFESSION TASK FORCES COMPILE AND REVIEW EXTANT SCHOLARLY KNOWLEDGE, PUBLISH SUMMARIES OF THIS RESEARCH FOR THE PUBLIC AND DECISION MAKERS, PREPARE TEACHING MATERIALS, AND DISSEMINATE RESEARCH AND PEDAGOGICAL RESOURCES TO MEMBERS AND THE BROADER PUBLIS IC

JOURNALS APSA PUBLISHES AND DISTRIBUTES THREE JOURNALS THAT ARE CORE TO THE POLITICAL SCIENCE DISCIPLINE THE AMERICAN POLITICAL SCIENCE REVIEW. PERSPECTIVES ON POLITICS, AND PS THE AMERICAN POLITICAL SCIENCE REVIEW (APSR) IS POLITICAL SCIENCE'S PREMIER SCHOLARLY RESEARCH JOURNAL, PROVIDING PEER-REVIEWED ARTICLES AND REVIEW ESSAYS FROM SUBFIELDS THROUGHOUT THE DISCIPLINE AREAS COVERED INCLUDE POLITICAL THEORY, AMERICAN POLITICS, PUBLIC POLICY, PUBLIC ADMINISTRATION, COMPARATIVE POLITICS, AND INTERNATIONAL RELATIONS APSR HAS PUBLISHED CONTINUOUSLY SINCE 1906 PERSPECTIVES ON POLITICS SEEKS TO PROVIDE A SPACE FOR BROAD AND SYNTHETIC DISCUSSION WITHIN THE POLITICAL SCIENCE PROFESSION AND BETWEEN THE PROFESSION AND THE BROADER SCHOLARLY AND READING PUBLICS. SUCH DISCUSSION NECESSARILY DRAWS ON AND CONTRIBUTES TO THE SCHOLARSHIP PUBLISHED IN THE MORE SPECIALIZED JOURNALS IN THE DISCIPLINE AT THE SAME TIME, PERSPECTIVES ON POLITICS SEEK TO PROMOTE A COMPLEMENTARY FORM OF BROAD PUBLIC

DISCUSSION AND SYNERGISTIC UNDERSTANDING WITHIN THE PROFESSION THAT IS ESSENTIAL TO ADVANCING RESEARCH AND PROMOTING A VIBRANT SCHOLARLY COMMUNITY PS POLITICAL SCIENCE & POLITICS PROVIDES CRITICAL ANALYSES OF CONTEMPORARY POLITICAL PHENOMENA AND IS THE JOURNAL OF RECORD FOR THE

Form 990, Part III, Line 4b:

DISCIPLINE OF POLITICAL SCIENCE REPORTING ON RESEARCH, TEACHING, AND PROFESSIONAL DEVELOPMENT PS, BEGUN IN 1968, IS THE ONLY QUARTERLY PROFESSIONAL NEWS AND COMMENTARY JOURNAL IN THE FIELD AND IS THE PRIME SOURCE OF INFORMATION ON POLITICAL SCIENTISTS' ACHIEVEMENTS AND

PROFESSIONAL CONCERNS

#### Form 990, Part III, Line 4c:

CUTTING EDGE THEMES

DRAWS 6500 PARTICIPANTS AND CONSISTS OF OVER 1300 PANEL SESSIONS OVER A 4 DAY PERIOD IN WHICH THE MEMBERS' RESEARCH IS PRESENTED IN A VARIETY OF FORMATS MOST OF THE PANEL SESSIONS INVOLVE PAPER PRESENTATIONS AND DISCUSSION, ALTHOUGH SOME ARE ROUNDTABLE DISCUSSIONS FEATURING EXPERTS

APSA ANNUAL MEETING AND CONFERENCES THE APSA ANNUAL MEETING IS THE LARGEST CONFERENCE IN POLITICAL SCIENCE THE ANNUAL MEETING TYPICALLY

IN THE FIELDS PLENARY SESSIONS FEATURE DISTINGUISHED WRITERS WITHIN SUBFIELDS THE MEETING IS TYPICALLY HELD EACH YEAR DURING THE WEEK

PROCEEDING LABOR DAY THE APSA EXHIBITION FEATURES THE LARGEST ASSEMBLY OF POLITICAL SCIENCE BOOK PUBLISHERS NATIONALLY AND PROVIDES. PUBLISHING OPPORTUNITIES FOR THE MEMBERSHIP. THE TEACHING AND LEARNING CONFERENCE CONVENES BI-ANNUALLY TO ADDRESS ISSUES OF CURRICULUM.

PEDAGOGY, PROGRAM ASSESSMENT, CIVIC EDUCATION, TEACHING RESEARCH METHODS, INTERNATIONALIZING THE CURRICULUM, SIMULATIONS AND ROLE PLAY.

INCLUSIVENESS. AND EQUALITY IN UNDERGRADUATE AND GRADUATE TEACHING AND LEARNING IN POLITICAL SCIENCE THE CONFERENCE FOLLOWS A WORKING GROUP

MODEL IN WHICH SCHOLARS ENGAGE INTENSIVELY WITH COLLEAGUES OVER 2 AND A HALF DAYS OF MEETING, IS SUPPLEMENTED WITH TOPICAL WORKSHOPS ON KEY

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to

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

others, the total expenses, and revenue, if any, for each program service reported.

(Code ) (Expenses \$ 557,837 including grants of \$ ) (Revenue \$ 178,231 ) CONGRESSIONAL FELLOWSHIP PROGRAM THE APSA OFFERS THIS HIGHLY SELECTIVE, NONPARTISAN PROGRAM DEVOTED TO EXPANDING

KNOWLEDGE AND AWARENESS OF CONGRESS FOR NINE MONTHS, SELECT POLITICAL SCIENTISTS, JOURNALISTS, DOCTORS, FEDERAL EXECUTIVES AND INTERNATIONAL SCHOLARS GAIN "HANDS ON" UNDERSTANDING OF THE LEGISLATIVE PROCESS BY SERVING ON CONGRESSIONAL STAFFS THROUGH THIS UNIQUE OPPORTUNITY, THE APSA SEEKS TO ENHANCE PUBLIC UNDERSTANDING OF POLICY-MAKING

AND TO IMPROVE THE QUALITY OF SCHOLARSHIP, TEACHING AND REPORTING ON AMERICAN NATIONAL POLITICS

(Code ) (Expenses \$ 189,379 including grants of \$ ) (Revenue \$ DEPARTMENTAL SERVICES PROGRAM THE DEPARTMENTAL SERVICES PROGRAM IS A PROGRAM FOR ACADEMIC DEPARTMENTS TO PROVIDE

THEM WITH CURRENT APSA PUBLICATIONS, SERVICES AND INFORMATION DESIGNED TO ENHANCE RESEARCH, EDUCATION, AND PUBLIC UNDERSTANDING OF POLITICS THE PROGRAM FEATURES EXTENSIVE ONLINE RESOURCES, INFORMATIONAL AND RECRUITMENT MATERIALS, AN ONLINE COMMUNITY FOR DEPARTMENT CHAIRS TO EXCHANGE INFORMATION, AND AN ANNUAL MEETING AT THE APSA ANNUAL CONFERENCE

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

	any nours and a director/trustee)							organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
THOMAS PEPINSKY TREASURER	0 30	1 1		x				0	0	0	
CHRISTINA WOLBRECHT COUNCIL	0 30	1 1						0	0	0	
KATHLEEN THELEN PAST PRESIDENT	0 30			x				0	0	0	
ERIN RICHARDS COUNCIL	0 30	1 1						0	0	0	
COLLEEN SHOGAN	0 30						$\Box$		1		

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PAST PRESIDENT
ERIN RICHARDS
COUNCIL
COLLEEN SHOGAN

COUNCIL

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COUNCIL

JOSEPH CARENS

JULIET HOOKER

LAURA SJOVERG

LILLY J GOREN

LISA GARCIA-BEDOLLA

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the compensation from related

any hours

and a director/trustee)

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

	ally flours	ا مانات	a uii	ecto	<i>)</i>   / L	usice	,	Organization	organizations	I nomine .
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations
MARK CRESCENZI COUNCIL	0 30	х						0	0	0
MATT BARRETO COUNCIL	0 30	x						0	0	0
MATTHEW KOCHER COUNCIL	0 30	×						0	0	0
OMAR ENCARNACION COUNCIL	0 30	x						0	0	0
I/DICTIAN CLEDITICS!	0 30									

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KRISTIAN GLEDITSCH COUNCIL

RENEE VAN VECHTEN

COUNCIL

COUNCIL

ROGERS SMITH

PAST-PRESIDENT

SIMON JACKMAN

STEVEN RATHGEB SMITH

EXECUTIVE DIRECTOR

PAULA MCCLAIN

PRESIDENT

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	for related					<del>,                                    </del>		(W- 2/1099-	(W- 2/1099-	organization and	
	organizations below dotted line)		Institutional Trustee		key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations	
CATHY H COHEN VICE PRESIDENT	0 30	×		x				0	0	0	
LISA L MARTIN VICE PRESIDENT	0 30	1 1		x				0	0	0	
DVORA YANOW VICE PRESIDENT	0 30	1 1		х				0	0	0	
VALERIA SINCLAIR-CHAPMAN COUNCIL	0 30	1 1						0	0	0	

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DVORA YANOW
VICE PRESIDENT
VALERIA SINCLAIR-CHAPMAN
COUNCIL
ADAM BERINSKY

COUNCIL

COUNCIL

COUNCIL

COUNCIL

COUNCIL

COUNCIL

LORI MARSO

ROCIO TITINUK

LISA WEDEEN

ANN O'M BOWMAN

JULIA JORDAN-ZACHERY

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

and Independent Contractors

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COUNCIL

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COUNCIL

DAVID LEAL

REBECCA GILL

SOO YEON KIM

ERIK BLEICH

ALEXANDRA FILINDRA

	ally flours	l alla	a uii	ecti	<i>)</i>   / Li	usice,	,	Organization	organizations	moniture	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
JANET BOX-STEFFENSMEIER PRESIDENT-ELECT	0 30	×		x				0	0	0	
KERSTIN HAMANN VICE PRESIDENT	0 30	х		х				0	0	0	
LEONARD WANTCHEKON VICE PRESIDENT	0 30	х		x				0	0	0	
MELICCA WILLIAMS	0 30										

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VICE PRESIDENT	•••••	X	Х		0	
LEONARD WANTCHEKON	0 30	×	Х		0	
VICE PRESIDENT		`	ζ		,	
MELISSA WILLIAMS	0 30	×	×		0	
VICE PRESIDENT		^	^			
BEN ANSELL	0 30					

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Average Estimated than one box, unless amount of other hours per compensation compensation week (list person is both an officer from related from the compensation

	any hours	and	a dır	recto	or/tr	ustee)	)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
SUZANNA LINN COUNCIL	0 30	x						0	0	0
ALBERTO SIMPER COUNCIL	0 30	х						0	0	0
CHARLES SMITH COUNCIL	0 30	х						0	0	0
MELANYE PRICE COUNCIL	0 30	x						0	0	0
LARRY D BURNER DIRECTOR OF FINANCE & ADMINISTRATION	40 00			х				107,272	0	20,929

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132,036

154,068

110,397

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23,372

21,494

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KIMBERLY A MEALY

DANIEL R GIBSON

**ELIZABETH SUPER** 

DEPUTY DIRECTOR

JONATHAN GURSTELLE

DIRECTOR OF PUBLICATIONS

SR DIRECTOR MINORITY PROG

SR DIRECTOR COMMUNICATION

SCHEDU Form 990 ( 90EZ)	or	Com	plete if the o	Charity Statu rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form! www.irs.gov/Form!	a section	2018 Open to Public		
epartment of the ternal Revenue ame of the	Service	ion	- 40 10	www.ms.qov/romm.	est imormation	Employer identific	Inspection	
MERICAN POLI	TICAL SCIEN	CE ASSOCIATI	ON				53-0200001	
				<b>us</b> (All organization				
_		•		e it is (For lines 1 thro	•			
	·		,	ssociation of churches			(A)(i).	
2	school des	cribed in <b>se</b>	ction 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))		
B	hospital or	a cooperati	ve hospital ser	vice organization desci	rıbed ın <b>section</b>	170(b)(1)(A)(	iii).	
□ n	ame, city,	and state	•	ed in conjunction with	·			
	-	ion operated i <b>v).</b> (Comple		t of a college or unive	rsity owned or o	perated by a gov	ernmental unit descr	bed in <b>section 170</b>
			•	governmental unit de	scribed in <b>secti</b> o	on 170(b)(1)(A	()(v).	
			mally receives <b>vi).</b> (Complete	a substantial part of it Part II )	s support from a	a governmental u	ınıt or from the gener	al public described in
3 🗌 A	communit	y trust descr	ıbed ın <b>sectio</b> ı	170(b)(1)(A)(vi)	(Complete Part I	Π)		
				escribed in <b>170(b)(1)</b> ee instructions Enter				lege or university or
fr Ir	om activiti ivestment i	es related to ncome and u	its exempt fur inrelated busir	(1) more than 331/39 actions—subject to cer less taxable income (le amplete Part III )	taın exceptions,	and (2) no more	than 331/3% of its s	upport from gross
				d exclusively to test fo	r public safety	See section 509	(a)(4).	
m	nore publicl	y supported	organizations	d exclusively for the be described in <b>section 5</b> the type of supporting	<b>09(a)(1)</b> or <b>se</b>	ction 509(a)(2	). See section 509(a	
□ Ţ	<b>ype I.</b> A su rganization	ipporting org (s) the powe	janization oper	ated, supervised, or co	ontrolled by its s	supported organiz	zation(s), typically by	
m	nanagemen	t of the supp		pervised or controlled in ation vested in the sare and C.				
				supporting organizatio				ated with, its
l	ype III no unctionally	n-function integrated	ally integrate he organizatio	<ul> <li>d. A supporting organi</li> <li>n generally must satis</li> <li>rt IV, Sections A and</li> </ul>	zation operated fy a distribution	in connection wi requirement and	th its supported orga	
	•		-	ved a written determir	•		pe I, Type II, Type II	I functionally
_	-	• • •	on-functionally organizations	integrated supporting	organization	,	_	·
				ipported organization(				1
(i) Name of supp organization		orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		janization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (se instructions)
					Yes	No		
tal .								
otal	uk Dodust	ion Act Not	ica caa tha T	 nstructions for	L Cat No 1128!	<u> </u> 5F •	 Schedule A (Form 9	90 or 990-E7) 201

instructions

rage	_
170	

oport Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170
(1)(A)(ix)
mplete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part
If the organization fails to qualify under the tests listed below, please complete Part III.)

	III. If the organization fai						iy under Part
_	Section A. Public Support	iis to quality ut	ider the tests his	ted below, pied.	se complete rai	C 111.)	
	Calendar year		I	T	T		
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grant ")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by						
5	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from						
	line 4						
S	Section B. Total Support						
	Calendar year	(a)2014	<b>(b)</b> 2015	(c)2016	(d)2017	(e)2018	(f)Total
	(or fiscal year beginning in) ▶	(-,	(=,====	(3,2323	(-)	(0)2020	(1).010.
7							
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
_	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
10							
10	loss from the sale of capital assets						
	(Explain in Part VI )						
11	<b>Total support.</b> Add lines 7 through						
	10						
12	Gross receipts from related activities, e	tc (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization	s first, second, th	urd, fourth, or fifth	n tax vear as a sec	tion 501(c)(3) org	anization.
	check this box and <b>stop here</b>	=				· · · · · · <u>-</u>	_
_	section C. Computation of Public						_
	Public support percentage for 2018 (line			column (f))			
				column (1))		14	
	Public support percentage for 2017 Sch					15	
<b>16</b> a	33 1/3% support test—2018. If the				ne 14 is 33 1/3% o	r more, check this	box
	and <b>stop here.</b> The organization qualif						··►□
b	<b>33 1/3% support test—2017.</b> If the	organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
	box and stop here. The organization	qualifies as a pub	olicly supported or	ganızatıon			▶□
<b>17</b> a	10%-facts-and-circumstances test-	<b>–2018.</b> If the or	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization						
	in Part VI how the organization meets t	he "facts-and-cir	cumstances" test	The organization	qualifies as a publ	icly supported	
	organization						▶ □
Į.	10%-facts-and-circumstances test	-2017. If the o	rganization did no	ticheck a box on l	ine 13, 16a, 16h	or 17a, and line	
0	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization						
	supported organization			5-	4	,	►□
10	Private foundation. If the organization	n did not check :	hov on line 12 1	6a 16h 17a or 1	7h check this has	and see	<b>F</b> L
TΩ	Trivate roundation, if the organization	ii ala not check e	4 POV OIL HIE TO, T	ou, 100, 1/a, 01 1	. , D, CHECK HIIS DU)	, unu see	

Part III

	(Complete only if you o						rait II. II
	the organization fails to	o qualify under t	ne tests listed b	elow, please co	mpiete Part II.)		
S	ection A. Public Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	398,996	209,000	241,324	1,809,015	1,349,139	4,007,474
2	'	4,509,438	5,031,565	5,174,645	5,355,969	4,447,359	24,518,976
3	Gross receipts from activities that are not an unrelated trade or business under section 513	230,080					230,080
4							
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	5,138,514	5,240,565	5,415,969	7,164,984	5,796,498	28,756,530
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons				·	, ,	0
Ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
	: Add lines 7a and 7b						0
8	<b>Public support.</b> (Subtract line 7c from line 6 )						28,756,530
S	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	(e) 2018	(f) Total
9	Amounts from line 6	5,138,514	5,240,565	5,415,969	7,164,984	5,796,498	28,756,530

1,665,669

1,665,669

10,298

6,916,532

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

	securities loans, rents, royalties and income from similar sources	1,478,455	
ь	Unrelated business taxable income		

Gross income from interest,

Net income from unrelated business activities not included in line 10b, whether or not the business is

Other income Do not include gain or loss from the sale of capital

assets (Explain in Part VI) Total support. (Add lines 9, 10c,

regularly carried on

11, and 12)

10a

С

14

15

Unrelated business taxable income		
(less section 511 taxes) from		
businesses acquired after June 30,		
1975		
Add lines 10a and 10b	1,478,455	

8,473

6,625,442

check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

1,869,018

1,869,018

13,215

7,298,202

Public support percentage from 2017 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

- Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f)) 17 Investment income percentage from 2017 Schedule A, Part III, line 17 18
- 19a 331/3% support tests-2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

1,959,046

1,959,046

5,152

9,129,182

2.151.121

2,151,121

7,888

7,955,507

9,123,309

9,123,309

45,026

37,924,865

75 830 %

69 830 %

24 060 %

30 060 %

▶□

- more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is

▶∐

- not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20
  - Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

15

16

17

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V ) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2) 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported

organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a

amendment to the organizing document) Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ)

8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

	Supporting Organizations (continued)			age 5
C	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		165	110
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
٠	governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	Section B. Type I Supporting Organizations			
	ection of Type 2 outporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
	-			
S	ection C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of		res	NO
_	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations		l	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations		<u> </u>	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
	The organization satisfied the Activities Test Complete line 2 below			
	b			
	c The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru	ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2 h		
3	Parent of Supported Organizations Answer (a) and (b) below.	2b		
	<ul> <li>a Did the organizations answer (a) and (b) below.</li> <li>a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.</li> </ul>	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard	36		

Sched	ule A (Form 990 or 990-EZ) 2018			Page <b>6</b>						
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	izations							
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) <b>See</b> instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E									
	Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)							
1	Net short-term capital gain	1								
2	Recoveries of prior-year distributions	2								
3	Other gross income (see instructions)	3								
4	Add lines 1 through 3	4								
5	Depreciation and depletion	5								
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6								
7	Other expenses (see instructions)	7								
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8								
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)						
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1								
a	Average monthly value of securities	1a								
b	Average monthly cash balances	<b>1</b> b								
С	Fair market value of other non-exempt-use assets	1c								
d	Total (add lines 1a, 1b, and 1c)	1d								
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)									
2	Acquisition indebtedness applicable to non-exempt use assets	2								
3	Subtract line 2 from line 1d	3								
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4								
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5								
6	Multiply line 5 by 035	6								
7	Recoveries of prior-year distributions	7								
8	Minimum Asset Amount (add line 7 to line 6)	8								
	Section C - Distributable Amount			Current Year						
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1								
2	Enter 85% of line 1	2								
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3								
4	Enter greater of line 2 or line 3	4								
5	Income tax imposed in prior year	5								
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6								
7										

Schedule A (Form 990 or 990-EZ) (2018)

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2
If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

**a** Excess from 2014. . . . . **b** Excess from 2015. . . . . **c** Excess from 2016. . . . .

See instructions

d Excess from 2017.e Excess from 2018.

3<sub>j</sub> and 4c

8 Breakdown of line 7

## **Additional Data**

# Software ID: Software Version:

**EIN:** 53-0200001

Name: AMERICAN POLITICAL SCIENCE ASSOCIATION

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

	instructions)
	Facts And Circumstances Test
•	

# **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

DLN: 93493227027870

Open to Public

EZ)

SCHEDULE C (Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. Department of the Treasury ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service 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 POLITICAL SCIENCE ASSOCIATION 53-0200001 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 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 Was a correction made? 4a ☐ Yes ☐ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 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 Did the filing organization file Form 1120-POL for this year? 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 (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none,

				enter -o-
1				
2				
3				
4				
5				
6				
For Paperwork Reduction Act Notice, see t	the instructions for Form 990 or 990-EZ.	Cat	No 50084S Schedule C (	Form 990 or 990-EZ) 2018

Page 2

Schedule C (Form 990 or 990-EZ) 2018

Calendar year (or fiscal year

beginning in)

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

2a

3	rotal lobbying expenditures to influence public opinio				
)	Total lobbying expenditures to influence a legislative	body (direct lobbying)		30,167	
2	Total lobbying expenditures (add lines 1a and 1b)		30,167		
ł	Other exempt purpose expenditures		8,000,441		
•	Total exempt purpose expenditures (add lines 1c and		8,030,608		
f	Lobbying nontaxable amount Enter the amount from columns	the following table in both		551,530	
	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				
				L	
_	Cracerosta nontavable amount (enter 35% of line 16			127 002	-

		l l		
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	i		
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			
			1	
Grassroots nontaxable amount (enter 25% of line 1f)			137,883	
Subtract line 1g from line 1a If zero or less, enter -0	)-		0	
Subtract line 1f from line 1c If zero or less, enter -0-	-		0	
If there is an amount other than zero on either line 1 section 4911 tax for this year?	h or line 1i, did the organization file Form 472	20 reporting		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

496,749

41,685

124,187

**(b)** 2016

472,768

18,730

118,192

(c) 2017

504,372

6,000

126,093

(d) 2018

551,530

30,167

137,883

Schedule C (Form 990 or 990-EZ) 2018

(e) Total

2,025,419

3,038,129

96,582

506,355

759,533

(a) 2015

activity

Volunteers?

Part IV

Return Reference

1

(b)

Amount

(a)

No

Yes

#### Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? 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 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 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 Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B 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." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year C Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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

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

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Supplemental Information

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

5

**SCHEDULE D** 

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

**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.

DLN: 93493227027870 OMB No 1545-0047

(Form 990)

•	rtment of the Treasury		Attach to Form 990.		Open to Public
	nal Revenue Service		ov/Form990 for the latest information		Inspection
	ame of the organ	i <b>ization</b> CIENCE ASSOCIATION		Employer identi	fication number
,	2.110.111.00.12.0	012.102.1.000.01.112.11		53-0200001	
P		zations Maintaining Donor Advisted to the organization answered "Ye	sed Funds or Other Similar Fund: s" on Form 990, Part IV, line 6.	s or Accounts.	
	•		(a) Donor advised funds	(b)Funds an	d 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		ation inform all donors and donor advisor roperty, subject to the organization's ex	rs in writing that the assets held in donor clusive legal control?	advised funds are the	☐ Yes ☐ No
6		oses and not for the benefit of the donor	onor advisors in writing that grant funds o or donor advisor, or for any other purpos		sible
Pa	rt III Conser	vation Easements. Complete if th	e organization answered "Yes" on F	orm 990, Part IV, lır	
1	Purpose(s) of co	onservation easements held by the organ	nization (check all that apply)		
	☐ Preservation	on of land for public use (e g , recreation	n or education) $\square$ Preservation of	an historically importa	nt land area
	☐ Protection	of natural habitat	✓ Preservation of	a certified historic stru	cture
	Preservation	on of open space			
2	Complete lines 2		qualified conservation contribution in the		e End of the Year
а		conservation easements		2a	1
b	Total acreage re	stricted by conservation easements		2b	
С	Number of conse	ervation easements on a certified historic	c structure included in (a)	2c	1
d	Number of conse structure listed i	ervation easements included in (c) acqui n the National Register	red after 7/25/06, and not on a historic	2d	
3	Number of constax year ▶	ervation easements modified, transferre	d, released, extinguished, or terminated	by the organization dui	ring the
4	Number of state	es where property subject to conservatio	n easement is located <b>&gt;</b>	1	
5		zation have a written policy regarding that of the conservation easements it holds	ne periodic monitoring, inspection, handlii ?	ng of violations,	Yes 🗸 No
6	Staff and volunt	teer hours devoted to monitoring, inspec 2 00	ting, handling of violations, and enforcing	j conservation easeme	nts during the year
7	Amount of expe	nses incurred in monitoring, inspecting,	handling of violations, and enforcing con-	servation easements di	uring the year
8	Does each conse	. , ,	above satisfy the requirements of section		Yes 🗌 No
9	balance sheet, a		ervation easements in its revenue and ex footnote to the organization's financial st ts	pense statement, and	
Pa		zations Maintaining Collections te if the organization answered "Ye	of Art, Historical Treasures, or C s" on Form 990, Part IV, line 8.	ther Similar Asset	s.
1a	If the organizati art, historical tre	ion elected, as permitted under SFAS 11 easures, or other similar assets held for	6 (ASC 958), not to report in its revenue public exhibition, education, or research cial statements that describes these item	in furtherance of public	
b	historical treasu		6 (ASC 958), to report in its revenue static exhibition, education, or research in fu		
	(i) Revenue ınclud	led on Form 990, Part VIII, line 1		<b>▶</b> \$	
(	ii)Assets ıncluded	ın Form 990, Part X		<b>▶</b> \$	
2	If the organizati	•	cal treasures, or other similar assets for f 116 (ASC 958) relating to these items	inancial gain, provide t	he
а	Revenue include	ed on Form 990, Part VIII, line 1	-	<b>&gt;</b> \$	
L	Acceta included	in Form 990 Bart V			

Cat No 52283D

Schedule D (Form 990) 2018

Par	11111	Organizations Ma	aintaining Col	lections of A	rt, Histor	ical T	reası	ires, oi	r Other	Similar As	<b>sets</b> (conti	nued)	
3		g the organization's acq s (check all that apply)	uisition, accessior	n, and other reco	ords, check	any of	the fo	llowing t	that are a	sıgnıfıcant u	se of its coll	ection	
а		Public exhibition			d		Loan	or excha	ange prog	ırams			
Ь		Scholarly research			е		Othe	r					
С		Preservation for future	generations										
4	Provi Part :	ide a description of the o	organızatıon's coll	ections and exp	laın how th	ey furtl	her the	e organız	zation's e	xempt purpos	se in		
5		ng the year, did the orga ts to be sold to raise fur								nılar	☐ Yes	□ N	0
Pai	Part IV Escrow and Custodial Arrangements.												
		Complete if the org X, line 21.	ganization answ	ered "Yes" on	Form 990	), Part	IV, lı	ine 9, o	r reporte	ed an amou	nt on Form	990,	Part 
<b>1</b> a		e organization an agent ded on Form 990, Part )		an or other inter	mediary foi	r contri	bution	s or othe	er assets	not			
	melai	ded on Form 550, Fare 7									☐ Yes	∐ N	0
ь	If "Ye	es," explain the arrange	ment in Part XIII	and complete th	ne following	ı table				Aı	nount		_
c		nning balance		and complete ti	ic ronoving	, tubic			1c				_
d	_	tions during the year							1d				_
е		butions during the year							1e				_
f		ng balance							1f				_
2a		he organization include	an amount on Eo	rm 000 Bart V	lina 21 for	occrou		ıctadıala	ccount li	shilits (2	П <b>у</b>	Пи	_
		<del>-</del>								•	_	⊔ N	0
	rt V	es," explain the arrange											
PG	LL A	Endowment Fund	us. Complete ii	(a)Current yea		Prior yea			ears back			our year	re back
1a	Beainr	ning of year balance .		18,439,		16,819			15,159,620		352,283		376,189
	-	butions			835	•	<del>*  </del>			, , , , , , , , , , , , , , , , , , ,		<u>'</u>	<u> </u>
		vestment earnings, gair	s and losses	506,		1,96	7,823		2,365,557	1,7	734,026		403,364
		s or scholarships	•				_						
		expenditures for facilities											
Ū		rograms		199,	084	347	7,524		705,854	4	126,689	;	120,542
f	Admın	istrative expenses .											
g	End of	year balance		18,747,	961	18,439	9,622	1	16,819,323	15,1	59,620	13,	852,283
2	Provi	de the estimated percei	ntage of the curre	nt year end bala	ance (line 1	g, colu	mn (a	)) held a	ıs				
а	Board	d designated or quasi-e	ndowment 🟲	0 %									
b	Perm	nanent endowment 🕨	26 670 %										
С	Temp	porarily restricted endov	vment ▶ 73 3	30 %									
	The p	percentages on lines 2a,	, 2b, and 2c shou	ld equal 100%									
<b>3</b> a		here endowment funds	not in the posses	sion of the orgai	nization tha	it are h	eld an	ıd admını	istered fo	r the			
	_	nization by									2-(:)	Yes	No No
	• •	nrelated organizations									3a(i) 3a(ii)		No
ь		related organizations . es" on 3a(ii), are the rel		s listed as requi	red on Sche	• • • edule R	? .				3b		
4		ribe in Part XIII the inte	-	·			•						
Pai	rt VI	Land, Buildings,											
		Complete If the org			Form 990	), Part	IV, lı	ine 11a.	. See Fo	rm 990, Par	t X, line 1	٥.	
	Descr	ription of property	(a) Cost or oth (investme		Cost or othe	r basıs (	other)	(c) Acc	umulated o	depreciation	( <b>d)</b> B	ook valu	e
1a	Land					5	72,521						572,521
	Buildir	1					49,855			2,296,986		7	2,352,869
		hold improvements				.,0	,555			_,,			
		ment				1 14	66,324			1,039,083			127,241
							52,427			4,581			47,846
-	Julei			1			,/	1		1,501			.,,,,,,,,,,

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) )

•	Form 990) 2018					Page <b>3</b>
Part VII	<b>Investments—Other Securities.</b> Complete if the organise Form 990, Part X, line 12.	anızat	tion ansv	vered "Yes" on Fo	rm 990, Par	t IV, line 11b.
	(a) Description of security or category (including name of security)		(b) Book value	(c) Cost or	Method of va	aluation market value
(1) Financia (2) Closely- (3)Other	l derivatives	:				
(A)						
(B)						
(C)						
(D)						_
(E)						
(F)						
(G)						
(H)						
	n (b) must equal Form 990, Part X, col (B) line 12 )	•				
Part VIII	Investments—Program Related.  Complete if the organization answered 'Yes' on Form 9	90, P	art IV, lı	ne 11c. See Form	1 990, Part X	(, line 13.
			ook value	(c)	) Method of va end-of-year r	aluation
(1)				2032 01	cha or year r	Harket Value
(2)						
(3)						
(4)						_
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col (B) line 13 )					
Part IX	Other Assets. Complete if the organization answered 'Yes' of (a) Description	n For	m 990, Pa	irt IV, line IIa See	Form 990, Pa	(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)	The state of the s					
Part X	mn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.		es' on Fo			11f.
(1) Federal ı	(a) Description of liability	-	(b) B	ook value		
	) FOR OTHERS			13,415		
SUBTENANT				51,389		
GAIN/LOSS (4)	ON SWAP			5,494		
(5)						
(6)						
(7)		+				
(8)		+				
(0)		+				
Total (Colum	n (h) must aqual Faim 000. Part V. and (D) Lang 25.			70.000		
	n (b) must equal Form 990, Part X, col (B) line 25 ) or uncertain tax positions In Part XIII, provide the text of the fo	<b>▶</b> otnote	e to the or	70,298 ganization's financi	al statements	
organization	's liability for uncertain tax positions under FIN 48 (ASC 740) Ch	neck h	nere If the	text of the footnote	has been pro	ovided in Part XIII 🔽

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2c c d 2d 290.074

2e e 3

3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1

Investment expenses not included on Form 990, Part VIII, line 7b . 4a 45,000 Other (Describe in Part XIII ) . . . . . . . . . 4b 596

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

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

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

Add lines **4a** and **4b** . . . . . . . .

Add lines **4a** and **4b** . . . . . . . . . . . . . . . . .

b

c 5

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Donated services and use of facilities . . .

Other (Describe in Part XIII ) . . . . .

**Supplemental Information** 

Add lines 2a through 2d . . . . .

Schedule D (Form 990) 2018

Part XI

b

1

2

c

d

3

4

b

5

Part XIII

See Additional Data Table

Return Reference

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

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . .

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

2b

2a 2b

2c

2d

4a

4b

Explanation

4c

2e

3

4c

5

290,074

45,000 596

Page 4

8,234,844

439,732

45,596

7,840,708

7,985,012

290,074

45,596

7.740.534

Schedule D (Form 990) 2018

7,694,938

7,795,112

Schedule D (Form 990) 2018	Page <b>5</b>
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

## **Additional Data**

Software ID:

Software Version: **EIN:** 53-0200001

Name: AMERICAN POLITICAL SCIENCE ASSOCIATION

## **Supplemental Information**

#### Return Reference Explanation PART II, LINE 9 THE EASEMENT HAS BEEN IN PLACE SINCE 1982 AND WAS IN PLACE WHEN APSA PURCHASED THE BUILDIN G THEREFORE, THE EASEMENT IS INCLUDED IN THE PURCHASE PRICE THERE IS NO RELATED REVENUE OR EXPENSE RECORDED

Supplemental Information	
Return Reference	Explanation
PART V, LINE 4	THE ENDOWMENT HOLDS FUNDS INTENDED FOR THE LONG-TERM SUPPORT AND GROWTH OF THE CONGRESSION AL FELLOWSHIP PROGRAM THESE ARE FUNDS THE ASSOCIATION WISHES TO GROW OVER THE LONG-TERM C ONSISTENT WITH APPROPRIATE REASONABLE RISK THE PORTFOLIO IS OVERSEEN BY THE INVESTMENT CO MMITTEE, UNDER GUIDELINES ESTABLISHED IN AN AGREEMENT BETWEEN THE ASSOCIATION AND MCI CORP ORATION

Supplemental Information	
Return Reference	Explanation
	APSA HAS A PROCESS IN PLACE TO ENSURE THE MAINTENANCE OF ITS EXEMPT-STATUS, TO IDENTIFY AN D REPORT UNRELATED BUSINESS INCOME, TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDI CTIONS FOR WHICH IT HAS NEXUS, AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONS IDERED TAX POSITIONS APSA HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 290,074 PUBLICATION EXPENSES

Sı

Supplemental Information					
Return Reference	Explanation				
PART XI, LINE 4B - OTHER ADJUSTMENTS	DISPOSAL OF EQUIPMENT 596				

-

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 290,074 PUBLICATION EXPENSES

Sı

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	DISPOSAL OF EQUIPMENT 596

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493227027870 OMB No 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2018 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. **Open to Public** ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** AMERICAN POLITICAL SCIENCE ASSOCIATION 53-0200001 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and 1 other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 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 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed ) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (e.g., program service, describe for and investments and independent fundraising, program specific type of in region region contractors in services, investments, grants service(s) in region region to recipients located in the region) See Add'l Data 29,500 3a Sub-total b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) n 29,500

	<u>e duplicated if additi</u>				<del></del>		
(a) Type of grant or assistance		(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	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
	MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	15		CHECKS & WIRES			FMV
SCHOLARSHIPS	EAST ASIA AND THE PACIFIC	2	4,000	CHECKS & WIRES			FMV
				,			

Page **3** 

Sche	dule F (Form 990) 2018		Page <b>4</b>
Par	t 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	<b>☑</b> No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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, don't file with Form 990)		
		☐ Yes	<b>✓</b> 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)		
	Corporations (See Instructions for Form 5471)	$\square$ Yes	<b>✓</b> 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	<b>✓</b> No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
		☐ Yes	<b>✓</b> No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form		
	5713, don't file with Form 990)	☐ Yes	<b>✓</b> No

Schedule F (F	ichedule F (Form 990) 2018 Page <b>5</b>				
990 Sched	ule F, Supplemental Information				
Return Reference	Explanation				
PART I, LINE 2	AS PART OF ITS MENA WORKSHOPS, APSA HAS ESTABLISHED A SMALL RESEARCH FUND TO SUPPORT ONGOING WORK BY THE NON-US WORKSHOP FELLOWS WHO COMPLETE THE RESIDENTIAL PROGRAM TO TAKE ADVANTAGE OF THIS PROGRAM, WHICH PROVIDES UP TO \$1000 TOTAL PER PERSON, APPLICANTS MUST HAVE PARTICIPATED IN THE 2018-2019 APSA MENA WORKSHOP WHICH WAS HELD IN RABAT, MOROCCO SUBMITTED A REQUEST TO APSA WITHIN 1 CALENDAR YEAR OF THE COMPLETION OF THE WORKSHOP THAT INCLUDES THE FOLLOWING ELEMENTS A A 2-PAGE OVERVIEW OF THE RESEARCH PROJECT WHICH INCLUDES A DESCRIPTION OF THE RESEARCH DESIGN AND PLAN B A BRIEF BUDGET WHICH SHOWS ALL RELEVANT EXPENSES C A SHORT OVERVIEW OF HOW THE APPLICANT PLANS TO PUBLISH OR OTHERWISE DISSEMINATE FINAL RESEARCH RESULTS D A DESCRIPTION OF HOW FUNDS CAN BE TRANSFERRED TO THE APPLICANT ELECTRONICALLY E A BRIEF, 1-2 PAGE REPORT AT THE CONCLUSION OF THE RESEARCH AWARD DESCRIBING THE PROJECT AND HOW THE FUNDS SUPPORTED THE WORK APPLICATIONS WILL BE ACCEPTED ON A ROLLING BASIS BY APSA AND MUST BE SUBMITTED VIA E-MAIL TO MENAWORKSHOPS@APSANET ORG				

### **Additional Data**

EAST ASIA AND THE PACIFIC

### Software ID: Software Version:

**EIN:** 53-0200001

GRANTS

4,000

Name: AMERICAN POLITICAL SCIENCE ASSOCIATION

Form 990 Schedule F Part I	- Activities Outside The United States	

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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 region
MIDDLE EAST AND NORTH AFRICA	0		GRANTS AND SCHOLARSHIPS TO INDIVIDUALS	GRANTS	25,500

0 GRANTS AND

SCHOLARSHIPS TO

DLN: 93493227027870 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. **Open to Public** Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number AMERICAN POLITICAL SCIENCE ASSOCIATION 53-0200001 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (2)(4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
See Additional Data Table					
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV							
	Supplemental Informati	i <b>on</b> . Provide the in	iformation required in I	Part I line 2: Part III	column (h): and any other .	additional information.	

Return Reference Explanation

PART I, LINE 2 MINORITY FELLOWSHIP PROGRAM THE MINORITY FELLOWS PROGRAM (MFP) IS A FELLOWSHIP COMPETITION FOR INDIVIDUALS FROM UNDERREPRESENTED BACKGROUNDS APPLYING TO OR IN THE EARLY STAGES OF DOCTORAL PROGRAMS IN POLITICAL SCIENCE THE MFP WAS ESTABLISHED IN 1969 (ORIGINALLY AS THE BLACK GRADUATE STUDENT FELLOWSHIP) TO INCREASE THE NUMBER OF AFRICAN AMERICAN GRADUATE STUDENTS IN THE DISCIPLINE IN 1979 THE CHICANO STUDENT FELLOWSHIP WAS ESTABLISHED OVERTIME. THE FELLOWSHIP PROGRAM HAS EXPANDED TO INCLUDE SUPPORT FOR RACIAL AND ETHNIC UNDERREPRESENTED SCHOLARS SINCE ITS INCEPTION, THE APSA MFP HAS DESIGNATED MORE THAN 600 FELLOWS AND CONTRIBUTED TO THE SUCCESSFUL COMPLETION OF DOCTORAL POLITICAL SCIENCE PROGRAMS FOR OVER 100 INDIVIDUALS CONGRESSIONAL FELLOWSHIP PROGRAM THE AMERICAN POLITICAL SCIENCE ASSOCIATION CONGRESSIONAL FELLOWSHIP PROGRAM IS A HIGHLY SELECTIVE. NONPARTISAN PROGRAM DEVOTED TO EXPANDING KNOWLEDGE AND AWARENESS OF CONGRESS SINCE 1953, IT HAS BROUGHT SELECT POLITICAL SCIENTISTS, JOURNALISTS, FEDERAL EMPLOYEES, HEALTH SPECIALISTS, AND OTHER PROFESSIONALS TO CAPITOL HILL TO EXPERIENCE CONGRESS AT WORK THROUGH FELLOWSHIP PLACEMENTS ON CONGRESSIONAL STAFFS APSA-SPONSORED FELLOWS ARE REQUIRED TO HAVE U.S. CITIZENSHIP OR PERMANENT RESIDENCY, OR THAT THEY OTHERWISE HAVE APPROPRIATE VISA OR OTHER IMMIGRATION AUTHORIZATION UNDER U.S. LAW THAT WILL PERMIT FULL PARTICIPATION IN THE FELLOWSHIP YEAR. IN ADDITION, POLITICAL SCIENTISTS MUST HAVE COMPLETED A PH D IN POLITICAL SCIENCE OR A DISSERTATION NEAR COMPLETION (ABD), AND A SCHOLARLY INTEREST IN CONGRESS AND LEGISLATIVE POLITICS JOURNALIST FELLOWS ARE EARLY AND MID-CAREER PRINT AND BROADCAST JOURNALISTS (INCLUDING ONLINE JOURNALISTS) WHO HAVE A PROFESSIONAL INTEREST IN CONGRESS CANDIDATES MUST HAVE A BACHELOR'S DEGREE AND TWO TO TEN YEARS OF PROFESSIONAL EXPERIENCE IN PRINT OR BROADCAST JOURNALISM, WHICH MAY INCLUDE OR CONSIST OF EXPERIENCE IN PROFESSIONAL ONLINE JOURNALISM SMALL RESEARCH GRANTS THE APSA SMALL RESEARCH GRANT PROGRAM SUPPORTS RESEARCH IN ALL FIELDS OF POLITICAL SCIENCE. THE INTENT OF THESE GRANTS IS TO PROVIDE FUNDING OPPORTUNITIES FOR RESEARCH CONDUCTED BY POLITICAL SCIENTISTS NOT EMPLOYED AT PHD-GRANTING DEPARTMENTS IN THE FIELD, OR WHO ARE IN NON-TENURE TRACK OR CONTINGENT POSITIONS INELIGIBLE FOR DEPARTMENTAL FUNDING RALPHE BUNCHE SUMMER INSTITUTE PROGRAM THE RALPH BUNCHE SUMMER INSTITUTE PROGRAM (RBSI) IS AN ANNUAL, INTENSIVE FIVE-WEEK PROGRAM HELD AT DUKE UNIVERSITY IT IS DESIGNED TO INTRODUCE TO THE WORLD OF DOCTORAL STUDY IN POLITICAL SCIENCE THOSE UNDERGRADUATE STUDENTS FROM UNDERREPRESENTED RACIAL AND ETHNIC GROUPS OR THOSE INTERESTED IN BROADENING PARTICIPATION IN POLITICAL SCIENCE AND PURSUING SCHOLARSHIP ON ISSUES AFFECTING UNDERREPRESENTED GROUPS OR ISSUES OF TRIBAL SOVEREIGNTY AND GOVERNANCE PARTICIPANTS IN THE RBSI ARE DRAWN FROM A COMPETITIVE NATIONAL APPLICANT POOL TRAVEL GRANTS APSA IS PLEASED TO PROVIDE TRAVEL GRANTS TO U S GRADUATE STUDENTS, INTERNATIONAL STUDENTS IN THE U S , INTERNATIONAL SCHOLARS, COMMUNITY COLLEGE FACULTY, ADJUNCT FACULTY, AND UNEMPLOYED MEMBERS FOR ATTENDANCE AT THE APSA ANNUAL MEETING AND TEACHING AND LEARNING CONFERENCE AWARDS ITHROUGH THE SERVICE OF MEMBER COMMITTEES WHO REVIEW NOMINATIONS, APSA PRESENTS AWARDS THAT HONOR THE WORK OF DEDICATED SCHOLARS WHO MAKE OUTSTANDING CONTRIBUTIONS TO POLITICAL SCIENCE RESEARCH, TEACHING, AND SERVICE OVER THE YEARS, THESE AWARDS HAVE PLAYED AN IMPORTANT ROLE IN THE SCHOLARSHIP AND CAREERS OF THE RECIPIENTS Schedule I (Form 990) 2018

#### **Additional Data**

CFP AMERICAN AUST STIPENDS

ANNUAL MEETING GRAD STUDENT TRAVEL

SMALL RESEARCH GRANTS

MINORITY FELLOWSHIPS

SPECIAL PROJECTS GRANTS

### Software ID: **Software Version:**

18

361

**EIN:** 53-0200001

Name: AMERICAN POLITICAL SCIENCE ASSOCIATION

351,250

44,804

131,304

78,100

28,000

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance

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

(f)Description of non-cash assistance

(e)Method of valuation (book, FMV, appraisal, other)

(a)Type of grant or assistance (b)Number of (c)Amount of (d)Amount of (e)Method of valuation (book, (f)Description of non-cash assistance recipients cash grant non-cash assistance FMV, appraisal, other) CENTENNIAL CENTER GRANTS 461 164 409

SECTION AWARDS	148	43,053		

RALPH BUNCHE SUMMER INSTITUTE 2.000

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

1ST GENERATION SCHOLARS 3,420

STATUS COMMITTEE AWARDS 5,000

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

R SMITH PRESIDENTIAL TF GRANTS	24	84,500		

APSA AWARDS 27.350

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

EWING MARION KAUFMAN FND 3.500

SPECIAL PROJECTS AWARDS 28.000

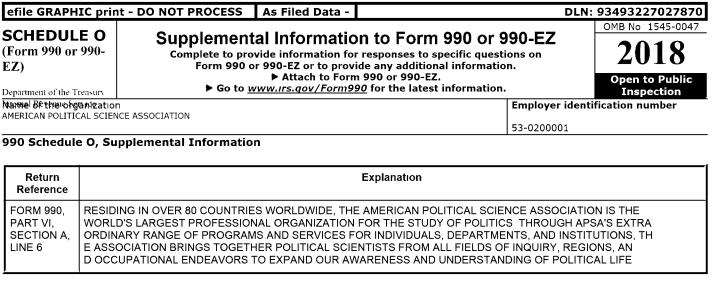
efil	e GRAPHIC pr	int - DO NOT PROCESS As Filed Data -		DLN: 9349	322	7027	870
Sch	edule J	Compensation Info	rmation	ОМЕ	3 No	1545-0	)047
(For	n 990)	For certain Officers, Directors, Trustees, Ke	y Employees, and Highes	st			
		Compensated Employ  ► Complete if the organization answered "Yes"		ne 23.	2()	18	ζ
_		► Attach to Form 99	90.			o Pul	
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.qov/Form990</u> for instruction	s and the latest informat			ectio	
	me of the organiza	ation CIENCE ASSOCIATION	En	nployer identificatio	on nu	mber	
AME	RICAN POLITICAL 5	CIENCE ASSOCIATION	53	-0200001			
Pa	rt I Questi	ons Regarding Compensation	·				
						Yes	No
1a		piate box(es) if the organization provided any of the followin ection A, line 1a Complete Part III to provide any relevant in					
			owance or residence for per				
	_	·	or business use of personal				
			ocial club dues or initiation f				
	□ Discretion	ary spending account L Personal se	rvices (e g , maid, chauffeu	r, cner)			
b		kes in line 1a are checked, did the organization follow a writt Il of the expenses described above? If "No," complete Part II		t or reimbursement	1b		
2	Did the organiza	ition require substantiation prior to reimbursing or allowing e es, officers, including the CEO/Executive Director, regarding	xpenses incurred by all	_	2		
	directors, truste	es, officers, including the CEO/Executive Director, regarding	the items checked in line 1a	l'			
3		of any, of the following the filing organization used to establis					
	_	EO/Executive Director Check all that apply Do not check an d organization to establish compensation of the CEO/Executi	•	art III			
	✓ Compensa						
			ployment contract ion survey or study				
			the board or compensation	n committee			
			·				
4	related organiza	did any person listed on Form 990, Part VII, Section A, line tion	ia, with respect to the filing	g organization or a			
а	Receive a sever	ance payment or change-of-control payment?			4a		No
b	Participate in, o	receive payment from, a supplemental nonqualified retirem	ent plan?		4b		No
С		receive payment from, an equity-based compensation arrar	-		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and provide the applicable amou	ints for each item in Part III				
	Only 501(c)(3	), 501(c)(4), and 501(c)(29) organizations must comp	lete lines 5-9.				
5	For persons liste	ed on Form 990, Part VII, Section A, line 1a, did the organiza					
	compensation co	ontingent on the revenues of					
a	The organization				5a		No
Ь	Any related orga	anization? 5a or 5b, describe in Part III		-	5b		No
6	•	ed on Form 990, Part VII, Section A, line 1a, did the organiza	tion hav or accrue any				
		ontingent on the net earnings of	don pay or accrac any				
а	The organization	۱۶			6a		No
b	Any related orga	anization?			6b		No
	If "Yes," on line	6a or 6b, describe in Part III					
7		ed on Form 990, Part VII, Section A, line 1a, did the organiza escribed in lines 5 and 6? If "Yes," describe in Part III	tion provide any nonfixed		7		No
8		nts reported on Form 990, Part VII, paid or accured pursuant litial contract exception described in Regulations section 53 4		ribe			_ <del>_</del>
	ın Part III	-	•		8		No
9	If "Yes" on line 8 53 4958-6(c)?	3, did the organization also follow the rebuttable presumption	procedure described in Reg	gulations section	9		
Ear I	Danarwark Badu	ction Act Notice, see the Instructions for Form 990.	Cat No. 500	53T Schedule 1 (	Form	990)	2018

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

			y Employees, and Hig					
instructions, on row (ii) D	Do no	ot list any individuals that	rted on Schedule J, report at are not listed on Form 99 ndividual must equal the to	90, Part VII	_	_		at individual
(A) Name and Title			n of W-2 and/or 1099-MISO (ii) Bonus & incentive compensation		(C) Retirement and other deferred compensation	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in column (B) reported as deferred on prior
1 STEVEN RATHGEB SMITH /:		·	compensation.	compensation			!	Form 990
1 STEVEN RATHGEB SMITH EXECUTIVE DIRECTOR	(i)	203,858	0	24,500	0	45,889	274,247	0
	(ii)		0	0	0	0	0	0
2 DANIEL R GIBSON SR DIRECTOR	(i)	130,690	0	1,346	0	29,631	161,667	0
COMMUNICATION	(ii)	0	0	0	0	0	0	0
3 ELIZABETH SUPER DEPUTY DIRECTOR	(i)	151,880	0	2,188	0	23,372	177,440	0
	(ii)	0	0	0	0	0	0	0
				<u> </u>				
			,	1	1	1	,	
			+	<del> </del>	<del>                                     </del>	<u> </u>	<del>                                     </del>	
	$\mid \rightarrow \mid$			-		-		
1	$\vdash \vdash$		<del>                                     </del>			<u> </u>	<u> </u>	
J			<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	
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Schedule J (Form 990) 2018 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

Schedule J (Form 990) 2018



Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	SELECTION PROCESS A NOMINEES FOR OFFICERS AND AT-LARGE MEMBERS OF THE COUNCIL ARE NAMED B Y THE NOMINATING COMMITTEE, OR BY PETITION OF 50 MEMBERS ON THE RECORD DATE DELIVERED TO T HE PRESIDENT AT LEAST 60 DAYS PRIOR TO THE DATE OF VOTING AS SET IN THIS SECTION B IN SE LECTING THE NOMINEES, THE NOMINATING COMMITTEE SHALL MAKE RECOMMENDATIONS WITH DUE REGARD FOR GEOGRAPHIC DISTRIBUTION, FIELD OF PROFESSIONAL INTEREST, METHODOLOGICAL ORIENTATION, T YPES OF INSTITUTIONS WHERE MEMBERS ARE EMPLOYED, RACE, ETHNICITY, GENDER AND GENDER IDENTI TY, SEXUALITY, DISABILITY, AND OTHER IMPORTANT FORMS OF DIVERSITY C INDIVIDUAL MEMBERS OF THE ASSOCIATION ELECT COUNCIL MEMBERS AND OFFICERS BY ELECTRONIC BALLOT AS PRESCRIBED BY ARTICLE III SECTION 2 AND IN THE POLICIES MANUAL D THE VOTE FOR COUNCIL MEMBERS AND OFFICERS TAKES PLACE AT THE TIME ANNOUNCED ON THE ASSOCIATION'S WEBSITE E THE NAMES OF THE NOMINEES BEING PROPOSED BY THE NOMINATING COMMITTEE AND BY MEMBERS THROUGH PETITION WILL BE ANNOUNCED TO THE MEMBERSHIP AS PRESCRIBED IN THE POLICIES MANUAL NO LESS THAN 30 DAYS BE FORE THE VOTE TAKES PLACE. FOR EACH POSITION ON THE BALLOT, MEMBERS MAY VOTE "FOR" (YES), "AGAINST" (NO), OR ABSTAIN IN THE EVENT THAT A MEMBER VOTES "FOR" MORE CANDIDATES THAN C AN BE ELECTED TO A POSITION, THE BALLOT IS SPOILED AND NOT COUNTED A BALLOT RETURNED WITH NO VOTES FOR A POSITION IS COUNTED AS AN ABSTENTION C CANDIDATES THAN OPEN POSITIONS, C ANDIDATES RECEIVING THE LARGEST NUMBER OF POSITIVE VOTES WILL BE DEEMED ELECTED, FOLLOWED BY THE CANDIDATE RECEIVING THE NEXT LARGEST NUMBER OF POSITIVE VOTES, AND SO ON, UNTIL ALL POSITIONS ARE FILLED TERM OF OFFICE NEWLY ELECTED OFFICERS AND MEMBERS OF THE COUNCIL TA KE OFFICE IMMEDIATELY FOLLOWING THE CONCLUSION OF THE ANNUAL BUSINESS MEETING WHICH FOLLOW S THE DATE OF THEIR ELECTION AND SERVE FOR THE TERM PROVIDED IN THESE BYLAWS AND UNTIL A S UCCESSOR IS SELECTED AS DESCRIBED IN THESE BYLAWS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE ANNUAL BUSINESS MEETING OF THE MEMBERS WILL NORMALLY BE HELD AT THE TIME OF THE ANNUAL MEETING OF THE ASSOCIATION THE PURPOSES OF THE ANNUAL BUSINESS MEETING OF MEMBERS ARE TO HEAR REPORTS FROM THE OFFICERS OF THE ASSOCIATION, AND TO PROPOSE, DISCUSS, AND VOTE ON M ATTERS OF IMPORTANCE TO THE ASSOCIATION, WHICH MAY INCLUDE RESOLUTIONS TO BE VOTED ON BY A BALLOT OF THE MEMBERSHIP AS PROVIDED IN THE POLICIES MANUAL THE ANNUAL BUSINESS MEETING MAY VOTE ON RESOLUTIONS TO PUT BEFORE COUNCIL AND MEMBERSHIP AS FOLLOWS 1 A QUORUM FOR V OTING AT THE ANNUAL BUSINESS MEETING IS 1% OF THE MEMBERSHIP AS OF THE RECORD DATE 2 ALL RESOLUTIONS TO BE PUT TO A VOTE AT THE ANNUAL BUSINESS MEETING MUST BE PRESENTED TO THE PRESIDENT AND PUBLICLY ANNOUNCED NO MORE THAN 60 DAYS AND NO LESS THAN 21 DAYS PRIOR TO THE DATE OF THE MEETING 3 PROVIDED A QUORUM HAS BEEN ACHIEVED, A RESOLUTION TO SEND TO COUN CIL RESOLUTIONS TO BE PUT BEFORE THE MEMBERSHIP, AS DESCRIBED IN ARTICLE III SECTION 3(C), IS APPROVED WHEN A SIMPLE MAJORITY OF THOSE MEMBERS AT THE ANNUAL BUSINESS MEETING HAS VO TED TO APPROVE 4 IF COUNCIL SUBSEQUENTLY DECIDES NOT TO PUT THE RESOLUTION BEFORE THE ME MBERSHIP FOR A VOTE, THE IMMEDIATELY FOLLOWING ANNUAL BUSINESS MEETING MAY VOTE TO SEND THE SAME RESOLUTION DIRECTLY TO THE MEMBERSHIP PROVIDED A QUORUM OF 2% OF THE MEMBERSHIP AS OF THE RECORD DATE HAS BEEN ACHIEVED, THE RESOLUTION IS APPROVED WHEN A SIMPLE MAJORITY OF THOSE MEMBERS AT THE ANNUAL BUSINESS MEETING HAS VOTED TO APPROVE NOTICE OF THE TIME AN DPLACE OF THE ANNUAL BUSINESS MEETING WILL NORMALLY BE GIVEN ALONG WITH THE ANNOUNCEMENT OF THE ANNUAL BUSINESS MEETING WILL NORMALLY BE GIVEN ALONG WITH THE ANNOUNCEMENT OF THE ANNUAL BUSINESS MEETING WILL NORMALLY BE GIVEN ALONG WITH THE ANNOUNCEMENT OF THE ANNUAL BUSINESS MEETING WILL NORMALLY BE GIVEN ALONG WITH THE ANNOUNCEMENT OF THE ANNUAL BUSINESS MEETING WILL NORMALLY BE GIVEN ALONG WITH THE ANNOUNCEMENT OF THE ANNUAL BUSINESS MEETING WILL NORMALLY BE GIVEN ALONG WITH THE ANNOUNCEMENT OF THE ANNUAL BUSINESS

Return Explanation
Reference

FORM 990,
PART VI,
SECTION B,
LINE 11B

AFTER A FIRST REVIEW BY CORPORATE OFFICERS, A COPY OF THE FORM 990 IS MADE AVAILABLE TO THE
COUNCIL FOR THEIR REVIEW PRIOR TO FILING COUNCIL MEMBERS ARE INSTRUCTED TO CONTACT THE
SECTION B,
LINE 11B

IOD. THE FORMS ARE FILED IF THERE ARE NO FURTHER QUESTIONS

FORM 990, PART VI, SECTION B, LINE 12C  THE ORGANIZATION'S CONFLICT OF INTEREST POLICY REQUIRES KEY EMPLOYEES AND ALL MEMBERS OF THE COUNCIL TO COMPLETE AN ANNUAL QUESTIONNAIRE TO MONITOR AND ENFORCE COMPLIANCE WITH THE POLICY OVERSIGHT OF THE PROCESS IS PERFORMED BY THE STAFF LIAISON TO THE COUNCIL UNDER THE DIRECTION OF THE EXECUTIVE DIRECTOR IN MATTERS INVOLVING OFFICERS, REPORTS OF CONFLICTS SHALL BE MADE TO THE APSA EXECUTIVE COMMITTEE WHO WILL MAKE THE DETERMINATION AS TO WHETH ER A CONFLICT EXISTS AND WHAT SUBSEQUENT ACTION IS APPROPRIATE THE INVOLVED PARTY SHALL BE RECUSED FROM PARTICIPATING IN DEBATES AND VOTING ON THE MATTER EMPLOYEE CONFLICTS SHALL BE RESOLVED BY THE EXECUTIVE DIRECTOR IN CONSULTATION WITH THE EXECUTIVE COMMITTEE MATTE RS INVOLVING COMMITTEE MEMBERS AND COMMITTEE CHAIRS ARE REPORTED TO THE EXECUTIVE DIRECTOR AND RESOLVED IN CONSULTATION WITH THE EXECUTIVE COMMITTEE	Return Reference	Explanation
	PART VI, SECTION B,	HE COUNCIL TO COMPLETE AN ANNUAL QUESTIONNAIRE TO MONITOR AND ENFORCE COMPLIANCE WITH THE POLICY OVERSIGHT OF THE PROCESS IS PERFORMED BY THE STAFF LIAISON TO THE COUNCIL UNDER THE DIRECTION OF THE EXECUTIVE DIRECTOR IN MATTERS INVOLVING OFFICERS, REPORTS OF CONFLICTS SHALL BE MADE TO THE APSA EXECUTIVE COMMITTEE WHO WILL MAKE THE DETERMINATION AS TO WHETHER A CONFLICT EXISTS AND WHAT SUBSEQUENT ACTION IS APPROPRIATE THE INVOLVED PARTY SHALL BE RECUSED FROM PARTICIPATING IN DEBATES AND VOTING ON THE MATTER EMPLOYEE CONFLICTS SHALL BE RESOLVED BY THE EXECUTIVE DIRECTOR IN CONSULTATION WITH THE EXECUTIVE COMMITTEE MATTERS INVOLVING COMMITTEE MEMBERS AND COMMITTEE CHAIRS ARE REPORTED TO THE EXECUTIVE DIRECTOR

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	A WRITTEN EMPLOYMENT CONTRACT WAS ESTABLISHED UPON THE HIRING OF THE EXECUTIVE DIRECTOR I T IS REVIEWED ON A FIVE-YEAR BASIS BY THE PRESIDENT AND THE COUNCIL THE COMPENSATION OF T HE PERSON IS REVIEWED AND APPROVED BY THE PRESIDENT AND THE EXECUTIVE COMMITTEE THE COMPENSATION OF THE PERSON IS REVIEWED AND APPROVED USING COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATION S TO ENSURE EXECUTIVE COMPENSATION REMAINS WITHIN FAIR MARKET RANGE FOR THE INDUSTRY CONTEMPORANEOUS DOCUMENTATION AND RECORDICEPING WITH RESPECT TO THE DELIBERATIONS AND DECISION S REGARDING THE COMPENSATION ARRANGEMENT ARE KEPT

Return Explanation
Reference

FORM 990, PART VI, SCIENCE ASSOCIATION'S FINANCIAL STATEMENTS ARE AVAILABLE ON THE ASSOCIATION'S WEBSITE AT SECTION C, LINE 19

Return

Reference	
FORM 990,	OUTSIDE SERVICES PROGRAM SERVICE EXPENSES 33,970 MANAGEMENT AND GENERAL EXPENSES 44,107
PART IX,	FUNDRAISING EXPENSES 0 TOTAL EXPENSES 78,077 PROFESSIONAL DEVELOPMENT PROGRAM SERVICE
LINE 11G	EXPENSES 16,885 MANAGEMENT AND GENERAL EXPENSES 15,050 FUNDRAISING EXPENSES 1,440 TOTAL
	EXPENSES 33,375 HONORARIA PROGRAM SERVICE EXPENSES 646,774 MANAGEMENT AND GENERAL EXPE
	NSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 646,774 CONSULTING & PROFESSIONAL SERVICES
	PROGRAM SERVICE EXPENSES 232,520 MANAGEMENT AND GENERAL EXPENSES 285,335 FUNDRAISING E
	XPENSES 1,998 TOTAL EXPENSES 519,853

Explanation

990 Schedule O, Supplemental Information Explanation Return Reference

FORM 990, PART XI, LINE 9

Return Explanation Reference

FORM 990. APSA HAS AN AUDIT COMMITTEE THAT OVERSES THE AUDIT AND THE SELECTION OF THE AUDIT FIRM THE PART XII. PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

LINE 2C