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Form **990**

(Rev. January 2020)

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

(Inspection)

**A** For the 2019 calendar year, or tax year beginning 2019, and ending 20

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

**C** Name of organization AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.  
**GROUP RETURN**  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
750 FIRST STREET NE  
 City or town, state or province, country, and ZIP or foreign postal code  
WASHINGTON, DC 20002

**D** Employer identification number  
54-1572590

**E** Telephone number  
(202) 336-5500

**G** Gross receipts \$ 13,724,457.

**H(a)** Is this a group return for subordinates? ☒ Yes ☐ No  
**H(b)** Are all subordinates included? ☐ Yes ☒ No  
 If "No," attach a list (see instructions)

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)( ) (Insert no ) ☐ 4947(a)(1) or ☐ 527

**J** Website: HTTPS://WWW.APA.ORG/ABOUT/DIVISION/INDEX

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ 53

**L** Year of formation 1920 **M** State of legal domicile DC

**H(c)** Group exemption number ▶ 3263

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities: SUPPORT AND ENCOURAGE THE EDUCATION, SCIENTIFIC STUDY, HUMAN WELFARE PROMOTION AND INFORMATION DISSEMINATION AND THE ADVANCEMENT OF THOSE PSYCHOLOGY DISCIPLINES.

**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) 381.

**4** Number of independent voting members of the governing body (Part VI, line 1b) 381.

**5** Total number of individuals employed in calendar year 2019 (Part V, line 2a) 0.

**6** Total number of volunteers (estimate if necessary) 2,771.

**7a** Total unrelated business revenue from Part VIII, column (C), line 12 5,000.

**7b** Net unrelated business taxable income from Form 990-B, line 39 0.

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h) <u>1,904,101.</u>	<u>1,904,101.</u>	<u>2,011,060.</u>
<b>9</b> Program service revenue (Part VIII, line 2g) <u>1,264,741.</u>	<u>1,264,741.</u>	<u>1,850,265.</u>
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <u>857,860.</u>	<u>857,860.</u>	<u>889,360.</u>
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>3,115,297.</u>	<u>3,115,297.</u>	<u>3,384,470.</u>
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <u>7,141,999.</u>	<u>7,141,999.</u>	<u>8,135,155.</u>
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <u>364,569.</u>	<u>364,569.</u>	<u>527,901.</u>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <u>0.</u>	<u>0.</u>	<u>0.</u>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <u>0.</u>	<u>0.</u>	<u>111,000.</u>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <u>0.</u>	<u>0.</u>	<u>0.</u>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <u>0.</u>	<u>0.</u>	<u>0.</u>
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <u>5,902,760.</u>	<u>5,902,760.</u>	<u>6,471,648.</u>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <u>6,267,329.</u>	<u>6,267,329.</u>	<u>7,110,549.</u>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 <u>874,670.</u>	<u>874,670.</u>	<u>1,024,606.</u>
<b>20</b> Total assets (Part X, line 16) <u>25,919,021.</u>	<u>25,919,021.</u>	<u>29,798,436.</u>
<b>21</b> Total liabilities (Part X, line 26) <u>1,235,904.</u>	<u>1,235,904.</u>	<u>1,305,276.</u>
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <u>24,683,117.</u>	<u>24,683,117.</u>	<u>28,493,160.</u>

**Part II Signature Block**

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

**Sign Here** Archie L. Turner 11/12/2020  
 Signature of officer Date  
ARCHIE L. TURNER COO/CFO  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name JACOB COOK Preparer's signature Jacob Cook Date 11/12/2020 Check ☐ if self-employed PTIN P01240455

Firm's name BDO USA, LLP Firm's EIN 13-5381590

Firm's address 8401 GREENSBORO DRIVE, #800 MCLEAN, VA 22102 Phone no 703-893-0600

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

SCANNED FEB 07 2022

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission.

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code ) (Expenses \$ 2,810,054 including grants of \$ 0 ) (Revenue \$ 1,695,584 )

ANNUAL CONVENTION, DIVISIONAL MEETINGS, AND OTHER EVENTS -

ACTIVITIES INCLUDE ATTENDANCE AND PLANNED ACTIVITIES AT THE ANNUAL

CONVENTION, AS WELL AS, VARIOUS DIVISION MEETINGS, WORKSHOPS,

CONTINUING EDUCATION, AND OTHER EVENTS THROUGHOUT THE YEAR

COVERING VARIOUS EDUCATIONAL AND SCIENTIFIC TOPICS IN PSYCHOLOGY.

**4b** (Code ) (Expenses \$ 789,292 including grants of \$ 0 ) (Revenue \$ 725,869 )

PUBLICATIONS (JOURNALS, NEWSLETTERS, ETC.) - THE PREPARATION AND

DISSEMINATION OF JOURNALS AND NEWSLETTERS IN VARIOUS PSYCHOLOGY

DISCIPLINES TO INFORM MEMBERS AND OTHER PSYCHOLOGY PROFESSIONALS

ON PSYCHOLOGY ISSUES.

**4c** (Code ) (Expenses \$ 933,945 including grants of \$ 527,901 ) (Revenue \$ 0 )

AWARDS AND GRANTS -

VARIOUS AWARD PRESENTATIONS AND GRANTS TO FUND VARIOUS RESEARCH

PROJECTS IN PSYCHOLOGY.

**4d** Other program services (Describe on Schedule O )

(Expenses \$ 118,180 including grants of \$ 0 ) (Revenue \$ 21,956 )

**4e** Total program service expenses ▶ 4,651,471.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. . . . .	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	X	
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. . . . .		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. . . . .	X	
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. . . . .		X
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. . . . .		X
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. . . . .		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. . . . .		X
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. . . . .		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V. . . . .	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. . . . .		X
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. . . . .		X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. . . . .		X
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. . . . .		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. . . . .		X
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. . . . .		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. . . . .		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. . . . .		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .		X
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
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. . . . .		X
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. . . . .		X
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. . . . .		X
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). . . . .		X
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. . . . .		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III. . . . .		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. . . . .		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
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. . . . .	X	

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. . . . .		X
<b>24a</b> 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 . . . . .		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. . . . .		X
<b>25b</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. . . . .		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. . . . .		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. . . . .		X
<b>28</b> 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)		
<b>28a</b> a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .		X
<b>28b</b> b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. . . . .		X
<b>28c</b> c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV. . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . .		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. . . . .		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. . . . .		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. . . . .		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. . . . .		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
<b>35b</b> b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. . . . .		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2. . . . .		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. . . . .		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O. . . . .	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	222	
<b>1b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	0.	
<b>1c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .		

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <b>2a</b> 0.		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	<b>2b</b>	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	X
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	X
<b>b</b> If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year <b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter		
<b>a</b> Gross income from members or shareholders <b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) <b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans <b>13b</b>		
<b>c</b> Enter the amount of reserves on hand <b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b> 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?	<b>15</b>	X
If "Yes," see instructions and file Form 4720, Schedule N.		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	<b>16</b>	X
If "Yes," complete Form 4720, Schedule O		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒ X

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . .	381	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O		
<b>1b</b> Enter the number of voting members included on line 1a, above, who are independent . . . . .	381	
<b>2</b> 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? . . . . .		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .	X	
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	X	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
<b>6</b> Did the organization have members or stockholders? . . . . .	X	
<b>7a</b> 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? . . . . .	X	
<b>7b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b> The governing body? . . . . .	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b> 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 on Schedule O. . . . .		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ►
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 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 on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►  
 APA FINANCIAL SERVICE OFFICE 750 FIRST STREET NE WASHINGTON, DC 20002 (202) 336-5500

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☒ X**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEAN HILL D27-EXECUTIVE DIRECTOR	33.00 0.			X				70,000.	0.	0.
(2) THOMAS PUSATERI D02-EXECUTIVE DIRECTOR	20.00 0.			X				25,000.	0.	0.
(3) RICHARD MILLER D02-PRESIDENT	20.00 0.	X		X				8,000.	0.	0.
(4) JEFFREY HOLMES D02-TREASURER	10.00 0.	X		X				4,000.	0.	0.
(5) AMY FINEBURG D02-PRESIDENT ELECT	10.00 0.	X		X				4,000.	0.	0.
(6) LISA OSBECK D01-PRESIDENT AS OF 8/19	5.00 0.	X						0.	0.	0.
(7) ALEXANDRA RUTHERFORD D01-PAST-PRESIDENT AS OF 8/19	5.00 0.	X						0.	0.	0.
(8) SARAH FRIEDMAN D01-PRESIDENT-ELECT AS OF 8/19	2.00 0.	X						0.	0.	0.
(9) MINDY ERCHULL D01-COUNCIL REPRESENTATIVE	2.00 0.	X						0.	0.	0.
(10) KASEY POWERS D01-SECRETARY, CORSINI STUDENT	2.00 0.	X						0.	0.	0.
(11) DAVID DEVONIS D01-TREASURER	3.00 0.	X						0.	0.	0.
(12) MARK SCIUTTO D01-MEMBER AT LARGE EC, CALKIN	1.00 0.	X						0.	0.	0.
(13) CLARE MEHTA D01-MEMBER AT LARGE EC	1.00 0.	X						0.	0.	0.
(14) ALICIA TROTMAN D01-MEMBER AT LARGE EC, CWP LI	1.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) JOHN HOGAN D01-HISTORIAN	1.00 0.	X						0.	0.	0.
( 16) WADE PICKREN D01-CO-EDITOR, RGP	5.00 0.	X						0.	0.	0.
( 17) THOMAS TEO D01-CO-EDITOR, RGP	5.00 0.	X						0.	0.	0.
( 18) KELLI VAUGHN-JOHNSON D01-NEWSLETTER EDITOR	2.00 0.	X						0.	0.	0.
( 19) CHARLENE CHESTER D01-EARLY CAREER REP.	1.00 0.	X						0.	0.	0.
( 20) LORI JORDAN FOUNTAIN D01-STUDENT REPRESENTATIVE	1.00 0.	X						0.	0.	0.
( 21) PHYLLIS WENTWORTH D01-AWARDS COORDINATOR	4.00 0.	X						0.	0.	0.
( 22) STEPHANIE AFFUL D02-SECRETARY	10.00 0.	X		X				0.	0.	0.
( 23) SUSAN FRANTZ D02-PAST PRESIDENT	10.00 0.	X		X				0.	0.	0.
( 24) MEERA KOMARRAJU D02-VP FOR MEMBERSHIP	10.00 0.	X		X				0.	0.	0.
( 25) KELI BRAITMAN D02-VP FOR RECOG. AND AWARDS	10.00 0.	X		X				0.	0.	0.
<b>1b Sub-total</b>								111,000.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								111,000.	0.	0.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **3**



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26 ) KELLEY HAYNES-MENDEZ D02-VP FOR DIVERSITY AND INT'L	10.00 0.	X		X				0.	0.	0.
( 27 ) ANGELA LEGG D02-VP FOR PROGRAMMING	10.00 0.	X		X				0.	0.	0.
( 28 ) WILLIAM ALTMAN D02-VP FOR RESOURCES	10.00 0.	X		X				0.	0.	0.
( 29 ) JONATHAN COMER D12-PRESIDENT	5.00 0.	X		X				0.	0.	0.
( 30 ) ELIZABETH YEATER D12-PRESIDENT-ELECT	5.00 0.	X		X				0.	0.	0.
( 31 ) GARY VANDENBOS D12-PAST-PRESIDENT	.50 0.	X		X				0.	0.	0.
( 32 ) JONATHAN WEINAND D12-TREASURER	2.00 0.	X		X				0.	0.	0.
( 33 ) DEBORAH DRABICK D12-SECRETARY	5.00 0.	X		X				0.	0.	0.
( 34 ) KIM PENBERTHY D12-COUNCIL REPRESENTATIVE	.50 0.	X						0.	0.	0.
( 35 ) GUILLERMO BERNAL D12-COUNCIL REPRESENTATIVE	.50 0.	X						0.	0.	0.
( 36 ) MARK SOBELL D12-COUNCIL REPRESENTATIVE	.50 0.	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 37) MICHAEL OTTO D12-COUNCIL REPRESENTATIVE	.50 0.	X						0.	0.	0.
( 38) DANNY WEDDING D12-COUNCIL REPRESENTATIVE	.50 0.	X						0.	0.	0.
( 39) BRIAN YOCHIM D12-SECTION 2 REP	.50 0.	X						0.	0.	0.
( 40) BOB KLEPAC D12-SECTION 3 REP	.50 0.	X						0.	0.	0.
( 41) KALYANI GOPAL D12-SECTION 4 REP	.50 0.	X						0.	0.	0.
( 42) VINCENZO TERAN D12-SECTION 6 REP	.50 0.	X						0.	0.	0.
( 43) ANDERS GORANSON D12-SECTION 7 REP	.50 0.	X						0.	0.	0.
( 44) DONNA LAPAGLIA D12-SECTION 8 REP	.50 0.	X						0.	0.	0.
( 45) PAUL ARBISI D12-SECTION 9 REP	.50 0.	X						0.	0.	0.
( 46) NATALIA POTAPOVA D12-SECTION 10 REP	.50 0.	X						0.	0.	0.
( 47) WILLIAM H. BERMAN, PHD D13-PRESIDENT AS OF 02/19	20.00 0.	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

**3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 48) A. DALE THOMPSON, PHD D13-PAST PRESIDENT AS OF 02/19	5.00 0.	X						0.	0.	0.
( 49) MARK SIRKIN, PHD D13-PRESIDENT-ELECT AS OF 2/19	5.00 0.	X						0.	0.	0.
( 50) JANE FLOYD, PSYD D13-SECRETARY	1.00 0.	X						0.	0.	0.
( 51) BRYNN FREEMAN, PHD D13-TREASURER	3.00 0.	X						0.	0.	0.
( 52) VICKI VANDAVEER, PHD D13-COUNCIL REPRESENTATIVE	1.00 0.	X						0.	0.	0.
( 53) JUDITH BLANTON, PHD D13-COUNCIL REPRESENTATIVE	1.00 0.	X						0.	0.	0.
( 54) MARISSA BERMAN, PSYD D13-DOM LD EXT REL AS OF 02/19	1.00 0.	X						0.	0.	0.
( 55) LAYLA BOKHARI, PHD D13-DOM LEAD COMM AS OF 02/19	1.00 0.	X						0.	0.	0.
( 56) SCOTT SERVISS, PSYD D13-DOMAIN LEADER EDUCATION	5.00 0.	X						0.	0.	0.
( 57) LARRY NORTON, PHD D13-DOMAIN LEADER RESEARCH	5.00 0.	X						0.	0.	0.
( 58) GALE SINATRA D15-PAST PRESIDENT AS OF 8/19	50.00 0.	X		X				0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

**3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 59) HELENROSE FIVES D15-PRESIDENT AS OF 8/19	39.00 0.	X		X				0.	0.	0.
( 60) MICHELLE BUEHL D15-PRESIDENT-ELECT AS OF 8/19	6.00 0.	X						0.	0.	0.
( 61) REVATHY KUMAR D15-SECRETARY	4.00 0.	X		X				0.	0.	0.
( 62) GWEN MARCHAND D15-TREASURER-ELECT/TREASURER	2.00 0.	X		X				0.	0.	0.
( 63) AVI KAPLAN D15-APA COUNCIL, VP AS OF 8/19	1.50 0.	X						0.	0.	0.
( 64) SHARON NICHOLS D15-REP TO APA COUNCIL	1.50 0.	X						0.	0.	0.
( 65) MARCUS JOHNSON D15-REP, APA COUNCIL AS OF 8/19	1.00 0.	X						0.	0.	0.
( 66) TIMOTHY URDAN D15-MEMBER AT LARGE	1.00 0.	X						0.	0.	0.
( 67) MEGHAN ECKER-LYSTER D15-MEMBER AT LARGE	1.00 0.	X						0.	0.	0.
( 68) MELISSA BRAY D16-PRESIDENT	10.00 0.	X		X				0.	0.	0.
( 69) CATHERINE FIORELLO D16-PAST PRESIDENT	5.00 0.	X		X				0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 70) ENEDINA VAZQUEZ D16-PRESIDENT ELECT	5.00 0.	X		X				0.	0.	0.
( 71) JULIA OGG D16-SECRETARY	5.00 0.	X		X				0.	0.	0.
( 72) CYNDI RICCIO D16-TREASURER	5.00 0.	X		X				0.	0.	0.
( 73) DAVID HULAC D16-VP-MEMBERSHIP	5.00 0.	X		X				0.	0.	0.
( 74) JANINE JONES D16-VP-PROFESSIONAL AFFAIRS	5.00 0.	X		X				0.	0.	0.
( 75) RIK D'AMATO D16-VP-CONVENTION & PUBLIC REL	5.00 0.	X		X				0.	0.	0.
( 76) MICHELLE PERFECT D16-VP-PUBLICATIONS	5.00 0.	X		X				0.	0.	0.
( 77) M. FRANCIS CREPEAU-HOBSON D16-VP-ETSA	5.00 0.	X		X				0.	0.	0.
( 78) PRERNA ARORA D16-VP-SEREMA	5.00 0.	X		X				0.	0.	0.
( 79) SAMUEL SONG D16-COUNCIL REPRESENTATIVE	5.00 0.	X						0.	0.	0.
( 80) TAMMY HUGHES D16-COUNCIL REPRESENTATIVE	5.00 0.	X						0.	0.	0.
<b>1b Sub-total</b> . . . . .								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 81) BONNIE NASTASI D16-COUNCIL REPRESENTATIVE	5.00 0.	X						0.	0.	0.
( 82) LINDA REDDY D16-COUNCIL REPRESENTATIVE	5.00 0.	X						0.	0.	0.
( 83) LEA THEODORE D16-COUNCIL REPRESENTATIVE	5.00 0.	X						0.	0.	0.
( 84) ARPANA INMAN D17-PAST PRESIDENT THRU 7/19	15.00 0.	X						0.	0.	0.
( 85) RUTH FASSINGER D17-PAST PRES ELECT AS OF 8/19	15.00 0.	X						0.	0.	0.
( 86) ANNELIESE SINGH D17-PRESIDENT AS OF 8/19	20.00 0.	X						0.	0.	0.
( 87) MARY O'LEARY WILEY D17-PRESIDENT ELECT AS OF 8/19	15.00 0.	X						0.	0.	0.
( 88) AMY REYNOLDS D17-SECRETARY	10.00 0.	X						0.	0.	0.
( 89) SUSAN KASHUBECK-WEST D17-TREASURER THRU 7/19	10.00 0.	X						0.	0.	0.
( 90) ANNETTE KLUCK D17-TREASURER AS OF 8/19	10.00 0.	X						0.	0.	0.
( 91) DOROTHY ESPELAGE D17-VP, SCIENTIFIC AFFAIRS	10.00 0.	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 92) CIRLEEN DEBLAERE	10.00									
D17-VP, DIVERSITY & PUBLIC INT	0.	X						0.	0.	0.
( 93) MICHAEL SCHEEL	10.00									
D17-VP, EDU & TRAIN THRU 7/19	0.	X						0.	0.	0.
( 94) KIMBERLY HOWARD	10.00									
D17-VP, EDU & TRAIN AS OF 8/19	0.	X						0.	0.	0.
( 95) LISA FERDINAND	10.00									
D17-VP, PROFESSIONAL PRACTICE	0.	X						0.	0.	0.
( 96) LOUISE DOUCE	10.00									
D17-VP, COMMU THRU 7/19	0.	X						0.	0.	0.
( 97) VALENE WHITTAKER	10.00									
D17-VP, COMM AS OF 8/19	0.	X						0.	0.	0.
( 98) AYSE CIFTCI	10.00									
D17-VP, INTERNATIONAL AFFAIRS	0.	X						0.	0.	0.
( 99) Y. BARRY CHUNG	10.00									
D17-COUNCIL REPRESENTATIVE	0.	X						0.	0.	0.
(100) BRYANA FRENCH	10.00									
D17-COUNCIL REPRESENTATIVE	0.	X						0.	0.	0.
(101) ASHLEY RANDALL	10.00									
D17-COUNCIL REPRESENTATIVE	0.	X						0.	0.	0.
(102) ALEXANDRA MINIERI	10.00									
D17-E CAREER PROF THRU 7/19	0.	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

**3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(103) EVELYN HUNTER	10.00									
D17-E CAREER PROF AS OF 8/19	0.	X						0.	0.	0.
(104) ASHLEY SCHOENER	10.00									
D17-SAS REP. THRU 7/19	0.	X						0.	0.	0.
(105) SAM COLBERT	10.00									
D17-SAS REP. THRU 7/19	0.	X						0.	0.	0.
(106) LETICIA MARTINEZ	10.00									
D17-SAS REP. AS OF 8/19	0.	X						0.	0.	0.
(107) GLORIA MCGILLEN	10.00									
D17-SAS REP. AS OF 8/19	0.	X						0.	0.	0.
(108) JACK TSAI	5.00									
D18-PRESIDENT	0.	X		X				0.	0.	0.
(109) JENNIFER SNYDER	5.00									
D18-PRESIDENT ELECT	0.	X		X				0.	0.	0.
(110) NADINE KASLOW	5.00									
D18-PAST PRESIDENT	0.	X		X				0.	0.	0.
(111) CHANDA GRAVES	5.00									
D18-SECRETARY	0.	X		X				0.	0.	0.
(112) LAYNE GOBLE	5.00									
D18-TREASURER	0.	X		X				0.	0.	0.
(113) ERIKA CARR	5.00									
D18-SECTION CHAIR	0.	X		X				0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

**3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(114) ASHLEY BATASTINI	5.00									
D18-SECTION CHAIR	0.	X		X				0.	0.	0.
(115) SHAUNA LAUGHNA	5.00									
D18-SECTION CHAIR	0.	X		X				0.	0.	0.
(116) TINA LINCOURT	5.00									
D18-SECTION CHAIR	0.	X		X				0.	0.	0.
(117) MEAGHAN STACY	5.00									
D18-SECTION CHAIR	0.	X		X				0.	0.	0.
(118) TIFFANIE FENNEL	5.00									
D18-SECTION CHAIR	0.	X		X				0.	0.	0.
(119) ASHLEE MARTLAGE	5.00									
D18-SECTION CHAIR	0.	X		X				0.	0.	0.
(120) ANNE KLEE	5.00									
D18-APA COUNCIL REPRESENTATIVE	0.	X		X				0.	0.	0.
(121) DAVID COREY	5.00									
D18-APA COUNCIL REPRESENTATIVE	0.	X		X				0.	0.	0.
(122) HOWARD STEINBERG	5.00									
D18-CLUSTER CHAIR	0.	X		X				0.	0.	0.
(123) SHAYNNA HERRERA	5.00									
D18-CLUSTER CHAIR	0.	X		X				0.	0.	0.
(124) SHANNON GRISWOLD	5.00									
D18-CLUSTER CHAIR	0.	X		X				0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

**3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(125) MARK STAAL D19-PAST PRESIDENT	5.00 0.	X		X				0.	0.	0.
(126) STEPHEN BOWLES D19-PRESIDENT	5.00 0.	X		X				0.	0.	0.
(127) ERIC SURFACE D19-PRESIDENT-ELECT	5.00 0.	X		X				0.	0.	0.
(128) NATE AINSPAN D19-SECRETARY	3.00 0.	X		X				0.	0.	0.
(129) SCOTT JOHNSTON D19-TREASURER	3.00 0.	X		X				0.	0.	0.
(130) PAUL BARTONE D19-MEMBER-AT-LARGE	1.00 0.	X		X				0.	0.	0.
(131) BRUCE CROW D19-MEMBER-AT-LARGE	1.00 0.	X		X				0.	0.	0.
(132) TATANA OLSEN D19-MEMBER-AT-LARGE	1.00 0.	X		X				0.	0.	0.
(133) CARRIE KENNEDY D19-COUNCIL REPRESENTATIVE	2.00 0.	X		X				0.	0.	0.
(134) REBECCA BLAIS D19-COUNCIL REPRESENTATIVE	2.00 0.	X		X				0.	0.	0.
(135) MICHELLE MEADE D22-PAST PRESIDENT THRU 7/19	10.00 0.	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

**3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(136) JOSEPH RATH D22-PAST PRESIDENT AS OF 8/19	10.00 0.	X						0.	0.	0.
(137) DANNA DUNN D22-PRESIDENT AS OF 8/19	10.00 0.	X						0.	0.	0.
(138) CATHERINE WILSON D22-PRESIDENT ELECT AS OF 8/19	5.00 0.	X						0.	0.	0.
(139) STEPHANIE REID ARNDT D22-SECRETARY	2.00 0.	X		X				0.	0.	0.
(140) EUN-JEONG LEE D22-TREASURER AS OF 8/19	2.00 0.	X						0.	0.	0.
(141) SARA A. RASKIN D22-MEMBER AT LARGE THRU 7/19	1.00 0.	X						0.	0.	0.
(142) PAUL B. PERRIN D22-MEMBER AT LARGE THRU 7/19	1.00 0.	X						0.	0.	0.
(143) JENNIFER J. DUCHNICK D22-MEMBER AT LARGE	1.00 0.	X						0.	0.	0.
(144) CARRIE R. PILARSKI D22-MEMBER AT LARGE	1.00 0.	X						0.	0.	0.
(145) MARK T. BARISA D22-MEMBER AT LARGE	1.00 0.	X						0.	0.	0.
(146) ABBEY J. HUGHES D22-MEMBER AT LARGE	1.00 0.	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **3** **X**
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual **4** **X**
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person **5** **X**

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(147) KIRK STUCKY D22-MEMBER AT LARGE AS OF 8/19	1.00 0.	X						0.	0.	0.
(148) KIMBERLY GORGENS D22-REPRESENTATIVE TO COUNCIL	1.00 0.	X						0.	0.	0.
(149) MONICA KURYLO D22-REPRESENTATIVE TO COUNCIL	1.00 0.	X						0.	0.	0.
(150) FERZEEN PATEL D22-EARLY CAREER REP.	1.00 0.	X						0.	0.	0.
(151) MADISON MACKENZIE D22-STUDENT REP THRU 7/19	1.00 0.	X						0.	0.	0.
(152) TED ALLAIRE D22-STUDENT REP AS OF 8/19	1.00 0.	X						0.	0.	0.
(153) CAROL ROSEN D22-SEC 1 PRESIDENT THRU 7/19	1.00 0.	X						0.	0.	0.
(154) REBECCA WALLACE D22-SEC 1 PRESIDENT AS OF 8/19	1.00 0.	X						0.	0.	0.
(155) MIA BERGMAN D22-SECTION 2 PRESIDENT	1.00 0.	X						0.	0.	0.
(156) SUSAN MCMAHON D27-PAST-PRESIDENT THRU 7/19	10.00 0.	X		X				0.	0.	0.
(157) BRADLEY OLSON D27-PAST-PRESIDENT AS OF 8/19	10.00 0.	X		X				0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

**3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(158) SUSAN TORRES-HARDING D27- PRESIDENT AS OF 8/19	10.00 0.	X		X				0.	0.	0.
(159) BIANCA GUZMAN D27-PRESIDENT-ELECT AS OF 8/19	10.00 0.	X		X				0.	0.	0.
(160) JAMES COOK D27-TREASURER	10.00 0.	X		X				0.	0.	0.
(161) ELIZABETH THOMAS D27-SECRETARY THRU 7/19	10.00 0.	X		X				0.	0.	0.
(162) LAUREN LICHTY D27-SECRETARY AS OF 8/19	10.00 0.	X		X				0.	0.	0.
(163) MELISSA STROMPOLIS D27-MEMBER-AT-LARGE THRU 7/19	5.00 0.	X						0.	0.	0.
(164) CAROLYN TOMPSETT D27-MEMBER-AT-LARGE	5.00 0.	X						0.	0.	0.
(165) NOE CHAVEZ D27-MEMBER-AT-LARGE	5.00 0.	X						0.	0.	0.
(166) ASHMEET OBEROI D27-MEMBER-AT-LARGE AS OF 8/19	5.00 0.	X						0.	0.	0.
(167) ERIN GODLEY-REYNOLDS D27-STUDENT REP THRU 7/19	5.00 0.	X						0.	0.	0.
(168) JOY AGNER D27-STUDENT REPRESENTATIVE	5.00 0.	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(169) CAMILLA CUMMINGS D27-STUDENT REP AS OF 8/19	5.00 0.	X						0.	0.	0.
(170) SCOTNEY EVANS D27-NAT'L REG COORD THRU 8/19	5.00 0.	X						0.	0.	0.
(171) CHRISTINA SMITH D27-NAT'L REG COORD AS OF 8/19	5.00 0.	X						0.	0.	0.
(172) ANNE BOGAT D27-PUB COMM CHAIR THRU 7/19	5.00 0.	X						0.	0.	0.
(173) JUDAH VIOLA D27-PUB COMM CHAIR AS OF 8/19	5.00 0.	X						0.	0.	0.
(174) NICOLE ALLEN D27-AJCP EDITOR	5.00 0.	X						0.	0.	0.
(175) SUSAN WOLFE D27-TCP EDITOR	5.00 0.	X						0.	0.	0.
(176) SIMON COLUMBE D27-COUNCIL ON EDUCATION REP.	5.00 0.	X						0.	0.	0.
(177) KYRAH BROWN D27-PRACTICE COUNCIL REP.	5.00 0.	X						0.	0.	0.
(178) DOMINIQUE THOMAS D27-REP, COUNCIL ON CULTURAL	5.00 0.	X						0.	0.	0.
(179) CHRIS KEYS D27-RESEARCH COUNCIL	5.00 0.	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

**3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(180) NANCY MURDOCK D29-PRESIDENT	1.00 0.	X		X				0.	0.	0.
(181) JENNIFER CALLAHAN D29-PRESIDENT-ELECT	1.00 0.	X		X				0.	0.	0.
(182) JESSE OWEN D29-TREASURER	1.00 0.	X		X				0.	0.	0.
(183) REBECCA AMETRANO D29-SECRETARY	1.00 0.	X		X				0.	0.	0.
(184) MICHAEL CONSTANTINO D29-PAST PRESIDENT	1.00 0.	X		X				0.	0.	0.
(185) JEAN BIRBILIS D29-DOMAIN REP., MEMBERSHIP	.50 0.	X						0.	0.	0.
(186) BARBARA VIVINO D29-DOMAIN REP. PSYCHOTHERAPY	.50 0.	X						0.	0.	0.
(187) FREDRICK LEONG D29-DOMAIN REP. INTL AFFAIRS	.50 0.	X						0.	0.	0.
(188) MARILLYN CORNISH D29-DOMAIN REP. EDU. & TRAINING	.50 0.	X						0.	0.	0.
(189) LAVITA NADKARNI D29-DOMAIN REP. PUB. INTEREST	.50 0.	X						0.	0.	0.
(190) LEIGH ANN CARTER D29-DOMAIN REP. EC PSYCH	.50 0.	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

**3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(191) SUSAN WOODHOUSE D29-DOMAIN REP. SCIENCE/SCHOL.	.50 0.	X						0.	0.	0.
(192) ROSEMARY PHELPS D29-DOMAIN REP. FOR DIVERSITY	.50 0.	X						0.	0.	0.
(193) MANIJEH BADIEE D29-DOMAIN REP. FOR DIVERSITY	.50 0.	X						0.	0.	0.
(194) LILLIAN COMAS-DIAZ D29-COUNCIL REPRESENTATIVE	.50 0.	X						0.	0.	0.
(195) ELIZABETH NUTT WILLIAMS D29-COUNCIL REPRESENTATIVE	.50 0.	X						0.	0.	0.
(196) CARLY SCHWARTZMAN D29-STUDENT REPRESENTATIVE	.50 0.	X						0.	0.	0.
(197) NATHANIEL GRANGER D32-PAST-PRESIDENT AS OF 8/19	10.00 0.	X		X				0.	0.	0.
(198) DONNA ROCKWELL D32-PAST-PRESIDENT	10.00 0.	X		X				0.	0.	0.
(199) JONATHAN RASKIN D32-PRESIDENT-ELECT AS OF 8/19	10.00 0.	X		X				0.	0.	0.
(200) DRAKE SPAETH D32-PRESIDENT AS OF 8/19	10.00 0.	X		X				0.	0.	0.
(201) VERONICA LAC D32-SECRETARY	10.00 0.	X		X				0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

**3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(202) KEVIN KEENAN D32-TREASURER THRU 8/19	10.00 0.	X		X				0.	0.	0.
(203) SCOTT CHURCHILL D32-APA COUNCIL REP THRU 8/19	5.00 0.	X						0.	0.	0.
(204) BRENT ROBBINS D32-APA COUNCIL REP THRU 8/19	5.00 0.	X						0.	0.	0.
(205) KIRK SCHNEIDER D32-APA COUNCIL REP AS OF 8/19	5.00 0.	X						0.	0.	0.
(206) MICAH INGLE D32-STUDENT REPRESENTATIVE	5.00 0.	X						0.	0.	0.
(207) JACOB TENGELSEN D32-STUDENT REP THRU 8/19	5.00 0.	X						0.	0.	0.
(208) GINA BELTON D32-MEMBER AT LARGE	5.00 0.	X						0.	0.	0.
(209) ROXANNE CHRISTENSEN D32-MEMBER AT LARGE THRU 8/19	5.00 0.	X						0.	0.	0.
(210) LATOYA GAINES D32-MEMBER AT LARGE	5.00 0.	X						0.	0.	0.
(211) THEOPIA JACKSON D32-MEMBER AT LARGE	5.00 0.	X						0.	0.	0.
(212) SARAH KAMENS D32-MEMBER AT LARGE THRU 8/19	5.00 0.	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(213) DERRICK SEBREE D32-MEMBER AT LARGE, MEM CHAIR	5.00 0.	X						0.	0.	0.
(214) ZENOBI MORRILL D32-STUDENT REP. AS OF 8/19	5.00 0.	X						0.	0.	0.
(215) JUSTIN KARTER D32-NEWSLETTER COEDITOR	5.00 0.	X						0.	0.	0.
(216) YUYING TSONG D35-PAST PRESIDENT AS OF 8/19	5.00 0.	X		X				0.	0.	0.
(217) MONIQUE CLINTON-SHERROD D35-PRESIDENT AS OF 8/19	5.00 0.	X		X				0.	0.	0.
(218) WENDI WILLIAMS D35-PRESIDENT ELECT AS OF 8/19	2.00 0.	X		X				0.	0.	0.
(219) MARGARET L. SIGNORELLA D35-TREAS. ELECT AS OF 12/19	2.00 0.	X		X				0.	0.	0.
(220) KAROL DEAN D35-TREASURER	5.00 0.	X		X				0.	0.	0.
(221) KATRINA ALEXANDER D35-SECRETARY THRU 8/19	1.00 0.	X						0.	0.	0.
(222) CARRIE CASTANEDA-SOUND D35-SECRETARY AS OF 8/19	3.00 0.	X						0.	0.	0.
(223) MICHELLE SANTIAGO D35-PROF. REP. THRU 8/19	1.00 0.	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

**3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(224) JACLYN SIEGEL D35-PROF. REP. AS OF 8/19	1.00 0.	X						0.	0.	0.
(225) KEIKO MCCULLOGH D35-STUDENT REP. THRU 8/19	1.00 0.	X						0.	0.	0.
(226) BHANU MOTURU D35-STUDENT REP. AS OF 8/19	1.00 0.	X						0.	0.	0.
(227) DEBRA KAWAHARA D35-COUNCIL REPRESENTATIVE	5.00 0.	X						0.	0.	0.
(228) PAM REMER D35-COUNCIL REPRESENTATIVE	5.00 0.	X						0.	0.	0.
(229) LINDA WOOLF D35-COUNCIL REPRESENTATIVE	5.00 0.	X						0.	0.	0.
(230) COLLETTE CHAPMAN-HILLIARD D35-SECTION 1 PRESIDENT	2.00 0.	X						0.	0.	0.
(231) YVETTE FLORES D35-SECTION 3 PRESIDENT	2.00 0.	X						0.	0.	0.
(232) COREY FLANDERS D35-SECTION 4 PRESIDENT	2.00 0.	X						0.	0.	0.
(233) LINH LUU D35-SECTION 5 PRESIDENT	2.00 0.	X						0.	0.	0.
(234) ANITA MIHECOBY D35-SECTION 6 PRES THRU 6/19	1.00 0.	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

**3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(235) MELINDA GARCIA D35-SECTION 6 PRES AS OF 7/19	2.00 0.	X						0.	0.	0.
(236) NANCY RUDDY D38-PAST-PRESIDENT, CHAIR	3.00 0.	X		X				0.	0.	0.
(237) ZEESHAN BUTT D38-PRESIDENT, CO-CHAIR	5.00 0.	X		X				0.	0.	0.
(238) HELEN COONS D38-PRESIDENT-ELECT, CO-CHAIR	3.00 0.	X		X				0.	0.	0.
(239) BARBARA CUBIC D38-TREASURER-SECRETARY	3.00 0.	X		X				0.	0.	0.
(240) ANDREA BRADFORD D38-MEMBER-AT-LARGE	1.00 0.	X		X				0.	0.	0.
(241) JOHN RUIZ D38-MEMBER-AT-LARGE	1.00 0.	X		X				0.	0.	0.
(242) DANIEL BRUNS D38-MEMBER-AT-LARGE	1.00 0.	X		X				0.	0.	0.
(243) RICHARD SEIME D38-APA COUNCIL REPRESENTATIVE	1.00 0.	X		X				0.	0.	0.
(244) SUSAN MCDANIEL D38-APA COUNCIL REPRESENTATIVE	1.00 0.	X		X				0.	0.	0.
(245) RONALD ROZENSKY D38-APA COUNCIL REPRESENTATIVE	1.00 0.	X		X				0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

**3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(246) VICTOR B DAUPHIN D39-PRESIDENT	10.00 0.	X		X				0.	0.	0.
(247) DENNIS DEBIAK D39-PAST PRESIDENT	5.00 0.	X		X				0.	0.	0.
(248) LARA SHEEHI D39-SECRETARY	10.00 0.	X		X				0.	0.	0.
(249) JILL BELLINSON D39-TREASURER	10.00 0.	X		X				0.	0.	0.
(250) ARLENE STEINBERG D39-APA COUNCIL REPRESENTATIVE	1.00 0.	X						0.	0.	0.
(251) BRYANT WELCH D39-APA COUNCIL REPRESENTATIVE	1.00 0.	X						0.	0.	0.
(252) MARY BETH CRESCI D39-APA COUNCIL REPRESENTATIVE	1.00 0.	X						0.	0.	0.
(253) STEVEN REISNER D39-APA COUNCIL REPRESENTATIVE	1.00 0.	X						0.	0.	0.
(254) STEPHEN SOLDZ D39-APA COUNCIL REPRESENTATIVE	1.00 0.	X						0.	0.	0.
(255) DANA CHARATAN D39-BOARD MEMBER-AT-LARGE	.50 0.	X						0.	0.	0.
(256) DAVID DOWNING D39-BOARD MEMBER-AT-LARGE	.50 0.	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

**3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(257) MATTHEW LEROY D39-BOARD MEMBER-AT-LARGE	.50 0.	X						0.	0.	0.
(258) JOANNE MALONE D39-BOARD MEMBER-AT-LARGE	.50 0.	X						0.	0.	0.
(259) JOANN PONDER D39-BOARD MEMBER-AT-LARGE	.50 0.	X						0.	0.	0.
(260) PRATUSHA TUMMALA-NARRA D39-BOARD MEMBER-AT-LARGE	.50 0.	X						0.	0.	0.
(261) SHARA SAND D39-BOARD MEMBER-AT-LARGE	.50 0.	X						0.	0.	0.
(262) KIRKLAND VAUGHANS D39-BOARD MEMBER-AT-LARGE	.50 0.	X						0.	0.	0.
(263) SCOTT PYTLUK D39-BOARD MEMBER-AT-LARGE	.50 0.	X						0.	0.	0.
(264) ALBERT BROK D39-SECTION I REPRESENTATIVE	.50 0.	X						0.	0.	0.
(265) VIRGINIA SHILLER D39-SECTION II REPRESENTATIVE	.50 0.	X						0.	0.	0.
(266) MARILYN METZL D39-SECTION III REPRESENTATIVE	.50 0.	X						0.	0.	0.
(267) JOSEPH SCHALLER D39-SECTION IV REPRESENTATIVE	.50 0.	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(268) GHISLAINE BOULANGER D39-SECTION V REPRESENTATIVE	.50 0.	X						0.	0.	0.
(269) ANTONIA HALTON D39-SECTION VIII REP	.50 0.	X						0.	0.	0.
(270) ALICE SHAW D39-SECTION IX REPRESENTATIVE	.50 0.	X						0.	0.	0.
(271) DOUG JOHNSON-GREENE D40-PAST PRESIDENT THRU 8/19	2.00 0.	X		X				0.	0.	0.
(272) MIKE MCCREA D40- PAST PRESIDENT AS OF 8/19	10.00 0.	X		X				0.	0.	0.
(273) RODNEY VANDERPLOEG D40- PRESIDENT AS OF 8/19	5.00 0.	X		X				0.	0.	0.
(274) HEATHER BELANGER D40-PRESIDENT ELECT AS OF 8/19	2.00 0.	X		X				0.	0.	0.
(275) AMY JAK D40-SECRETARY	2.00 0.	X		X				0.	0.	0.
(276) JUSTIN MILLER D40-TREASURER	2.00 0.	X		X				0.	0.	0.
(277) JENNIFER KOOP D40-MEMBER-AT-LARGE	1.50 0.	X		X				0.	0.	0.
(278) LISA DELANO-WOOD D40-MEMBER-AT-LARGE	1.50 0.	X		X				0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(279) SARA WEISENBACH D40-MEMBER-AT-LARGE	1.50 0.	X		X				0.	0.	0.
(280) CYNTHIA KUBU D40-COUNCIL REP THRU 8/19	1.00 0.	X		X				0.	0.	0.
(281) CHERYL SILVER D40-COUNCIL REPRESENTATIVE	1.00 0.	X		X				0.	0.	0.
(282) JOANNE FESTA D40-COUNCIL REPRESENTATIVE	1.00 0.	X		X				0.	0.	0.
(283) MICHAEL BASSO D40-COUNCIL REPRESENTATIVE	1.00 0.	X		X				0.	0.	0.
(284) KEVIN DUFF D40-COUNCIL REPRESENTATIVE	1.00 0.	X		X				0.	0.	0.
(285) KEVIN DOUGLAS, PH.D. D41-PAST PRESIDENT AS OF 8/19	5.00 0.	X		X				0.	0.	0.
(286) JENNIFER GROSCUP, J. D., PH.D. D41-PRESIDENT AS OF 8/19	5.00 0.	X		X				0.	0.	0.
(287) ALLISON REDLICH, PH.D. D41-PRESIDENT ELECT AS OF 8/19	5.00 0.	X		X				0.	0.	0.
(288) LORA LEVETT, PH.D. D41-SECRETARY	2.00 0.	X		X				0.	0.	0.
(289) VANESSA EDKINS, PH.D. D41-TREASURER	5.00 0.	X		X				0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

**3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(290) TESS NEAL, PH.D. D41-MEMBER-AT-LARGE THRU 7/19	.50 0.	X		X				0.	0.	0.
(291) WILLIAM N GOWENSMITH, PH.D. D41-MEMBER-AT-LARGE AS OF 8/19	.50 0.	X		X				0.	0.	0.
(292) MATTHEW HUSS, PH.D. D41-MEMBER-AT-LARGE	.50 0.	X		X				0.	0.	0.
(293) LINDSAY MALLOY D41-MEMBER-AT-LARGE	.50 0.	X		X				0.	0.	0.
(294) THOMAS GRISSO, PH.D. D41-APA COUNCIL REPRESENTATIVE	.50 0.	X		X				0.	0.	0.
(295) JASON CANTONE, PH.D. D41-APA COUNCIL REPRESENTATIVE	.50 0.	X		X				0.	0.	0.
(296) KATHERINE HAZEN D41-STU. COMM CHAIR THRU 7/19	.50 0.	X		X				0.	0.	0.
(297) VICTORIA PIETRUSZKA D41-STU. COMM CHAIR AS OF 8/19	.50 0.	X		X				0.	0.	0.
(298) KEVIN ARNOLD D42-PRESIDENT	10.00 0.	X		X				0.	0.	0.
(299) JUDITH PATTERSON D42-PRESIDENT ELECT	10.00 0.	X		X				0.	0.	0.
(300) PAULINE WALLIN D42-PAST PRESIDENT	10.00 0.	X		X				0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(301) DEREK PHILLIPS D42-SECRETARY	10.00 0.	X		X				0.	0.	0.
(302) GERALD KOOCHEER D42-TREASURER	10.00 0.	X		X				0.	0.	0.
(303) SARA BAMWELL D42-MEMBER AT LARGE	3.00 0.	X						0.	0.	0.
(304) LAUREN BEHRMAN D42 - MEMBER AT LARGE	3.00 0.	X						0.	0.	0.
(305) PAULA DE FRANCO D42-STUDENT REPRESENTATIVE	3.00 0.	X						0.	0.	0.
(306) ELAINE DUCHARME D42-MEMBER AT LARGE	3.00 0.	X						0.	0.	0.
(307) NANCY MCGARRAH D42-MEMBER AT LARGE	3.00 0.	X						0.	0.	0.
(308) PETER OPPENHEIMER D42-MEMBER AT LARGE	3.00 0.	X						0.	0.	0.
(309) KRYSTAL STANLEY D42-MEMBER AT LARGE DIVERSITY	3.00 0.	X						0.	0.	0.
(310) AMY VAN ARSDALE D42-ECP MEMBER AT LARGE	3.00 0.	X						0.	0.	0.
(311) LINDSEY BUCKMAN D42-APA COUNCIL REPRESENTATIVE	3.00 0.	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(312) LISA GROSSMAN D42-APA COUNCIL REPRESENTATIVE	3.00 0.	X						0.	0.	0.
(313) NANCY MOLITOR D42-APA COUNCIL REPRESENTATIVE	3.00 0.	X						0.	0.	0.
(314) JEFFREY YOUNGGEN D42-APA COUNCIL REPRESENTATIVE	3.00 0.	X						0.	0.	0.
(315) MARGARET ROSARIO, PH.D. D44-PAST PRESIDENT	10.00 0.	X		X				0.	0.	0.
(316) MIRA KRISHNAN, PH.D. D44-PRESIDENT ELECT	10.00 0.	X		X				0.	0.	0.
(317) GARY HOWELL, PH.D. D44-PRESIDENT	10.00 0.	X		X				0.	0.	0.
(318) CHRISTOPHER DAVIDS, PH.D. D44-SECRETARY	5.00 0.	X		X				0.	0.	0.
(319) ERIN DENEKE, PH.D. D44-TREASURER	5.00 0.	X		X				0.	0.	0.
(320) ARLENE NORIEGA, PH.D. D44-COUNCIL REPRESENTATIVE	5.00 0.	X						0.	0.	0.
(321) MICHAEL HENDRICKS, PH.D. D44-COUNCIL REPRESENTATIVE	5.00 0.	X						0.	0.	0.
(322) TERRY GOCK, PH.D. D44-COUNCIL REPRESENTATIVE	5.00 0.	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(323) KARLA ANHARDT D44-1ST YEAR MEMBER AT LARGE	5.00 0.	X						0.	0.	0.
(324) MELISSA GREY, PH.D. D44-3RD YEAR MEMBER AT LARGE	5.00 0.	X						0.	0.	0.
(325) CARLTON EVERETT-GREEN, PH.D. D44-2ND YEAR MEMBER AT LARGE	5.00 0.	X						0.	0.	0.
(326) HALLEH HASHTPARI D44-STUDENT REPRESENTATIVE	5.00 0.	X						0.	0.	0.
(327) ALVIN ALVAREZ D45-PRESIDENT	5.00 0.	X		X				0.	0.	0.
(328) ART BLUME D45-PRESIDENT-ELECT	10.00 0.	X		X				0.	0.	0.
(329) HELEN NEVILLE D45-PAST PRESIDENT	5.00 0.	X		X				0.	0.	0.
(330) BRIDGETTE PETEET D45-SECRETARY	10.00 0.	X		X				0.	0.	0.
(331) G.E. KAWIKA ALLEN D45-SECRETARY ELECT	5.00 0.	X		X				0.	0.	0.
(332) JOYCE CHU D45-TREASURER	5.00 0.	X		X				0.	0.	0.
(333) ROBYN GOBIN D45-COUNCIL REPRESENTATIVE	5.00 0.	X		X				0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(334) JOSEPH GONE D45-COUNCIL REPRESENTATIVE	5.00 0.	X		X				0.	0.	0.
(335) ENEDINA VASQUEZ D45-COUNCIL REPRESENTATIVE	5.00 0.	X		X				0.	0.	0.
(336) KEOSHIA HARRIS D45-GRADUATE STUDENT REP.	5.00 0.	X		X				0.	0.	0.
(337) DORIS CHANG D45-MEMBER-AT-LARGE, ASIAN	5.00 0.	X		X				0.	0.	0.
(338) NAYELI CHAVEZ D45-MEMBER-AT-LARGE, LATINO	5.00 0.	X		X				0.	0.	0.
(339) LAMISE SHAWAHIN D45-MEMBER-AT-LARGE, MENA	5.00 0.	X		X				0.	0.	0.
(340) MARTINQUE JONES D45-MEMBER-AT-LARGE, DIVERSITY	5.00 0.	X		X				0.	0.	0.
(341) ALISON CEREZO D45-MEMBER-AT-LARGE, LGBTQ	5.00 0.	X		X				0.	0.	0.
(342) BRANDI PRICHETT-JOHNSON D45-MEMBER-AT-LARGE, AFRICAN	5.00 0.	X		X				0.	0.	0.
(343) MELISSA TEHEE D45-MEMBER-AT-LARGE, NATIVE	5.00 0.	X		X				0.	0.	0.
(344) SERDAR M. DEGIRMENCIOGLU D48-PRESIDENT	7.00 0.	X		X				0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

**3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(345) ALICE LOCICERO, PH.D. D48-PAST PRESIDENT THRU 3/19	5.00 0.	X		X				0.	0.	0.
(346) WILLIAM R. MCKELVAIN, PH.D. D48-PRESIDENT-ELECT	5.00 0.	X		X				0.	0.	0.
(347) ANGELA WALDON, PH.D. D48-SECRETARY	5.00 0.	X		X				0.	0.	0.
(348) JULIE MERANZE LEVITT, PH.D. D48-TREASURER	5.00 0.	X		X				0.	0.	0.
(349) VIOLET CHEUNG, PH.D. D48-MEMBER-AT-LARGE	5.00 0.	X						0.	0.	0.
(350) LINDEN NELSON, PH.D. D48-MEMBER-AT-LARGE	5.00 0.	X						0.	0.	0.
(351) EDUARDO DIAZ, PH.D. D48-MEMBER-AT-LARGE	5.00 0.	X						0.	0.	0.
(352) CHRISTINE HANSVICK, PH.D. D48-MEMBERSHIP CHAIR	5.00 0.	X						0.	0.	0.
(353) FRANK FARLEY, PH.D. D48-COUNCIL OF REPRESENTATIVES	5.00 0.	X						0.	0.	0.
(354) MARTYN WHITTINGHAM D49-PRESIDENT	10.00 0.	X		X				0.	0.	0.
(355) CHERI MARMAROSH D49-PRESIDENT-ELECT	5.00 0.	X		X				0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(356) GEORGE TASCA D49-PAST-PRESIDENT	5.00 0.	X		X				0.	0.	0.
(357) JOE MILES D49-SECRETARY	5.00 0.	X		X				0.	0.	0.
(358) AMY NITZA D49-TREASURER	5.00 0.	X		X				0.	0.	0.
(359) SALLY BARLOW D49-REP, APA GOVERNING COUNCIL	5.00 0.	X						0.	0.	0.
(360) VERLIN HINES D49-GROUP PSYCH. DOMAIN REP	5.00 0.	X						0.	0.	0.
(361) JEN MARTIN D49-GRP PSYCHOTHER. DOMAIN REP	5.00 0.	X						0.	0.	0.
(362) NOELLE LEFFORGE D49-EDUC & TRAINING DOMAIN REP	5.00 0.	X						0.	0.	0.
(363) NICOLE COLEMAN D49-DIV DOMAIN REP. THRU 8/19	5.00 0.	X						0.	0.	0.
(364) ERIC CHEN D49-DIV DOMAIN REP. AS OF 9/19	5.00 0.	X						0.	0.	0.
(365) MISHA BOGOMAZ D49-EARLY CAREER PSYCHOLOGIST	5.00 0.	X						0.	0.	0.
(366) MEREDITH TITTLER D49-STUDENT REPRESENTATIVE	5.00 0.	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(367) LINDA SOBELL, PH.D. D50-PRESIDENT AS OF 8/19	7.00 0.	X		X				0.	0.	0.
(368) JENNIFER BUCKMAN, PH.D. D50-PAST PRESIDENT AS OF 8/19	10.00 0.	X		X				0.	0.	0.
(369) JOEL GRUBE, PH.D. D50-PRESIDENT ELECT AS OF 8/19	2.00 0.	X		X				0.	0.	0.
(370) LINDA (SKALSKI) RINEHART, PH.D. D50-SECRETARY	2.00 0.	X		X				0.	0.	0.
(371) TY SCHEPIS, PH.D. D50-TREASURER	3.00 0.	X		X				0.	0.	0.
(372) JAMES BRAY, PH.D. D50-COUNCIL REPRESENTATIVE	1.00 0.	X						0.	0.	0.
(373) MONICA WEBB-HOOPER, PH.D. D50-MEMBER-AT-LARGE	1.00 0.	X						0.	0.	0.
(374) KIRK BOWDEN, PH.D. D50-MEMBER-AT-LARGE	1.00 0.	X						0.	0.	0.
(375) PAUL STASIEWICZ, PH.D. D50-MEMBER-AT-LARGE THRU 7/19	1.00 0.	X						0.	0.	0.
(376) BRUCE LIESE, PH.D. D50-MEMBER-AT-LARGE AS OF 8/19	5.00 0.	X		X				0.	0.	0.
(377) STEVE LEE D53-PAST PRESIDENT	2.00 0.	X		X				0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(378) ERIC YOUNGSTROM D53-PRESIDENT	3.00 0.	X		X				0.	0.	0.
(379) STEVE HINSHAW D53-PRESIDENT ELECT	1.00 0.	X		X				0.	0.	0.
(380) DAVID LANGER D53-TREASURER	5.00 0.	X		X				0.	0.	0.
(381) ANNA VANMETER D53-SECRETARY	3.00 0.	X		X				0.	0.	0.
(382) TIM CAVELL D53-COUNCIL REPRESENTATIVE	2.00 0.	X						0.	0.	0.
(383) MARY FRISTAD D53-COUNCIL REPRESENTATIVE	3.00 0.	X						0.	0.	0.
(384) CRISSY CAMMARATA D53-MEMBER AT LARGE	2.00 0.	X						0.	0.	0.
(385) EARL TURNER D53-MEMBER AT LARGE	3.00 0.	X						0.	0.	0.
(386) TARA PERIS D53-MEMBER AT LARGE	2.00 0.	X						0.	0.	0.
(387) AMANDA JENSEN-DOSS D53-MEMBER AT LARGE	2.00 0.	X						0.	0.	0.
(388) THOMAS D. ELKIN, PHD D54-PRESIDENT	5.00 0.	X		X				0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

**3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(389) ANN MCGRATH DAVIS, PHD D54-PAST PRESIDENT	5.00 0.	X		X				0.	0.	0.
(390) JENNIFER PENDLEY, PHD D54-PRESIDENT ELECT	5.00 0.	X		X				0.	0.	0.
(391) ERICA SOOD, PHD D54-SECRETARY	5.00 0.	X		X				0.	0.	0.
(392) CYNTHIA GERHARDT, PHD D54-TREASURER	5.00 0.	X		X				0.	0.	0.
(393) IDIA THURSTON, PHD D54-MEMBER AT LARGE-STU DVLMT	5.00 0.	X		X				0.	0.	0.
(394) MELISSA SANTOS, PHD D54-MEMBER AT LARGE-DIVERSITY	5.00 0.	X		X				0.	0.	0.
(395) JENNIFER HANSEN, PHD D54-MEMBER AT LARGE - CONT EDU	5.00 0.	X		X				0.	0.	0.
(396) ANNE KAZAK, PHD, ABPP D54-APA COUNCIL REPRESENTATIVE	5.00 0.	X		X				0.	0.	0.
(397) KATIE DEVIN, PHD, MPH D54-MEMBER AT LARGE-MEMBERSHIP	5.00 0.	X		X				0.	0.	0.
(398) CAROLINA BEJARANO, MA D54-STUDENT REPRESENTATIVE	5.00 0.	X						0.	0.	0.
(399) TERRY STANCIN, PHD, ABPP D54-APA COUNCIL REPRESENTATIVE	5.00 0.	X		X				0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

**3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(400) CAROLYN B. ALLARD D56-PRESIDENT-ELECT	4.00 0.	X		X				0.	0.	0.
(401) SYLVIA MAROTTA-WALTERS D56-PRESIDENT, NOMINATIONS AND	5.00 0.	X		X				0.	0.	0.
(402) TYSON D BAILEY D56-PRESIDENT-ELECT	3.00 0.	X		X				0.	0.	0.
(403) LOREN M. POST D56-SECRETARY	1.00 0.	X		X				0.	0.	0.
(404) BARBARA L. NILES D56-TREASURER, FINANCE COMMITTEE	1.00 0.	X		X				0.	0.	0.
(405) DAWN HUGHES D56-COUNCIL REPRESENTATIVE	1.00 0.	X						0.	0.	0.
(406) CONSTANCE DALENBERG D56-COUNCIL REPRESENTATIVE, SC	1.00 0.	X						0.	0.	0.
(407) KATHARINE LACEFIELD EARLY CAREER PSYCH. REP	1.50 0.	X						0.	0.	0.
(408) CARLOS CUEVAS D56-MEMBERS-AT-LARGE	1.00 0.	X						0.	0.	0.
(409) LISA ROCCHIO D56-MEMBERS-AT-LARGE	1.00 0.	X						0.	0.	0.
(410) JACK TSAI D56-MEMBERS-AT-LARGE, LIAISON	1.00 0.	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

**3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(411) JULIA SENG	1.00									
D56-PROFESSIONAL AFFILIATE REP	0.	X						0.	0.	0.
(412) AYLI CARRERO PINEDO	4.00									
D56-STUDENT REPRESENTATIVE, ST	0.	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a	Federated campaigns . . . . .	1a				
	b	Membership dues . . . . .	1b	1,642,562			
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . . .	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	368,498			
	g	Noncash contributions included in lines 1a-1f. . . . .	1g	\$			
	h	<b>Total</b> Add lines 1a-1f . . . . .		2,011,060			
	<b>Program Service Revenue</b>	2a	REGISTRATION FEES/WORKSHOP/CE	Business Code	900099	1,460,929	1,460,929
b		VARIOUS CONFERENCES	900099	234,655	234,655		
c		JOURNAL EDITORIAL SUPPORT	900099	99,681	99,681		
d		JOURNAL REVENUE	900099	55,000	55,000		
e							
f		All other program service revenue . . . . .					
g		<b>Total</b> Add lines 2a-2f . . . . .		1,850,265			
<b>Other Revenue</b>		3	Investment income (including dividends, interest, and other similar amounts). . . . .		598,734		
	4	Income from investment of tax-exempt bond proceeds . .		0			
	5	Royalties . . . . .		2,786,326			2,786,326
	6a	Gross rents . . . . .	6a	(i) Real	(ii) Personal		
	b	Less rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss). . . . .		0			
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other		
	b	Less cost or other basis and sales expenses . .	7b				
	c	Gain or (loss) . . . . .	7c				
	d	Net gain or (loss) . . . . .		290,626			290,626
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	8a		0		
	b	Less direct expenses . . . . .	8b		0		
	c	Net income or (loss) from fundraising events. . . . .		0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .	9a		0		
	b	Less direct expenses . . . . .	9b		0		
	c	Net income or (loss) from gaming activities. . . . .		0			
10a	Gross sales of inventory, less returns and allowances . . . . .	10a		0			
b	Less cost of goods sold . . . . .	10b		0			
c	Net income or (loss) from sales of inventory. . . . .		0				
<b>Miscellaneous Revenue</b>	11a	EDITOR STIPEND/ALLOWANCE	Business Code	541900	571,188	571,188	
	b	BROCHURES/NOVELTY ITEMS	900099	10,956	10,956		
	c	ADVERTISING	541800	5,000		5,000	
	d	All other revenue . . . . .		11,000	11,000		
	e	<b>Total</b> Add lines 11a-11d . . . . .		598,144			
	12	<b>Total revenue.</b> See instructions . . . . .		8,135,155	2,443,409	5,000	3,675,686

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☒ X**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	495,294.	495,294.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	31,600.	31,600.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	1,007.	1,007.		
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	111,000.		111,000.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	0.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	0.			
9 Other employee benefits . . . . .	0.			
10 Payroll taxes . . . . .	0.			
11 Fees for services (nonemployees)				
a Management . . . . .	387,360.		387,360.	
b Legal . . . . .	0.			
c Accounting . . . . .	5,288.		5,288.	
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees . . . . .	141,491.	901.	140,590.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). <u>ATCH 2.</u>	954,556.	340,879.	613,677.	
12 Advertising and promotion . . . . .	12,594.	7,285.	5,309.	
13 Office expenses . . . . .	336,359.	114,446.	221,913.	
14 Information technology . . . . .	134,340.	9,821.	124,519.	
15 Royalties . . . . .	67,313.	64,813.	2,500.	
16 Occupancy . . . . .	0.			
17 Travel . . . . .	862,968.	482,142.	380,826.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
19 Conferences, conventions, and meetings . . . . .	2,343,382.	1,952,712.	390,670.	
20 Interest . . . . .	1,502.		1,502.	
21 Payments to affiliates . . . . .	4,561.	4,561.		
22 Depreciation, depletion, and amortization . . . . .	0.			
23 Insurance . . . . .	250.		250.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a HONORARIUM/STIPEND . . . . .	744,805.	730,258.	14,547.	
b AWARDS . . . . .	310,466.	308,788.	1,678.	
c CONTRIBUTIONS/DONATIONS . . . . .	111,138.	73,889.	37,249.	
d EDUCATION/WORKSHOPS . . . . .	30,995.	28,084.	2,911.	
e All other expenses . . . . .	22,280.	4,991.	17,289.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e . . . . .	7,110,549.	4,651,471.	2,459,078.	
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing . . . . .	1,024,006.	1	736,786.
	2 Savings and temporary cash investments. . . . .	6,684,379.	2	7,809,705.
	3 Pledges and grants receivable, net . . . . .	0.	3	0.
	4 Accounts receivable, net. . . . .	903,330.	4	385,191.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). . . . .	0.	6	0.
	7 Notes and loans receivable, net. . . . .	0.	7	0.
	8 Inventories for sale or use . . . . .	0.	8	0.
	9 Prepaid expenses and deferred charges . . . . .	236,138.	9	367,939.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D . . . . .	10a		
	b Less: accumulated depreciation. . . . .	10b	10c	0.
	11 Investments - publicly traded securities. . . . .	17,070,692.	11	20,498,339.
	12 Investments - other securities. See Part IV, line 11. . . . .	0.	12	0.
	13 Investments - program-related. See Part IV, line 11. . . . .	0.	13	0.
	14 Intangible assets. . . . .	0.	14	0.
	15 Other assets. See Part IV, line 11. . . . .	476.	15	476.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33). . . . .	25,919,021.	16	29,798,436.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses. . . . .	253,063.	17	237,266.
	18 Grants payable . . . . .	0.	18	0.
	19 Deferred revenue. . . . .	982,841.	19	1,068,010.
	20 Tax-exempt bond liabilities. . . . .	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D. . . . .	0.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties. . . . .	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties. . . . .	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	0.	25	0.
	26 <b>Total liabilities.</b> Add lines 17 through 25. . . . .	1,235,904.	26	1,305,276.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	27 Net assets without donor restrictions. . . . .	23,866,214.	27	28,142,330.
	28 Net assets with donor restrictions. . . . .	816,903.	28	350,830.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	29 Capital stock or trust principal, or current funds . . . . .		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund. . . . .		30	
	31 Retained earnings, endowment, accumulated income, or other funds. . . . .		31	
	32 <b>Total net assets or fund balances</b> . . . . .	24,683,117.	32	28,493,160.
33 <b>Total liabilities and net assets/fund balances</b> . . . . .	25,919,021.	33	29,798,436.	

Form **990** (2019)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	8,135,155.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	7,110,549.
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	1,024,606.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .	<b>4</b>	24,683,117.
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	2,676,651.
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	0.
<b>7</b>	Investment expenses . . . . .	<b>7</b>	0.
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	18,304.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O). . . . .	<b>9</b>	90,482.
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B)) . . . . .	<b>10</b>	28,493,160.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII. ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . .  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- 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 on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
<b>2a</b>		X
<b>2b</b>		X
<b>2c</b>		
<b>3a</b>		X
<b>3b</b>		

Form **990** (2019)



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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN

54-1572590

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

The organization is not a private foundation because it is (For lines 1 through 12, check one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ) )
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations . . . . .

**g Provide the following information about the supported organization(s)**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2019

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .	2,244,808	2,395,478	1,993,188	1,904,101	2,011,060	10,548,635
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4</b> <b>Total.</b> Add lines 1 through 3. . . . .	2,244,808	2,395,478	1,993,188	1,904,101	2,011,060	10,548,635
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						0
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4 . . . . .						10,548,635

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4. . . . .	2,244,808	2,395,478	1,993,188	1,904,101	2,011,060	10,548,635
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	2,514,311	3,202,543	2,830,475	3,245,187	3,385,060	15,177,576
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	9,145	3,930	2,320	1,035	5,000	21,430
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) . . . . .						0
<b>11</b> <b>Total support.</b> Add lines 7 through 10 . . . . .						25,747,641
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	10,570,233
<b>13</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)). . . . .	<b>14</b>	40.97%
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	42.96%
<b>16a</b> <b>33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. . . . .		<input checked="" type="checkbox"/>
<b>b</b> <b>33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a</b> <b>10%-facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>b</b> <b>10%-facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
6 <b>Total.</b> Add lines 1 through 5 . . . . .						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
c Add lines 7a and 7b. . . . .						
8 <b>Public support.</b> (Subtract line 7c from line 6) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . . . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) . . . . .						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .						
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) . . . . .	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17 . . . . .	18	%
19a <b>33 1/3% support tests - 2019.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b <b>33 1/3% support tests - 2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
20 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ <input type="checkbox"/>		

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> 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.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> 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 <b>Part VI</b> 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.		
<b>5a</b> 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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its 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 <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).		
<b>8</b> 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).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> 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 <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.			
<b>a</b> 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</b> identify those supported organizations and explain 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.			
<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.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> 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 <b>Part VI</b> .			
<b>b</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.			

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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

Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI) See instructions		
7	<b>Total annual distributions.</b> Add lines 1 through 6		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions		
9	Distributable amount for 2019 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2019			
a	From 2014 . . . . .			
b	From 2015 . . . . .			
c	From 2016 . . . . .			
d	From 2017 . . . . .			
e	From 2018 . . . . .			
f	<b>Total</b> of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2019 from Section D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI. See instructions			
7	<b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c			
8	<b>Breakdown of line 7</b>			
a	Excess from 2015 . . . .			
b	Excess from 2016 . . . .			
c	Excess from 2017 . . . .			
d	Excess from 2018 . . . .			
e	Excess from 2019 . . . .			

Schedule A (Form 990 or 990-EZ) 2019

**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.)

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**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047

**2019**

**Open to Public  
Inspection**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

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

Name of organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

GROUP RETURN

54-1572590

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) . . . . .

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2019

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .			
<b>d</b> Other exempt purpose expenditures . . . . .		4,651,471.	
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .		4,651,471.	
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns		382,574.	
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
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		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .		95,644.	
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .		0.	0.
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .		0.	0.
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .			<input type="checkbox"/> Yes <input type="checkbox"/> No

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount	350,304.	345,156.	344,517.	382,574.	1,422,551.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					2,133,827.
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount	87,576.	86,289.	86,129.	95,644.	355,638.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					533,457.
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2019

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

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

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

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

**Part IV** Supplemental Information *(continued)*

SCHEDULE D  
(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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.

Employer identification number

GROUP RETURN

54-1572590

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items

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

(i) Revenue included on Form 990, Part VIII, line 1. . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X. . . . . ▶ \$ \_\_\_\_\_

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

a Revenue included on Form 990, Part VIII, line 1. . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X. . . . . ▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2019

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply)
- a ☐ Public exhibition      d ☐ Loan or exchange program
- b ☐ Scholarly research      e ☐ Other \_\_\_\_\_
- c ☐ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table
- |   | Amount |
|---|--------|
| c Beginning balance . . . . .             | 1c     |
| d Additions during the year . . . . .     | 1d     |
| e Distributions during the year . . . . . | 1e     |
| f Ending balance . . . . .                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . . ☐

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

- |  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance . . . . .                     | 3,892,958.       | 4,082,479.     | 3,458,433.         | 3,114,796.           | 2,952,855.          |
| b Contributions . . . . .                                  | 515,533.         | 110,000.       | 80,000.            | 200,000.             | 200,000.            |
| c Net investment earnings, gains, and losses . . . . .     | 724,720.         | -149,882.      | 562,557.           | 160,144.             | -38,059.            |
| d Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs . . . . . | 259,283.         | 130,000.       |                    |                      |                     |
| f Administrative expenses . . . . .                        | 22,480.          | 19,639.        | 18,511.            | 16,507.              |                     |
| g End of year balance . . . . .                            | 4,851,448.       | 3,892,958.     | 4,082,479.         | 3,458,433.           | 3,114,796.          |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment ▶ 100.0000 %
- b Permanent endowment ▶ \_\_\_\_\_ %
- c Term endowment ▶ \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by.
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations . . . . .  | 3a(i)  | X  |
| (ii) Related organizations . . . . .   | 3a(ii) | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

- | Description of property            | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land . . . . .                  |                                      |                                 |                              |                |
| b Buildings . . . . .              |                                      |                                 |                              |                |
| c Leasehold improvements . . . . . |                                      |                                 |                              |                |
| d Equipment . . . . .              |                                      |                                 |                              |                |
| e Other . . . . .                  |                                      |                                 |                              |                |
- Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c) . . . . . ▶

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely held equity interests . . . . .		
(3) Other . . . . .		
(A) . . . . .		
(B) . . . . .		
(C) . . . . .		
(D) . . . . .		
(E) . . . . .		
(F) . . . . .		
(G) . . . . .		
(H) . . . . .		
<b>Total</b> (Column (b) must equal Form 990, Part X, col (B) line 12) . . . . .		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) . . . . .		
(2) . . . . .		
(3) . . . . .		
(4) . . . . .		
(5) . . . . .		
(6) . . . . .		
(7) . . . . .		
(8) . . . . .		
(9) . . . . .		
<b>Total</b> (Column (b) must equal Form 990, Part X, col (B) line 13) . . . . .		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) . . . . .	
(2) . . . . .	
(3) . . . . .	
(4) . . . . .	
(5) . . . . .	
(6) . . . . .	
(7) . . . . .	
(8) . . . . .	
(9) . . . . .	
<b>Total</b> (Column (b) must equal Form 990, Part X, col (B) line 15) . . . . .	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes . . . . .	
(2) . . . . .	
(3) . . . . .	
(4) . . . . .	
(5) . . . . .	
(6) . . . . .	
(7) . . . . .	
(8) . . . . .	
(9) . . . . .	
<b>Total</b> (Column (b) must equal Form 990, Part X, col (B) line 25) . . . . .	

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

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

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

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

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

**Part XIII Supplemental Information.**

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

SCH D, PART V, LINE 4

DIVISION 53 USES THESE FUNDS TO SUPPORT STUDENT DISSERTATION RESEARCH.



**Part XIII** Supplemental Information *(continued)*

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**SCHEDULE I**  
**(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
GROUP RETURN

AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.

Employer identification number

54-1572590

OMB No 1545-0047

**2019**

**Open to Public  
Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) VIRGINIA COMMONWEALTH UNIVERSITY 1015 W MAIN, ROOM 2087, PO BOX 842020	54-6001758	501(C)(3)	12,000				SUPPORT EARLY CAREER RESEARCH
(2) GEORGIA STATE UNIVERSITY RESEARCH FDN, INC 58 EDGEWOOD AVE, NE 3RD FL ATL, GA 30302	58-1845423	501(C)(3)	6,000				EARLY CAREER RESEARCH GRANT
(3) UNIVERSITY OF UTAH 201 S PRESIDENTS CIR SLC, UT 84112	87-6000525	501(C)(3)	10,000				PSYCHOTHERAPY RESEARCH
(4) UNIVERSITY OF WISCONSIN 335 ED BUILDING MADISON, WI 53706	39-6006492	501(C)(3)	30,000				PSYCHOTHERAPY RESEARCH
(5) THE OHIO STATE UNIVERSITY 1960 KENNY RD COLUMBUS, OH 43210	31-6025986	501(C)(3)	15,000				RESEARCH SUPPORT
(6) REGENTS OF THE UNIV OF CALIFORNIA UNIV OF CALIFORNIA, PO BOX 989062	94-6036494	501(C)(3)	15,000				RESEARCH SUPPORT
(7) TEXAS TECH UNIVERSITY ACCOUNTING SERVICES, P O BOX 41105	75-6002622	501(C)(3)	49,937				SEE PART IV
(8) PRAIRIE VIEW A&M UNIVERSITY P O BOX 519 MS1311 PRAIRIE VIEW, TX 77466	74-6001078	501(C)(3)	10,000				GROUNDWATER CONSERVA
(9) RESEARCH FDN FOR STATE UNIV OF NY PO BOX 9 ALBANY, NY 12201	14-1368361	501(C)(3)	20,000				SUPPORT EARLY CAREER RESEARCH
(10) MIAMI INT'L CHILD & ADOL MENTAL HEALTH CNF 11200SW 8TH ST MIAMI, FL 33199	65-0177616	501(C)(3)	10,000				CONFERENCE SUPPORT
(11) SEATTLE CHILDREN'S RESEARCH INSTITUTE 1900 9TH AVE SIATLE, WA 98101	91-0564748	501(C)(3)	10,000				DROTAR-CRAWFORD POST DOCTORAL GRANT
(12) JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE 733 N BROADWAY BALTIMORE, MD 21205	52-0595110	501(C)(3)	10,000				DROTAR-CRAWFORD POST DOCTORAL GRANT

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

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I**  
**(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.

GROUP RETURN

Employer identification number

54-1572590

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CHILDREN'S HOSPITAL OF PHILADELPHIA 3401 CIVIC CTR BLVD PHILADELPHIA, PA 19104	23-2237932	501(C)(3)	20,000				TARGETED RESEARCH GRANT
(2) IOWA STATE UNIVERSITY OF SCIENCE 2221 WANDA DALEY DR AMES, IA 50011	42-1143702	501(C)(3)	9,975				GENERAL SUPPORT
(3) CODAPAR SCCAP, BOX 3372 ALPHARETTA, GA 33720	52-2160404	501(C)(3)	8,000				ASSESSMENT MODELS
(4) UNIVERSITY OF FLORIDA 207 GRINTER HALL GAINESVILLE, FL 32611	59-6002052	501(C)(3)	10,000				GENERAL SUPPORT
(5) REGENTS OF THE UNIVERSITY OF COLORADO 13001 E 17TH PLACE, W126 AURORA, CO 80045	84-6000555	501(C)(3)	6,000				GENERAL SUPPORT
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 15.
- 3 Enter total number of other organizations listed in the line 1 table 15.

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

Schedule I (Form 990) (2019)

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	PSYCHOTHERAPY RESEARCH GRANT	1	5,000			
2	STUDENT RESEARCH FELLOWSHIP	1	500			
3	STUDENT RESEARCH GRANT	1	100			
4	ROUTH DISSERTATION	4	10,000			
5	PRACTICE AWARD	1	1,750			
6	APA POSTER AWARD	5	1,000			
7	MICAMH POSTER	1	250			

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

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	STUDENT ACHIEVEMENT	5	5,000			
2	DIVERSITY TRAVEL	5	2,500			
3	STUDENT TRAVEL	2	1,000			
4	SMITH ASSESSMENT AWARD	1	500			
5	DISTINGUISHED CAREER	1	2,000			
6	RESEARCH GRANT	1	2,000			
7						

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

FORM 990, SCHEDULE I, PART I, LINE 2:

DIVISION 15,

AT THE END OF THE GRANT PERIOD, THE RECIPIENT (WITH THE HELP OF THEIR

UNIVERSITY'S CONTRACTS AND GRANTS OFFICE) IS RESPONSIBLE TO REPORT THE DISTRIBUTION OF THEIR GRANT MONIES.

DIVISION 29,

GRANT RECIPIENTS ARE REQUIRED TO PROVIDE A COMPREHENSIVE REPORT INCLUDING

A FULL ACCOUNTING OF FUNDS WITHIN 6 MONTHS OF THE RESEARCH PROJECT'S

Schedule I (Form 990) (2019)

Page 2

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

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

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

COMPLETION. GRANT FUNDS NOT SPENT ON THE PROJECT WITHIN 2 YEARS MUST BE

RETURNED. AFTER THE PROJECT IS COMPLETED, RECIPIENTS ARE REQUIRED TO

SUBMIT A PRACTITIONER-FRIENDLY SUMMARY OF THE RESEARCH FOR PUBLICATION IN

PSYCHOTHERAPY BULLETIN AND/OR THE WEBSITE OF THE SOCIETY FOR THE

ADVANCEMENT OF PSYCHOTHERAPY.

DIVISION 40,

AT THE END OF THE GRANT PERIOD, THE RECIPIENT ORGANIZATION MUST PROVIDE A

REPORT THAT DETAILS ALL ACTIVITIES THAT TOOK PLACE IN THE CONTEXT OF THIS

GRANT, ALONG WITH A DETAILED ACCOUNT OF EXPENDITURES AND RETURN OF ANY

Schedule I (Form 990) (2019)

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

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

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

USED FUNDS. COPIES OF CONFERENCE PRESENTATIONS AND JOURNAL PUBLICATIONS OF RESEARCH THAT WAS CONDUCTED WITH GRANT SUPPORT MUST ALSO BE PROVIDED AT THAT TIME. THE OVERALL PURPOSE OF THIS GRANT IS TO (A) SUPPORT EARLY CAREER NEUROPSYCHOLOGISTS IN THEIR RESEARCH, AND (B) TO SOCIALIZE THEM INTO THE DIVISION BY HAVING THEM SERVE ON DIVISIONAL COMMITTEES.

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

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

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

DIVISION 41,

THE ORGANIZATION SPECIFIES WHAT THE FUNDS CAN AND CANNOT BE USED FOR AND REQUIRES THAT A FINAL REPORT BE SUBMITTED AT THE END OF THE GRANT PERIOD.

THE ORGANIZATION AWARDS THE MONIES TO THE Awardees INSTITUTION (NOT DIRECTLY TO THE Awardee) AND THE INSTITUTION'S OFFICE OF SPONSORED RESEARCH LOOKS AFTER TRACKING THE EXPENSES, AS PER THE AGREEMENT THEY SIGN WITH OUR ORGANIZATION.



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

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

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

DIVISION 53,

REVIEWED APPLICATION IN TERMS OF STANDARDS SET BY SCCAP. REQUIRE A MID

TERM AND FINAL ACCOUNTABILITY REPORT THAT DESCRIBES THE USE OF THE FUNDS

IN RELATION TO THE OUTLINE IN THE PROPOSAL.

DIVISION 54,

ANNUAL OR SEMI-ANNUAL, WRITTEN PROGRESS REPORTS ARE REQUIRED BY THE BOARD

TO DOCUMENT ADEQUATE PROGRESS TOWARD GRANT AIMS AND USE OF FUNDS.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**

Employer identification number

**GROUP RETURN**

**54-1572590**

FORM 990, PART I, LINE 6

THIS NUMBER REPRESENTS THE ELECTED MEMBERS OF THE GOVERNING BODIES OF THE  
VARIOUS DIVISIONS. THIS NUMBER IS NOT REPRESENTATIVE OF ALL VOLUNTEERS AS  
IT DOES NOT INCLUDE VOLUNTEERS WHO MAY HAVE SERVED THE DIVISIONS IN OTHER  
WAYS.

FORM 990, PART III, LINE 1

DIVISIONS OF THE APA: DIVISIONS SUPPORT AND ENCOURAGE THE EDUCATION,  
SCIENTIFIC STUDY, PROMOTION OF HUMAN WELFARE AND INFORMATION  
DISSEMINATION RELATED TO VARIED DISCIPLINES OF PSYCHOLOGY, AND THE  
ADVANCEMENT OF THOSE PSYCHOLOGY DISCIPLINES IN SERVING THE PUBLIC.

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICES INCLUDE VARIOUS TASK FORCES AND COMMITTEES WORKING  
ON PROGRAMMATIC ISSUES.

FORM 990, PART VI, SECTION A, LINES 1A AND 1B

EACH DIVISION HAS A GOVERNING BODY OF 8 TO 25 MEMBERS, ALL OF WHOM ARE  
INDEPENDENT AND ELECTED BY THE MEMBERS OF THE DIVISION.

FORM 990, PART VI, SECTION A, LINE 3

DIVISIONS 12, 13, 29, 38, AND 53 ARE THE ONLY DIVISIONS THAT DELEGATED  
CONTROL OVER MANAGEMENT DUTIES CUSTOMARILY PERFORMED BY OR UNDER THE  
DIRECT SUPERVISION OF OFFICERS, DIRECTORS OR TRUSTEES, OR KEY EMPLOYEES

Name of the organization	AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.	Employer identification number
GROUP RETURN		54-1572590

TO A MANAGEMENT COMPANY OR OTHER PERSON.

FORM 990, PART VI, SECTION A, LINE 4

DIVISION 13:

UPDATED THE BYLAWS TO INCLUDE A TREASURER-ELECT POSITION.

DIVISION 53:

IN JUNE OF 2019 THE MEMBERSHIP APPROVED NEW BYLAWS THAT INCLUDED THE NEW ELECTED POSITION FOR A MEMBER AT LARGE FOR DIVERSITY. THE NEWLY APPROVED BYLAWS ALLOWS FOR NON-APA MEMBERS TO RUN FOR ELECTED OFFICE.

FORM 990, PART VI, SECTION A, LINE 7A & 7B

THE DIVISIONS ARE MEMBERSHIP ORGANIZATIONS WHOSE MEMBERS ELECT THE GOVERNING BODIES.

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

APA MANAGEMENT PERFORMS A THOROUGH REVIEW OF A DRAFT OF THE 990. BOARDS OF THE DIVISIONS WERE REQUESTED TO DELEGATE THE POWER TO RECEIVE THE 990 TO THE PRESIDENT, AND A FINAL COPY OF THE 990 WAS PROVIDED TO THE PRESIDENT OF EACH DIVISION INCLUDED IN THIS CONSOLIDATED RETURN PRIOR TO IT BEING FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C

THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO ALL DIVISIONS, AND OFFICERS ARE REQUIRED, ON A MEETING BY MEETING BASIS, TO RECUSE THEMSELVES FROM ANY CONFLICT IN VIOLATION OF THIS POLICY.

Name of the organization AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.  
GROUP RETURN

Employer identification number  
54-1572590

FORM 990, PART VI, SECTION B, LINE 15

THE ORGANIZATION'S TOP MANAGEMENT OFFICIALS, OFFICERS, AND KEY EMPLOYEES  
ARE NOT COMPENSATED. SOME RECEIVE SMALL HONORARIUMS OR ARE COMPENSATED  
THROUGH A THIRD-PARTY MANAGEMENT COMPANY.

FORM 990, PART VI, SECTION C, LINE 19

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS  
ARE AVAILABLE UPON REQUEST AT THE OFFICES OF AMERICAN PSYCHOLOGICAL  
ASSOCIATION.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS:

DIVISION 18 BEGINNING NET ASSETS: \$151,747

DIVISION 32 BEGINNING NET ASSETS: \$176,137

DIVISION 36 BEGINNING NET ASSETS: (\$237,402)

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\$90,482

FORM 990, SECTION H, LINE B

DIVISIONS INCLUDED IN THE GROUP RETURN:

EIN	NAME
13-3407848	AMERICAN PSYCHOLOGICAL ASSOCIATION INC
	39 PSYCHOANALYSIS
22-2214523	AMERICAN PSYCHOLOGICAL ASSOCIATION INC
	29 SOCIETY FOR THE ADVANCEMENT OF
22-3138182	AMERICAN PSYCHOLOGICAL ASSOCIATION INC

Name of the organization AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.  
GROUP RETURN

Employer identification number  
54-1572590

49 SOCIETY OF GROUP PSYCHOLOGY & GR  
52-1520869 AMERICAN PSYCHOLOGICAL ASSOCIATION INC  
27 SOCIETY FOR COMMUNITY RESEARCH A  
52-1563958 AMERICAN PSYCHOLOGICAL ASSOCIATION INC  
35 SOC FOR THE PSYCHOLOGY OF WOMEN  
52-1563959 AMERICAN PSYCHOLOGICAL ASSOCIATION INC  
40 SOCIETY FOR CLINICAL NEUROPSYCHO  
52-1563963 AMERICAN PSYCHOLOGICAL ASSOCIATION INC  
41 AMERICAN PSYCHOLOGY-LAW SOCIETY  
52-1563968 AMERICAN PSYCHOLOGICAL ASSOCIATION INC  
44 SOC FOR PSYCH STUDY OF SEXUAL ORIE  
52-1563972 AMERICAN PSYCHOLOGICAL ASSOCIATION INC  
45 SOC FOR PSYCH STUDY OF CULTURE  
52-1563989 AMERICAN PSYCHOLOGICAL ASSOCIATION INC  
01 SOCIETY FOR GENERAL PSYCHOLOGY  
52-1563991 AMERICAN PSYCHOLOGICAL ASSOCIATION INC  
02 SOCIETY FOR THE TEACHING OF PSYCH  
52-1563997 AMERICAN PSYCHOLOGICAL ASSOCIATION INC  
12 SOCIETY OF CLINICAL PSYCHOLOGY  
52-1563998 AMERICAN PSYCHOLOGICAL ASSOCIATION INC  
13 SOCIETY OF CONSULTING PSYCHOLOGY  
52-1563999 AMERICAN PSYCHOLOGICAL ASSOCIATION INC  
15 EDUCATIONAL PSYCHOLOGY  
52-1564000 AMERICAN PSYCHOLOGICAL ASSOCIATION INC  
16 SCHOOL PSYCHOLOGY

Name of the organization	AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.	Employer identification number
GROUP RETURN		54-1572590

52-1564001 AMERICAN PSYCHOLOGICAL ASSOCIATION INC  
17 SOCIETY OF COUNSELING PSYCHOLOGY

52-1564004 AMERICAN PSYCHOLOGICAL ASSOCIATION INC  
19 SOCIETY FOR MILITARY PSYCHOLOGY

52-1564014 AMERICAN PSYCHOLOGICAL ASSOCIATION INC  
22 REHABILITATION PSYCHOLOGY

52-1708874 AMERICAN PSYCHOLOGICAL ASSOCIATION INC  
42 PSYCHOLOGISTS IN INDE PRACTICE

52-2160404 AMERICAN PSYCHOLOGICAL ASSOCIATION INC  
53 SOC OF CLIN CHILD & ADOLESCENCE PSY

53-0105890 AMERICAN PSYCHOLOGICAL ASSOCIATION INC  
54 SOCIETY OF PEDIATRIC PSYCHOLOGY

62-1338029 AMERICAN PSYCHOLOGICAL ASSOCIATION INC  
38 SOCIETY OF HEALTH PSYCHOLOGY

77-0250718 AMERICAN PSYCHOLOGICAL ASSOCIATION INC  
48 SOC STUDY PEACE CONFL & VIOL PEA

90-0288490 AMERICAN PSYCHOLOGICAL ASSOCIATION INC  
56 TRAUMA PSYCHOLOGY

91-1436109 AMERICAN PSYCHOLOGICAL ASSOCIATION INC  
50 SOCIETY OF ADDICTION PSYCHOLOGY

52-1563947 AMERICAN PSYCHOLOGICAL ASSOCIATION INC  
32 SOCIETY FOR HUMANISTIC PSYCHOLOGY

52-1564003 AMERICAN PSYCHOLOGICAL ASSOCIATION INC  
18 PSYCHOLOGISTS IN PUBLIC SERVICE

Name of the organization **AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.**  
 GROUP RETURN

Employer identification number  
 54-1572590

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
AMC SOURCE 631 US HIGHWAY 1, SUITE 400 NORTH PALM BEACH, FL 33408	MANAGEMENT FEES	185,971.
AMERICAN PSYCHOLOGICAL ASSOCIATION, INC. 750 FIRST STREET, NE WASHINGTON, DC 20002	MEMBERSHIP SERVICES	119,717.
BARBARA A KEETON 1096 MAPLE STREET ASHLAND, VA 23005	ADMINISTRATIVE SVCS	105,219.

ATTACHMENT 2

FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	<u>(A) TOTAL FEES</u>	<u>(B) PROGRAM SERVICE EXP.</u>	<u>(C) MANAGEMENT AND GENERAL</u>	<u>(D) FUNDRAISING EXPENSES</u>
ADMINISTRATIVE SERVICES	439,897.	0.	439,897.	0.
EDITORIAL SERVICES	267,473.	267,473.	0.	0.
OTHER	247,186.	73,406.	173,780.	0.
TOTALS	<u>954,556.</u>	<u>340,879.</u>	<u>613,677.</u>	<u>0.</u>