

(Rev. January 2020)

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public

Open to Public

OMB No. 1545-0047

Lispection:

► Go to www.irs.gov/Form990 for Instructions and the latest information. 2019, and ending A For the 2019 calendar year, or tax year beginning D Employer Identification number C Name of organization AMERICAN PSYCHOLOGICAL ASSOCIATION, INC. 54-1572590 GROUP RETURN Doing business as E Telephone number Room/sulle Number and street (or P O. box if mail is not delivered to street address) (202) 336-5500 750 FIRST STREET NE inial ratum City or town, state or province, country, and ZIP or foreign postal code Final returns G Gross receipts \$ 1,3,724,457. --WASHINGTON, DC 20002 H(a) is this a group return for Yes Application pend-en ARCHIE L. TURNER F Name and address of principal officer H(b) Are all subordinates includ SAME AS "C" ABOVE If "No." attach a list (see instruction X 501(c)(3) 4947(a)(1) or (insert no) 501(c) (H(c) Group exemption number Website; > HTTPS://WWW.APA.ORG/ABOUT/DIVISION/INDEX M State of legal domicile L Year of formation Form of organization: X Corporation Other > Trust Association Part 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. 381. 3 Number of voting members of the governing body (Part VI, line 1a) 381. Number of independent voting members of the governing body (Part VI, line 1b)..... Ο. Total number of individuals employed in calendar year 2019 (Part V, line 2a). 2,771. 5,000. 7a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-1, line 3 Current Year Prior Year 1,904,101. 2,011,060. 8 Contributions and grants (Part VIII, line 1h) 1,264,741. 1,850,265. 9 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and (2) 857,860. 889,360. 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e 3,115,297. 3,384,470. 11 7,141,999. 8,135,155.Total revenue - add lines 8 through 11 (must equal Part VIII, col 364,569. 527,901. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 0 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 111,000. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 5,902,760. 6,471,648. 6,267,329. 7,110,549. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 874,670. 1,024,606. 19 Revenue less expenses. Subtract line 18 from line 12...... o es End of Year Beginning of Current Year 25,919,021. 29,798,436. 20 Total assets (Part X, line 16) 1,235,904 1,305,276. 21 Total liabilities (Part X, line 26). 24,683,117. 28,493,160. Net assets or fund balances. Subtract line 21 from line 20. 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. $g \mathcal{M} \Diamond \mathcal{N}$ 2020 Sign Signature of officer, Here ARCHIE L. TURNER COO/CFO Type or print name and title Print/Type preparer's name Preparer's signature Date Check Pald JACOB COOK 11/12/2020 self-employed P01240455 Preparer Firm's EIN > 13-5381590 Firm's name BDO USA, Use Only Flim's address ▶8401 GREENSBORO DRIVE, #800 MCLEAN, 703-893-0600 Phone no May the IRS discuss this return with the preparer shown above? (see instructions) |X|Yes |

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For Paperwork Reduction Act Notice, see the separate instructions.





Ori	AMERICAN PSYCHOLOGICAL ASSOCIATION, INC. 54-1572590 n 990 (2019) Page 2
	art III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission.
	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 X 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 X 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
	the total expenses of the reserves in any less care in a second reserves and the reserves in a second reserves and the reserv
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 \$
	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.
4-	(Code) (Expenses \$ 933,945 including grants of \$ 527,901) (Revenue \$ 0)
46	AWARDS AND GRANTS -
	VARIOUS AWARD PRESENTATIONS AND GRANTS TO FUND VARIOUS RESEARCH
	PROJECTS IN PSYCHOLOGY.
نہ ۾	Other program services (Describe on Schedule O)
→u	(Expenses \$ 118,180 including grants of \$ 0) (Revenue \$ 21,956)
40	Total program service expenses ► 4,651,471.

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			х
	candidates for public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4	х	
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II			
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
U	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
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	10	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 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	يسيد.		
а	complete Schedule D, Part VI	11a		x
h	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	114		
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		x
	Schedule D, Parts XI and XII	12a		
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
_	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10		х
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	ļ	
19	If "Yes," complete Schedule G, Part III	19		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21	Х	
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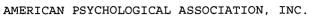
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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		-	
270	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
		24a		Х
L	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	245		
С		24c		
	to defease any tax-exempt bonds?	24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	ا مد. ا		х
	If "Yes," complete Schedule L, Part I	25b		
26	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%	26		х
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	_	
27	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	27		х
	persons? If "Yes," complete Schedule L, Part III	21	_	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а		28a		х
.	"Yes," complete Schedule L, Part IV	28b	_	X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	100		
C	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
30	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
~_	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
•	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
•	or IV, and Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	197 Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		للل
		Γ	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	١,		
	reportable gaming (gambling) winnings to prize winners?	1c		Щ_

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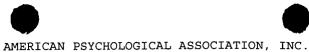






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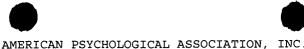
Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			,
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country ▶			1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	-		1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			ئہ ۔
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		ļ	
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		j
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u>x</u> _
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		~-	1
	sponsoring organization have excess business holdings at any time during the year?	8_		
9	Sponsoring organizations maintaining donor advised funds.		-	- !
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	-- $+$	
10	Section 501(c)(7) organizations. Enter			,
	Initiation fees and capital contributions included on Part VIII, line 12			,
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			1 1
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			i
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			1
40 -		12a		1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	124		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		<u>'</u>
а	Is the organization licensed to issue qualified health plans in more than one state?	134		1
L	Note: See the instructions for additional information the organization must report on Schedule O.			1
D	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			
_	Enter the amount of reserves on hand			í
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	\dashv	<u>,</u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O · · · · · ·	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		$\neg \neg$	
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.]
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O			j
			~~~	



Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 381	]		1
	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			
ь	Enter the number of voting members included on line 1a, above, who are independent   Ib   381  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
2	any other officer, director, trustee, or key employee?	2		X
•	Did the organization delegate control over management duties customarily performed by or under the direct			
3	supervision of officers, directors, trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint			
'a	one or more members of the governing body?	7a	Х	
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
U	stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			1
Ū	the year by the following			]
а	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	L
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			]
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<u> </u>
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	40.	х	
	rise to conflicts?	12b		<del>  -</del>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	х	
	describe in Schedule O how this was done	13	X	<u> </u>
13	Did the organization have a written whistleblower policy?	14	X	<del></del>
14	Did the organization have a written document retention and destruction policy?	"		<del>                                     </del>
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a		X ,
а	The organization's CEO, Executive Director, or top management official	15b		X
b	Other officers or key employees of the organization	100		:
4.5	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		x
			_	-
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		<b></b>
Sect	ion C. Disclosure	1		
	List the states with which a copy of this Form 990 is required to be filed ▶			
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-1	(Sec	tion 5	01(c)
18	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply	(060		J (U)
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or	f inte	rest p	olicy.
. •	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 record APA FINANCIAL SERVICE OFFICE 750 FIRST STREET NE WASHINGTON, DC 20002 (202) 336-5500	ls ▶		
	APA FINANCIAL SERVICE OFFICE 750 FIRST STREET NE WASHINGTON, DC 20002 (202)336-5500		000	
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII **Independent Contractors** 

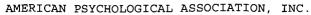
# Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 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) A verage hours per week	box,	unles	Pos heck ss pe	erson	e than c is both or/trust	an	(D)  Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Former Highest compensated employee Key employee		Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1)JEAN HILL	33.00									
D27-EXECUTIVE DIRECTOR	0.	ł		х				70,000.	0.	0.
(2) THOMAS PUSATERI	20.00			<u> </u>	-			7070001		
D02-EXECUTIVE DIRECTOR	0.			х				25,000.	0.	0.
(3) RICHARD MILLER	20.00	<u> </u>		<del></del>						
D02-PRESIDENT	0.	x		x				8,000.	0.	0.
(4) JEFFREY HOLMES	10.00						-		<u>.</u>	
D02-TREASURER	0.	x		x				4,000.	0.	o.
(5) AMY FINEBURG	10.00	-				-				
D02-PRESIDENT ELECT	0.	x		x				4,000.	0.	0.
(6)LISA OSBECK	5.00									
D01-PRESIDENT AS OF 8/19	0.	х						0.	0.	0.
(7) ALEXANDRA RUTHERFORD	5.00	_								
D01-PAST-PRESIDENT AS OF 8/19	0.	х						0.	0.	0.
(8) SARAH FRIEDMAN	2.00									
D01-PRESIDENT-ELECT AS OF 8/19	0.	х						0.	0.	0.
(9)MINDY ERCHULL	2.00									
D01-COUNCIL REPRESENTATIVE	0.	х						0.	0.	0.
(10) KASEY POWERS	2.00								<u> </u>	
D01-SECRETARY, CORSINI STUDENT	0.	Х						0.	0.	0.
(11) DAVID DEVONIS	3.00									
D01-TREASURER	0.	] x						0.	0.	0.
(12) MARK SCIUTTO	1.00									
D01-MEMBER AT LARGE EC, CALKIN	0.	Х						0.	0.	0.
(13) CLARE MEHTA	1.00									
D01-MEMBER AT LARGE EC	0.	X						0.	0.	0
(14)ALICIA TROTMAN	1.00									
D01-MEMBER AT LARGE EC, CWP LI	0.	X						0.	0.	0.

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Part VII Section A. Officers, Directors, Tru		y En	ıpıc			ana	HIG			
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per	(do	not c		sition	e than o	ne	Reportable	Reportable	Estimated amount of
	week (list any	ı '				is both		compensation from	compensation from related	other
	hours for	_	$\overline{}$	1	1	tor/trus	_	the	organizations	compensation
	related	일	Inst	Officer	e e	를 를 등	Forme	organization	(W-2/1099-MISC)	from the
	organizations below dotted	leg M	<del>ই</del>	ĕ	emp	loye	ner	(W-2/1099-MISC)		organization and related
	line)	[ 즉 =	nal		Key employee	ië c	ļ		}	organizations
		Individual trustee or director	Institutional trustee		8	pen				
		Ö	tee			Highest compensated employee				
15) JOHN HOGAN	1.00						-			· · · · · · · · · · · · · · · · · · ·
D01-HISTORIAN	0.	Х						0	0.	
16) WADE PICKREN	5.00							,		
D01-CO-EDITOR, RGP	٥.	х						0	0.	
17) THOMAS TEO	5.00									
D01-CO-EDITOR, RGP	0.	) x						0	0.	
18) KELLI VAUGHN-JOHNSON	2.00									
D01-NEWSLETTER EDITOR	0.	х						0.	0.	
19) CHARLENE CHESTER	1.00		_							
D01-EARLY CAREER REP.	0.	х						0.	0.	
20) LORI JORDAN FOUNTAIN	1.00						_	· · · · · · · · · · · · · · · · · · ·		
D01-STUDENT REPRESENTATIVE	0.	х						0.	0.	
21) PHYLLIS WENTWORTH	4.00						_			
D01-AWARDS COORDINATOR	0.	x					Ì	0	0.	
22) STEPHANIE AFFUL	10.00		-				_			
D02-SECRETARY	0.	х		х				0.	0.	}
23) SUSAN FRANTZ	10.00						-			
D02-PAST PRESIDENT	0.	x		х				0.	0.	1
24) MEERA KOMARRAJU	10.00						_		·	<del></del>
D02-VP FOR MEMBERSHIP	0.	x		х				0.	0.	]
25) KELI BRAITMAN	10.00						_	<del> </del>		
D02-VP FOR RECOG. AND AWARDS	0.	х		х				0.	0.	
						<u> </u>	_	111,000.	0.	0
1b Sub-total					• •			0.	0.	0
c Total from continuation sheets to Part VII, Se	-							111,000.	0.	0
d Total (add lines 1b and 1c)								·		<u> </u>
2 Total number of individuals (including but not I reportable compensation from the organization		0 .		uai	OOVE	=) WIII	טו כ	ceived more man	\$100,000 01	
										Yes No
3 Did the organization list any former office	er, directo	r, or	tru	ıste	e, I	key e	emp	loyee, or highest	compensated	
employee on line 1a? If "Yes," complete Schedu										3 X
4 For any individual listed on line 1a, is the s	sum of rec	ortab	le c	:om	nen	satioi	าลเ	nd other compens	sation from the	
organization and related organizations gre	eater than	\$15	0,0	00?	lf	"Yes	,"(	complete Schedu	le J for such	
ındıvıdual										4 X
5 Did any person listed on line 1a receive or	accrue coi	mpen	satı	on f	fron	n any	uni	related organization	on or individual	
for services rendered to the organization? If "Ye										5 X
Section B. Independent Contractors										
1 Complete this table for your five highest com	pensated ii	ndepe	nde	ent o	conf	tracto	rs t	hat received more	than \$100,000 d	of
compensation from the organization Report of	ompensatio	on for	the	cal	lend	lar ye	ar e	ending with or with	in the organizatio	n's tax
year										
(A)								(B)		(C)
Name and business add	ress						╄-	Description of se	rvices	Compensation
ATTACHMENT 1							╄			
							┼╌			
							$\perp$			
							$oxed{\Box}$			•
2 Total number of independent contractors (in	cluding bu	ıt not	lım	iited	d to	thos	e li	sted above) who	received	***
more than \$100,000 in compensation from the						3				
ICA										



AMERICAI Form 990 (2019)	N PSYCHO	LOG]	CA!	L A	ASS	OCIA	TI	ON, INC.	54-	1572	590	F	Page 8
Part VII Section A. Officers, Directors, Tru	ustees. Ke	v En	olar	vee	es,	and H	ligi	hest Compensat	ed Employe	es (co	ontinue		
(A) Name and title	(B)  Average hours per week (list any hours for related	(do r box, office	not cl unles	Pos neck ss pe	cition more erson tirect	than o	ne an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimated amount of other compensation from the organizatio		f on
	organizations below dotted line)	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	mer	(W-2/1099-MISC)			and	anizatio	t
26) KELLEY HAYNES-MENDEZ	10.00												
D02-VP FOR DIVERSITY AND INT'L	0.	Х		Х		!		0		0.			0
27) ANGELA LEGG	10.00	v		х				0		0.			0
D02-VP FOR PROGRAMMING 28) WILLIAM ALTMAN	10.00	Х		Λ_					1	<del>-0.</del>			
D02-VP FOR RESOURCES	1-10.00	х		х				0		0.			0
29) JONATHAN COMER	5.00	_ ^	-							<u> </u>		_	
D12-PRESIDENT	1	х		х		:		0		٥.			0
30) ELIZABETH YEATER	5.00												
D12-PRESIDENT-ELECT	0.	x		х				0	]	ο.			0
31) GARY VANDENBOS	.50			_						-			
D12-PAST-PRESIDENT	0.	х		х				0		0.			0
32) JONATHAN WEINAND	2.00												
D12-TREASURER	0.	х		х				0	1	0.			0
33) DEBORAH DRABICK	5.00												
D12-SECRETARY	0.	х		Х				0		0.			0
34) KIM PENBERTHY	.50												
D12-COUNCIL REPRESENTATIVE	0.	X						0		0.			0
35) GUILLERMO BERNAL	.50												
D12-COUNCIL REPRESENTATIVE	0.	Х			L			0		0.			0
36) MARK SOBELL	.50												^
D12-COUNCIL REPRESENTATIVE	0.	Х						0		0.			0
1b Sub-total								0.	-	0.			0.
c Total from continuation sheets to Part VII, S	-								-				
d Total (add lines 1b and 1c)							<u> </u>		<u> </u>				
Total number of individuals (including but not reportable compensation from the organization)		nose . 0		d ai	bove	e) wno	o re	ceived more than	\$100,000 61				
reportable compensation from the organization												Yes	No
a Bilitina and the late of the second			4		_			leves or bishes	t	- od		163	1
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schede	er, airecto ule l'for su	or, or chund	ıru İvidi	iste ial	e,	key e	mp	noyee, or nighes	Compensat	.eu	3		
												ļ	1
4 For any individual listed on line 1a, is the organization and related organizations gro	sum of rep	ortab 4 1 5	e c	om ono	per	isatioi oov"	n ar	nd other compens	sation from t	ne Ich			
individual											4		Х
5 Did any person listed on line 1a receive or									on or individi	ıal			
for services rendered to the organization? If "Y	es," comple	te Sch	nedu	ıle J	l for	such	per	son			5		Х
Section B. Independent Contractors													
Complete this table for your five highest com- compensation from the organization. Report of year.	pensated i compensati	ndepe on for	ende the	ent o	con	tracto lar ye	rs t ar e	hat received more ending with or with	than \$100,0 hin the organ	000 of ization	f n's tax		
(A)								(B)			(C)		
Name and business add	dress							Description of se	ervices	С	ompen		
							1_						
							1_	·					
							1						

(A) Name and business address	(B) Description of services	(C) Compensation
Total number of independent contractors (including but not limited to the	and listed above) who accessed	

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





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Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	ıplo	ye	es,	and I	lig	hest Compensat	ed Employee	es (continued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	rson	e than o is both or/trust	an ee)	(D) Reportable compensation from the	Reportable compensation from related organizations	from amount of other
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MI	
37) MICHAEL OTTO	.50	v						0		0
D12-COUNCIL REPRESENTATIVE 38) DANNY WEDDING	.50	Х	Н					0		0.
D12-COUNCIL REPRESENTATIVE	0.	х						0		0.
39) BRIAN YOCHIM	.50	, ,								
D12-SECTION 2 REP 40) BOB KLEPAC	.50	Х	Н					0.		0.
D12-SECTION 3 REP	0.	х						0.		0.
41) KALYANI GOPAL	.50						_			
D12-SECTION 4 REP	0.	х	Ш					0.	·	0.
42) VINCENZO TERAN	.50	,,,								0
D12-SECTION 6 REP 43) ANDERS GORANSON	.50	Х	$\vdash$					0.		0.
D12-SECTION 7 REP	<del>-</del>	x						0.		0.
44) DONNA LAPAGLIA	.50									
D12-SECTION 8 REP	0.	х						0.		0.
45) PAUL ARBISI	.50									
D12-SECTION 9 REP	0.	Х						0.	-	0.
d12-SECTION 10 REP	.50	х						0.		0.
47) WILLIAM H. BERMAN, PHD	20.00		$\vdash$							-
D13-PRESIDENT AS OF 02/19	0.	х						0.		0.
to Total from continuation sheets to Part VII, Set Total (add lines 1b and 1c)	<u> </u>	<u></u>	<u></u>			· · · ·	▶ ▶ o re	0.	\$100,000 of	0.
3 Did the organization list any former office employee on line 1a? If "Yes," complete Scheduler.  7 Scheduler of the organization of the organiza	er, directo	or, or	tru	ste	<u>-</u> е, І	key 6	emp	loyee, or highest	t compensate	
<ul> <li>4 For any individual listed on line 1a, is the sorganization and related organizations graindividual</li> <li>5 Did any person listed on line 1a receive or</li> </ul>	eater than	\$15 	0,0	00?		"Yes 	;," ( 	complete Schedu	le J for suc	h 4 X
for services rendered to the organization? If "Ye Section B. Independent Contractors										
Complete this table for your five highest com- compensation from the organization. Report of year.	pensated in ompensation	ndepe	nde the	ent o	cont	tracto lar ye	rs ti ar e	hat received more inding with or with	than \$100,00 nin the organiz	00 of cation's tax
(A) Name and business add	ress							(B) Description of se	rvices	(C) Compensation
					-					
							-			
2 Total number of independent contractors (in more than \$100,000 in compensation from the				utec	to to	thos	e li	sted above) who	received	0 0





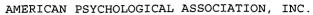
D13-PRESIDENT-ELECT AS OF 2/19	Part VII Section A. Officers, Directors, Tru	 ustees, Ke	y En	nplo	- oye	es,	and l	ligi	hest Compensat	ed Emplo	yees (c	continued)
48) A. DALE THOMPSON, PHD	(A)	(B) Average hours per week (list any hours for related organizations below dotted	(do r box, office	not c unle:	Pos heck ss pe	c) sition more erson direct	e than o is both tor/trust	one an ee)	(D) Reportable compensation from the organization	(E) Reporta compensati relate organiza	able on from ed tions	(F) Estimated amount of other compensation from the organization and related
D13-PAST PRESIDENT AS OF 02/19   0	40' 2 DATE WHOMPOON DID	5.00		ee			sated			_		
Di3-PRESIDENT ELECT AS OF 2/19			4						0		0.	
1.00   D13-SECRETARY	49) MARK SIRKIN, PHD		-									
S11 BRYNN FREEMAN, PHD	50) JANE FLOYD, PSYD	1.00		$\vdash$								
D13-TREASURER						igspace	$\longrightarrow$		0.	-	0.	
D13 - COUNCIL REPRESENTATIVE		+	-						0.1		0.	İ
Solution   State   52) VICKI VANDAVEER, PHD												
D13-COUNCIL REFRESENTATIVE			X			$\vdash$	$\vdash$		0	-	0.	
D13-DOM LD EXT REL AS OF 02/19 1.0 X 0.0 0.0  55) LAYLA BOKHART, PHD 1.00 D13-DOM LEAD COMM AS OF 02/19 0. X 0.0 0.0  56) SCOTT SERVISS, PSYD 5.00 0.0 0.5  57) LARRY NORTON, PHD 5.00 0.0 D13-DOMAIN LEADER EDUCATION 0. X 0.0 0.0 D13-DOMAIN LEADER RESEARCH 0.0 X 0.0 0.0  D13-DOMAIN LEADER RESEARCH 0.0 X 0.0 0.0  D15-PAST PRESIDENT AS OF 8/19 0. X X 0.0 0.0  1b Sub-total 0.0 0.0 0.0 0.0 0.0  1b Sub-total 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.			<u>x</u>		_				0.	ļ	0.	
Section B. Independent of the dispersation   Section B.   Section B.	54) MARISSA BERMAN, PSYD											
D13-D0M LEAD COMM AS OF 02/19 0. X 0 0 0.  503 SCOTT SERVISS, PSYD 5.00 0.  D13-D0MAIN LEADER EDUCATION 0. X 0 0.  D13-D0MAIN LEADER RESEARCH 0. X 0 0.  D13-D0MAIN LEADER RESEARCH 0. X 0 0.  D13-D0MAIN LEADER RESEARCH 0. X 0 0.  D15-PAST PRESIDENT AS OF 8/19 0. X X 0 0.  D15-PAST PRESIDENT AS OF 8/19 0. X X 0 0.  D15-PAST PRESIDENT AS OF 8/19 0. X X 0 0.  Total from continuation sheets to Part VII, Section A 0 0.  Total form continuation sheets to Part VII, Section A 0 0.  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from 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			Х	H	$\vdash$	H			0		- 0.	
D13-DOMAIN LEADER EDUCATION 0. X 0 0 0.  D13-DOMAIN LEADER RESEARCH 5.00 0 0.  D13-DOMAIN LEADER RESEARCH 0. X 0 0 0.  S8) GALE SINATRA 5.00 0 0.  D15-PAST PRESIDENT AS OF 8/19 0. X X 0 0 0.  1b Sub-total 0 0 0.  C Total from continuation sheets to Part VII, Section A 0 0 0.  d Total (add lines 1b and 1c) 0 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 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 1.  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 1.  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  Did not received more than \$100,000 of compensation from the organization's tax year			x						0.	ļ	0.	
57) LARRY NORTON, PHD D13-DOMAIN LEADER RESEARCH 0. X 0. 0.  B15-PAST PRESIDENT AS OF 8/19 0. X X 0 0 0.  1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c).  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.  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  Description of services  Compensation	56) SCOTT SERVISS, PSYD		v									
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D15-PAST PRESIDENT AS OF 8/19 0. X X 0 0 0.  1b Sub-total c Total from continuation sheets to Part VII, Section A 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			х						0.		0.	
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c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c).  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				Ш			1	$\vdash$				0
Teportable compensation from the organization ► 0.    Yes   No.	c Total from continuation sheets to Part VII, Sed Total (add lines 1b and 1c)	ection A .	 <u></u>	 	 	 	 <u></u>	<b>&gt;</b>				
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			_		d a	bove 	e) who	) re	ceived more than	\$100,000 (	of 	
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual												Yes No
for services rendered to the organization? If "Yes," complete Schedule J for such person	organization and related organizations gre	eater than	\$15 	0,0 • •	00? • •	) If 	"Yes	," (	complete Schedu	le J for s	such · · ·	4 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)  (B)  (C)  Compensation  Compensation												5 X
compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Description of services  Compensation	Section B. Independent Contractors											-
Name and business address  Description of services  Compensation	compensation from the organization. Report of											
		ress						$\prod$		rvices	С	
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								igspace -				
	2 Total number of independent contractors (in	icluding bu	ut not	lim	nitec	d to	thos	e li	isted above) who	received		



AMERICAN PSYCHOLOGICAL ASSOCIATION, INC. 54-1572590 Page 8 Form 990 (2019) Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (D) Œ) (F) (A) Reportable Estimated Name and title Average Position Reportable (do not check more than one amount of compensation compensation from hours per box, unless person is both an other veek (list any from related officer and a director/trustee) compensation hours for organizations the Individual i from the Key employee Highest compensated employee related Institutional trustee (W-2/1099-MISC) organization organization organizations (W-2/1099-MISC) and related below dotted line) organizations trustee HELENROSE FIVES 39.00 D15-PRESIDENT AS OF 8/19 ō. Х 0 0. 6.00 MICHELLE BUEHL 60) O 0. D15-PRESIDENT-ELECT AS OF 8/19 0. Х Ο. (61) REVATHY KUMAR 4.00 0 0. D15-SECRETARY Ο. X X 0 GWEN MARCHAND 2.00 D15-TREASURER-ELECT/TREASURER 0. Х х 0 0. 1.50 AVI KAPLAN 63) D15-APA COUNCIL, VP AS OF 8/19 0. Х 0 0. 0. SHARON NICHOLS 1.50 64) D15-REP TO APA COUNCIL n O Ο. 0. Х MARCUS JOHNSON 1.00 D15-REP, APA COUNCIL AS OF 8/19 0 Ο. o. Х Ο. 1.00 TIMOTHY URDAN D15-MEMBER AT LARGE 0. Х 0 0 0. 67) MEGHAN ECKER-LYSTER 1.00 ο. D15-MEMBER AT LARGE O 0 Ο. Х MELISSA BRAY 10.00 68) D16-PRESIDENT 0. Х 0 0. Х 5.00 69) CATHERINE FIORELLO D16-PAST PRESIDENT 0. 0 0. 0 0. c Total from continuation sheets to Part VII, Section A . . . . . . . . . . . . . . . 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 Did the organization list any former officer, director, or trustee, key employee, or highest compensated X 3 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 Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual Х for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 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 ▶





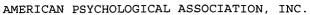


(A) Name and title	(B) Average hours per week (list any hours for	box, office	not che unless r and	pers a du	tion more than son is both rector/trus	an tee)	(D) Reportable compensation from the	(E) Reportab compensation related organization	n from ons	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Highest compensated employee Key employee	Former	organization (W-2/1099-MISC)	(W-2/1099-N	AISC)	from the organization and related organizations
) ENEDINA VAZQUEZ D16-PRESIDENT ELECT	5.00 0.	х		x			0		0.	
) JULIA OGG D16-SECRETARY	5.00	х		x			0		0.	
) CYNDI RICCIO	5.00			1			0		0.	
D16-TREASURER ) DAVID HULAC	5.00	X		X	-		0		0.	
D16-VP-MEMBERSHIP ) JANINE JONES  D16 VP PROFESSIONAL AFFAIRS	5.00	X		X			0		0.	
D16-VP-PROFESSIONAL AFFAIRS ) RIK D'AMATO	5.00	X		X	_	-	0		0.	
D16-VP-CONVENTION & PUBLIC REL ) MICHELLE PERFECT	5.00	X		X	<u> </u>		0		0.	
D16-VP-PUBLICATIONS ) M. FRANCIS CREPEAU-HOBSON D16-VP-ETSA	0. 5.00	X		x x			0		0.	
) PRERNA ARORA D16-VP-SEREMA	5.00	X		x			0		0.	
) SAMUEL SONG D16-COUNCIL REPRESENTATIVE	5.00	x		^			0		0.	
) TAMMY HUGHES  D16-COUNCIL REPRESENTATIVE	5.00	X			_		0		0.	
b Sub-total  c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	<u> </u>	<u> </u>	<u></u>			<b>&gt;</b>	0.	\$100,000,0	0.	
Total number of individuals (including but not reportable compensation from the organization Did the organization list any former office employee on line 1a? If "Yes," complete Scheduling in the scheduling in t	er, directo	or, or	trus	stee	e, key	emp	oloyee, or highes	t compensa	ted	Yes 3
For any individual listed on line 1a, is the sorganization and related organizations grandividual	eater than	\$15 	0,00		If "Ye	s," • •	complete Schedu	le J for s		4
Did any person listed on line 1a receive or for services rendered to the organization? If "Ye ection B. Independent Contractors										5
Complete this table for your five highest com compensation from the organization Report of year	pensated in ompensation	ndepe	ender the	nt c cale	contracto endar ye	ors t	hat received more ending with or with	than \$100, nin the organ	000 of	i's tax
(A) Name and business add	Iress				_		(B) Description of se	ervices	C	(C) ompensation
	-									
						_				



Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	nplo	ye	es,_	and I	lig	hest Compensat	ed Employ	rees (d	continued)
(A) Name and title	(B)  Average hours per week (list any hours for	box, office	unle	Pos heck ss pe	rson	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reporta compensation relate organizat	on from d	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-		from the organization and related organizations
81) BONNIE NASTASI	5.00	7/									
D16-COUNCIL REPRESENTATIVE 82) LINDA REDDY	5.00	Х						0		0.	
D16-COUNCIL REPRESENTATIVE	0.	х						0		0.	
83) LEA THEODORE D16-COUNCIL REPRESENTATIVE	5.00 0.	х						0		0.	
84) ARPANA INMAN	15.00										
D17-PAST PRESIDENT THRU 7/19	0.	Х						0		0.	<del>-</del>
85) RUTH FASSINGER D17-PAST PRES ELECT AS OF 8/19	15.00 0.	х						0		0.	
86) ANNELIESE SINGH	20.00	<u> </u>						<del></del>			<u> </u>
D17-PRESIDENT AS OF 8/19	0.	Х						_ 0		0.	
87) MARY O'LEARY WILEY	15.00										
D17-PRESIDENT ELECT AS OF 8/19	0.	Х						0		0.	
88) AMY REYNOLDS D17-SECRETARY	10.00	х						0		0.	
89) SUSAN KASHUBECK-WEST	10.00					_	_				
D17-TREASURER THRU 7/19	0.	х						0.		0.	
90) ANNETTE KLUCK	10.00										
D17-TREASURER AS OF 8/19	0.	Х						0.		0.	
91) DOROTHY ESPELAGE	10.00										
D17-VP, SCIENTIFIC AFFAIRS	0.	Х						0		0.	
to tal (add lines 1b and 1c)	<u> </u>		<u> </u>	<u> </u>			▶ ▶ re	0 .	\$100,000 c	0 . of	C
reportable compensation from the organization  3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo	0 . r, or	tru	ıste	e, I	key e	mp	oloyee, or highes	compens	ated	Yes No
<ul> <li>4 For any individual listed on line 1a, is the sorganization and related organizations grandividual</li></ul>	sum of rep eater than	ortab \$15	le c 0,0	om 00?	pen <i>If</i> 	satior "Yes	n ar ," (	nd other compens complete Schedu	sation from le J for s	the such	4 X
for services rendered to the organization? If "Ye Section B. Independent Contractors	es," complet	e Sch	edu	le J	for	such	per:	son	<u></u>	<u>.</u> .	5 X
Complete this table for your five highest com- compensation from the organization Report of year											
(A) Name and business add	ress							(B) Description of se	rvices	C	(C) Compensation
		_			_			<u>.                                    </u>			
							$\vdash$			_	
2 Total number of independent contractors (in more than \$100,000 in compensation from the				ntec	t to	thos	e li	sted above) who	received		•

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ICAN PSYCHOLOGICAL ASSOCIATION, INC. 34-13/2390

Part VII Section A. Officers, Directors, Tre		, <u>,</u>	<u>.p.o</u>			<u> </u>	9		(E)	1	(F)	
(A) Name and title	(B) Average			(C Pos				(D) Reportable	Reporta	ble	Estimate	ed
Name and title	hours per	(do r				than o	ne	compensation	compensation		amount	
	week (list any					is both		from	relate	ı	other	
	hours for	$\overline{}$		_	ırect	or/trust		the	organizat	ions	compensa	
	related	2 2	nst	Officer	(ey	뺽	Former	organization	(W <i>-</i> 2/1099-	MISC)	from th	
	organizations below dotted	ᇙᇗ	[로	ĕ	em	lest	ner	(W-2/1099-MISC)			organizat and relat	
	line)	학	Institutional		Key employee	e 6					organizati	
		Individual trustee or director	=		/ee	mpe						
		ê	trustee			Highest compensate employee						
	<u> </u>					ted		<u>-</u> -				
92) CIRLEEN DEBLAERE	10.00			i				_		_		
D17-VP, DIVERSITY & PUBLIC INT	0.	Х	$\sqcup$					0.		0.		
93) MICHAEL SCHEEL	10.00	ļ										
D17-VP, EDU & TRAIN THRU 7/19	0.	Х	Ш					0.		0.		
94) KIMBERLY HOWARD	10.00											
D17-VP, EDU & TRAIN AS OF 8/19	0.	Х						0.		0.		
95) LISA FERDINAND	10.00											
D17-VP, PROFESSIONAL PRACTICE	0.	х						ο.		0.		1
96) LOUISE DOUCE	10.00		П				-					
D17-VP, COMMU THRU 7/19	† <del>-</del>	х						0.		0.		
97) VALENE WHITTAKER	10.00		$\vdash$							_		
	+	x						0.		0.		
D17-VP, COMM AS OF 8/19	0.	Λ.	$\vdash$					· · · · · · · · · · · · · · · · · · ·				
98) AYSE CIFTCI	10.00									_		
D17-VP, INTERNATIONAL AFFAIRS	0.	Х						0		0.		
99) Y. BARRY CHUNG	10.00											
D17-COUNCIL REPRESENTATIVE	0.	Х						0.		0.		
00) BRYANA FRENCH	10.00		П							-		-
D17-COUNCIL REPRESENTATIVE	· · · · · · · · · · · · · · · · · · ·	x						0.		0.		
01) ASHLEY RANDALL	10.00	<del> </del> -	$\vdash$								-	
D17-COUNCIL REPRESENTATIVE	10.00	x						0.		٥. ا		
		_ A	$\vdash$							<del></del>	-	
02) ALEXANDRA MINIERI	10.00		1					0		0.		
D17-E CAREER PROF THRU 7/19	0.	<u> </u>						0.		0.		0
1b Sub-total							<b>&gt;</b>			<del>- 0.</del>		
c Total from continuation sheets to Part VII, S												
d Total (add lines 1b and 1c)							<u> </u>					
2 Total number of individuals (including but not		_		d al	pove	e) who	re	ceived more than	\$100,000	of		
reportable compensation from the organizatio		0.						·			Vac	No
								I			res	NO
3 Did the organization list any former offic											3	<u>x</u>
employee on line 1a? If "Yes," complete Sched											3-	+**
4 For any individual listed on line 1a, is the	sum of rep	ortab	le c	om	pen	sation	n ai	nd other compens	sation from	the		
organization and related organizations gr	eater than	\$15	0,00	003	' If	"Yes	,"	complete Schedu	le J for :	such		- <del> </del> -
ındıvıdual											4	X
5 Did any person listed on line 1a receive or												_
for services rendered to the organization? If "Y	es," comple	te Scl	nedu	le J	for	such	per	son <u></u>	<u> </u>		5	X
Section B. Independent Contractors												
1 Complete this table for your five highest com	npensated i	ndepe	ende	nt (	con	tracto	rs t	hat received more	than \$100	,000 o	f	
compensation from the organization Report of year	compensati	on for	the	ca	lend	lar ye	ar e	ending with or with	nin the orga	ınızatıoı	n's tax	
(A) Name and business add	dress							(B) Description of se	rvices	C	(C) compensation	1
	_						T					
							+	_				
2 Total number of independent contractors (i				_				<del></del>				
						. 41		المناهما استفاما				

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Part VII Section A. Officers, Directors, Tru	1	<u>y L.</u>	ıpıc			uiiu i	"g			<b>y c c s</b> (c	
(A) Name and title	(B)  Average hours per week (list any hours for	box,	unle	Pos heck ss pe	erson	than ous both	an	(D)  Reportable compensation from the	(E) Reporta compensati relate organiza	on from d	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		from the organization and related organizations
D17-E CAREER PROF AS OF 8/19	10.00	х						0		0.	
104) ASHLEY SCHOENER D17-SAS REP. THRU 7/19	10.00	х						0		0.	1
D17-SAS REP. THRU 7/19	10.00	х						0		0.	
D17-SAS REP. AS OF 8/19	10.00	Х						0		0.	
D17-SAS REP. AS OF 8/19	10.00	х				_		0.		0.	
D18-PRESIDENT	5.00	х		х				0.		0.	
D18-PRESIDENT ELECT	5.00	х		х				0.		0.	
D18-PAST PRESIDENT L11) CHANDA GRAVES	5.00 0. 5.00	х		х		_		0.		0.	
D18-SECRETARY  12) LAYNE GOBLE	0. 5.00	Х		х				0.		0.	
D18-TREASURER	0.	х		х				0.		0.	(
D18-SECTION CHAIR	0.	X		х				0.		0.	0
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	<u> </u>	 	 	 	 	 <u></u>	► • re	ceived more than	\$100,000	of	
Did the organization list any former office employee on line 1a? If "Yes," complete Schedular in the organization is the organization of the organization is the organization is the organization in the organization is the organization of the organization is the organization of the organization is the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the	er, directo		tru								Yes No
4 For any individual listed on line 1a, is the sorganization and related organizations great individual	eater than	\$15 	0,0	 00?	' If 	"Yes 	," ( 	complete Schedu	le J for :	such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye Section B. Independent Contractors											5 X
Complete this table for your five highest com- compensation from the organization. Report of year											
(A) Name and business add	ress	_						(B) Description of se	rvices	С	(C) ompensation
				_	•	_					
Total number of independent contractors (in more than \$100,000 in compensation from the contractors)				nited	d to	thos	e li	sted above) who	received		•

54-1572590

Form 990 (2019) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (C) (D) (E) Name and title Position Reportable Reportable Estimated Average (do not check more than one compensation compensation from amount of hours per box, unless person is both an week (list any from related other officer and a director/trustee) compensation hours for organizations the Individual to employee from the related Institutional trustee Highest compensated organization (W-2/1099-MISC) organization organizations employee (W-2/1099-MISC) below dotted and related organizations line) (114) ASHLEY BATASTINI 5.00 D18-SECTION CHAIR ο. Х 0 0. Ο. 5.00 SHAUNA LAUGHNA D18-SECTION CHAIR Х Х 0. 0 0 Ο. TINA LINCOURT 5.00 D18-SECTION CHAIR 0. Х x 0 n n (117) MEAGHAN STACY 5.00 D18-SECTION CHAIR 0. Х Х 0 Ο. 0. 5.00 (118) TIFFANIE FENNELL D18-SECTION CHAIR 0. Х Х 0 0. Ο. ASHLEE MARTLAGE 5.00 D18-SECTION CHAIR Ο. Х Х 0 0 0. ANNE KLEE 5.00 D18-APA COUNCIL REPRESENTATIVE 0. Х Х 0 Ο. 0. 5.00 (121) DAVID COREY D18-APA COUNCIL REPRESENTATIVE Ο. Х Х 0 ο. Ο. (122) HOWARD STEINBERG 5.00 D18-CLUSTER CHAIR х 0 0. 0. X O SHAYNNA HERRERA 5.00 D18-CLUSTER CHAIR ο. Х 0 0. Ο. х 5.00 (124) SHANNON GRISWOLD D18-CLUSTER CHAIR o. 0 0 Ō. 1b Sub-total . . . . . . . . . . . . ο. c Total from continuation sheets to Part VII, Section A . . . . . . . . Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated 3 Х 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 4 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 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) (C) Name and business address Description of services Compensation

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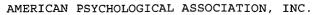
Total number of independent contractors (including but not limited to those listed above) who received

more than \$100,000 in compensation from the organization ▶



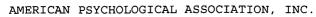
Part VII Section A. Officers,	Directors True	toos Va	<u>√ E~</u>	nla	VOO	6 2	nd Li	aheet	Company	ed Employees	(continued)
Part VII Section A. Officers, (A) Name and title		(B) Average hours per veek (list any	(do r box, office	not ch unles	(C) Positi eck n s pers	on nore ti son is rector	than on both a	F co	(D) Reportable mpensation from the	(E) Reportable compensation fro related organizations	(F) Estimated m amount of other compensation
	ľ	organizations pelow dotted tine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	<b>₹</b> !	rganization 2/1099-MISC)	(W-2/1099-MISC	organization and related organizations
25) MARK STAAL D19-PAST PRESIDENT		5.00 0.	х		х				0	. 0	
26) STEPHEN BOWLES D19-PRESIDENT		5.00	х		х				0	. 0	
27) ERIC SURFACE D19-PRESIDENT-ELECT		5.00	х		х	$\perp$			0	. 0	
28) NATE AINSPAN D19-SECRETARY		3.00	х		х				0	0	
29) SCOTT JOHNSTON D19-TREASURER		3.00	х		х				0	. 0	
30) PAUL BARTONE D19-MEMBER-AT-LARGE		0.	х		х				0	. 0	
31) BRUCE CROW D19-MEMBER-AT-LARGE 32) TATANA OLSEN		1.00 0. 1.00	Х		х				0	0	-
D19-MEMBER-AT-LARGE 33) CARRIE KENNEDY		0.	х		х	_	_		0	. 0	.
D19-COUNCIL REPRESEN 34) REBECCA BLAIS	TATIVE	0.	Х		х			-	0	. 0	
D19-COUNCIL REPRESEN 35) MICHELLE MEADE	TATIVE	0.	Х		х	-			0	0	
D22-PAST PRESIDENT T  1b Sub-total	HRU 7/19	0.	Х					<b>&gt;</b>	0	. 0	
c Total from continuation sheet d Total (add lines 1b and 1c)						• •					
Total number of individuals (increportable compensation from	cluding but not lin	nited to th		listed			who	receive	d more than	\$100,000 of	
3 Did the organization list an employee on line 1a? If "Yes," of											Yes N
4 For any individual listed on li organization and related or individual	ganizations grea	iter than	\$15	0,00	00?	lf	"Yes,	comp	lete Schedu	ile J for such	4
5 Did any person listed on line for services rendered to the org											5
Section B. Independent Contract											
Complete this table for your fi compensation from the organi year	ve highest compo zation Report co	ensated ii mpensatio	ndepe on for	ende the	nt c cale	ontra enda	actor: ar yea	that re ending	eceived more with or wit	e than \$100,000 hin the organiza	of tion's tax
<del></del>											(C)

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 ▶ JSA 9E1055 1 000

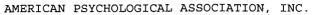




(A)	(B)			(0	>)			(D)	(E)		(F)
Name and title	Average hours per week (list any hours for	box,	unles r and	s pe	more rson irect	than o	an ee)	Reportable compensation from the	Reporta compensation related organizat	n from d ions	Estimated amount of other compensation
	related organizations below dotted (ine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	from the organization and related organizations
D22-PAST PRESIDENT AS OF 8/19	10.00	х						0		0.	
D22-PRESIDENT AS OF 8/19	10.00	х						0		0.	
38) CATHERINE WILSON D22-PRESIDENT ELECT AS OF 8/19	5.00	х						0		0.	
D22-SECRETARY	0.	х_		х				0		0.	
D22-TREASURER AS OF 8/19	0.	х						0		0.	
D22-MEMBER AT LARGE THRU 7/19	0.	х						0		0.	
2) PAUL B. PERRIN  D22-MEMBER AT LARGE THRU 7/19 3) JENNIFER J. DUCHNICK	1.00 0. 1.00	х						0		0.	
D22-MEMBER AT LARGE 4) CARRIE R. PILARSKI	0.	х						0		0.	
D22-MEMBER AT LARGE 5) MARK T. BARISA	0.	х		_				0		0.	
D22-MEMBER AT LARGE  6) ABBEY J. HUGHES	0.	х						0		0.	
D22-MEMBER AT LARGE  1b Sub-total	0.	х					<u> </u>	0		0.	
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)						· · · · · ·	<b>▶</b>				
2 Total number of individuals (including but not reportable compensation from the organization		hose 0		d at	bove	e) who	re	ceived more than	\$100,000 d	of	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedulet and the schedulet schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedulet and the schedu											Yes N
4 For any individual listed on line 1a, is the organization and related organizations gruindividual	eater than	\$15	0,0	00s	lf .	"Yes	,"	complete Schedu	le J for s	such	4
5 Did any person listed on line 1a receive or for services rendered to the organization? If "You											5
Complete this table for your five highest communication from the organization Report of year.											
(A) Name and business add	lress							(B) Description of se	ervices	Co	(C) ompensation
2 Total number of independent contractors (iii	ncluding bi	ut no	lım	nited	d to	thos	e li	sted above) who	received		•



Part VII Section A. Officers, Directors, Tru	ıstees, Ke	v En	olgr	yee	es,	and F	ligi	hest Compensat	ed Employ	ees (c	Page ontinued)
(A) Name and title	(B) Average hours per week (list any hours for	(do r box, office	not ch	Pos neck ss pe d a d	tion more	than o	ne an ee)	(D) Reportable compensation from the	(E) Reportab compensatio related organizati	ile n from	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-f		from the organization and related organizations
147) KIRK STUCKY D22-MEMBER AT LARGE AS OF 8/19	1.00	х						0		0.	
148) KIMBERLY GORGENS D22-REPRESENTATIVE TO COUNCIL	1.00	х						0		0.	
D22-REPRESENTATIVE TO COUNCIL	1.00	х						0		0.	
D22-EARLY CAREER REP.	1.00	х						0		0.	
D22-STUDENT REP THRU 7/19	1.00	х						0		0.	
D22-STUDENT REP AS OF 8/19	1.00	х						0		0.	
D22-SEC 1 PRESIDENT THRU 7/19	1.00	х						0		0.	
54) REBECCA WALLACE D22-SEC 1 PRESIDENT AS OF 8/19	1.00	х						0		0.	
55) MIA BERGMAN D22-SECTION 2 PRESIDENT	1.00	х						0		0.	
56) SUSAN MCMAHON D27-PAST-PRESIDENT THRU 7/19	10.00	х		x				0		0.	
57) BRADLEY OLSON D27-PAST-PRESIDENT AS OF 8/19	10.00	х		х				0		0.	
1b Sub-total	ection A .		· ·				<b>&gt; &gt;</b>	0 .	\$100,000 0	0.	0
Total number of individuals (including but not reportable compensation from the organization)		0.		<u> </u>		=) WIIC		eceived more than	\$100,000 0	·	Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedulette and the schedulette schedule											3 X
4 For any individual listed on line 1a, is the organization and related organizations grandvidual	eater than	\$15	0,0	003	lf.	"Yes	,"	complete Schedu	le J for s	uch	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo											5 X
Complete this table for your five highest com- compensation from the organization Report of year											
(A) Name and business add	iress							(B) Description of se	ervices	С	(C) compensation
		-									
							+	<del>-</del>			
2 Total number of independent contractors (iii		ut not		nite	d to	thos	e I	sted above) who	received		<u> </u>



Part VII Section A. Officers, Directors, Tru	istees, Ke	y En	plo	ye	es,	and F	ligl	nest Compensat	ed Employ	ees (co	ontinued)
(A) Name and title	(B)  Average hours per week (list any hours for	box,	unles	Pos neck ss pe	rson	e than o is both or/truste	an	(D) Reportable compensation from the	(E) Reporta compensation related organizat	on from	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-		from the organization and related organizations
158) SUSAN TORRES-HARDING D27- PRESIDENT AS OF 8/19	10.00	х		х				0		0.	(
159) BIANCA GUZMAN D27-PRESIDENT-ELECT AS OF 8/19	10.00 0.	х		х				0		0.	(
D27-TREASURER	10.00	x		х				0		0.	(
D27-SECRETARY THRU 7/19	10.00	х		х				0		0.	(
D27-SECRETARY AS OF 8/19	10.00	х		х				0		0.	(
D27-MEMBER-AT-LARGE THRU 7/19	5.00 0.	х						0		0.	
D27-MEMBER-AT-LARGE	5.00	х						0		0.	
D27-MEMBER-AT-LARGE	5.00	х						0		0.	(
D27-MEMBER-AT-LARGE AS OF 8/19	5.00	х						0		0.	
D27-STUDENT REP THRU 7/19	5.00	х						0		0.	ı
D27-STUDENT REPRESENTATIVE	5.00	Х						0		0.	0
to Total from continuation sheets to Part VII, South Total (add lines 1b and 1c)		hose	liste	<u> </u>	<u> </u>		re	ceived more than	\$100,000 d	0 . of	
Did the organization list any former office employee on line 1a? If "Yes," complete Scheduler.	er, directo		tru								Yes No
4 For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15 	50,0	00? • •	) If	"Yes		complete Schedu	le J for s	such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											5 X
Complete this table for your five highest com- compensation from the organization. Report of year.	pensated i	ndepo on fo	ende the	ent ca	con	tracto dar ye	rs t ar e	hat received more ending with or with	than \$100 hin the orga	,000 o	f n's tax
(A) Name and business add	Iress							(B) Description of se	ervices	С	(C) ompensation
							+				
	_						F	-			
2 Total number of independent contractors (in more than \$100,000 in compensation from the				nite	d to	thos	e I	isted above) who	received		0

0.

AMERICAN PSYCHOLOGICAL ASSOCIATION, INC. 54-1572590 Form 990 (2019) Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F) Name and title Reportable Reportable Average Position Estimated (do not check more than one compensation from hours per compensation amount of box, unless person is both an other week (list anv from related officer and a director/trustee) hours for compensation the organizations Officer Individual trustee or director ₹ • Highest compensated from the Institutional trustee (W-2/1099-MISC) organization organization organizations (W-2/1099-MISC) employee and related below dotted organizations CAMILLA CUMMINGS 5.00 (169)D27-STUDENT REP AS OF 8/19 0. Х 0 0. SCOTNEY EVANS 5.00 D27-NAT'L REG COORD THRU 8/19 0. Х 0 0. 0. (171) CHRISTINA SMITH 5.00 D27-NAT'L REG COORD AS OF 8/19 0. Х 0 Ο. Ο. ANNE BOGAT (172)5.00 D27-PUB COMM CHAIR THRU 7/19 0. Х 0 0. 5.00 (173) JUDAH VIOLA D27-PUB COMM CHAIR AS OF 8/19 0. Х 0 0. 0. (174) NICOLE ALLEN 5.00 D27-AJCP EDITOR ο. Х 0 0. 0. SUSAN WOLFE 5.00 D27-TCP EDITOR Ο. Х 0 Ο. 0. SIMON COLUMBE 5.00 D27-COUNCIL ON EDUCATION REP. Х 0. 0 0. 0. (177) KYRAH BROWN 5.00 D27-PRACTICE COUNCIL REP. o. х 0 ο. 0. (178) DOMINIQUE THOMAS 5.00 D27-REP, COUNCIL ON CULTURAL 0. 0 Х ο. 5.00 (179) CHRIS KEYS D27-RESEARCH COUNCIL 0. 0 0. 0.

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

3	Did the	organization	list any	former	officer,	director,	or	trustee,	key	employee,	or	highest	compensated
	employe	ee on line 1a?	If "Yes," c	omplete S	Schedule	J for such	ındı	vidual					

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 

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
3		Х
4		X
5		Х

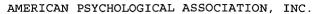
0.

#### Section B. Independent Contractors

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
-			
<del></del>			

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



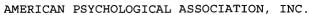


Form 900 (2010)

54-1572590

Part	Part VII Section A. Officers, Directors, Tre	ustees, Ke	y En	plo	yee	es, a	and H	lig	hest Compensat	ed Employees (	continued)
10   NANCY MURDOCK		Average hours per week (list any	box,	not ch unless er and	Posi neck s pei l a d	nore more rson irect	s both a	an ee)	Reportable compensation from	Reportable compensation from related	Estimated amount of
D29-PRESIDENT		organizations below dotted	Individual trustee or director	onal	Officer	Key employee	Highest compensated employee	Former	, -		from the organization and related organizations
1.0   D29-PRESIDENT-BLECT		+ <b></b> -	v		v					0	
1.00			_^							<u> </u>	
D29-TREASURER	<del></del>		х		Х				0	0.	
REBECCA AMETRANO		<del>-</del>	v		Y					0	
D29-PAST PRESIDENT  O. X X D. O. O.  J29-DOMAIN REP., MEMBERSHIP  O. X O. O.  BARBARA VIVINO  D29-DOMAIN REP. PHYCHOTHERAPY  O. X O. O.  D29-DOMAIN REP. PHYCHOTHERAPY  O. X O. O.  BY SECTION OF THE PHYCHOTHERAPY  O. X O. O.  D29-DOMAIN REP. INTL AFFAIRS  O. X O. O.  BY MARILLYN CORNISH  D29-DOMAIN REP. EDU. & TRAINING  D29-DOMAIN REP. EDU. & TRAINING  D29-DOMAIN REP. EDU. & TRAINING  O. X O. O.  BY MARILLYN CORNISH  D29-DOMAIN REP. EDU. & TRAINING  D29-DOMAIN REP. EDU. & TRAINING  O. X O. O.  LEIGH ANN CARTER  D29-DOMAIN REP. EC PSYCH  O. X O. O.  LEIGH ANN CARTER  D29-DOMAIN REP. EC PSYCH  O. X O. O.  Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total of 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  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  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  For services rendered to the organizations greater than \$150,000? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  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	3) REBECCA AMETRANO	1.00						_			
Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Society   Soci		+ <del>-</del> -	v		Ţ					2	
SARBARA VIVINO   D29-DOMAIN REP. PHYCHOTHERAPY   O. X   O. O. O.	<del></del>			$\vdash$	^				0	0.	
D29-DOMAIN REP. PHYCHOTHERAPY 0. X 0 0 0.  7) FREDRICK LEONG .50	<del></del>		Х	$\vdash$	_				0	0.	
D29-DOMAIN REP. INTL AFFAIRS  0. X  0. 0.  8) MARILLYN CORNISH D29-DOMAIN REP. EDU. & TRAINING D29-DOMAIN REP. EDU. & TRAINING D29-DOMAIN REP. PUB. INTEREST O. X  0. 0.  0. LEIGH ANN CARTER D29-DOMAIN REP. EC PSYCH O. X  0. 0.  1b Sub-total C Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  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. 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.  4 For any individual listed on line 1a receive or accrue compensation from any unrelated organization from the organization and related organization? If "Yes," complete Schedule J for such person  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 Section B. Independent Contractors  (A) (B) (C)		+	Х						0.	0.	
8) MARILLYN CORNISH D29-DOMAIN REP. EDU. & TRAINING 0. X 0. 0. 0.  9) LAVITA NADKARNI D29-DOMAIN REP. PUB. INTEREST 0. X 0. 0. 0.  0) LEIGH ANN CARTER D29-DOMAIN REP. EC PSYCH 0. X 0. 0.  1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c).  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 on the organization on the large 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.  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 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		+	Ī								
D29-DOMAIN REP. EDU. & TRAINING	<del></del>		X	$\vdash$	-	_			0.	0.	
D29-DOMAIN REF. PUB. INTEREST 0. X 0 0. 0.  D1 LEIGH ANN CARTER		<del>-</del>	х						0	0.	
D29-DOMAIN REP. EC PSYCH  D29-DOMAIN REP. EC PSYCH  C Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  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			х						0.	0.	
1b Sub-total  c Total from continuation sheets to Part VII, Section A.  d Total (add lines 1b and 1c).  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		<del></del>	х						0	0.	
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  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							<del>-</del> -	<b></b>			
Teportable compensation from the organization ▶ 0.  1 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	c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A. ····-	 	 	•		· · ·	<b>&gt;</b>			
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	· · · · · · · · · · · · · · · · · · ·		_		d ab	oove	e) who 	re	ceived more than	\$100,000 of 	
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	employee on line 1a? If "Yes," complete Schedu 4 For any individual listed on line 1a, is the	ule J for suc sum of rep	ch ind ortab	ividu. Ie co	omi	 pen:	 sation	ar		ation from the	
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A) (B) (C)	ındıvıdual										
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C)		es," complet	te Sch	edul	e J	for.	such p	er:	son	· · · · · · · · · · · · · · · · · · ·	5
(A) (B) (C)	Complete this table for your five highest com- compensation from the organization. Report of										
	(A)	iress							(B) Description of se	rvices C	
				-				_			
i l							_				

more than \$100,000 in compensation from the organization ▶







	990 (2019) rt VII Section A. Officers, Directors, Tru	ıstees Ke	v Fn	anlo	vec	es.	and F	lia	hest Compensat	ed Employe	es (co	ntiniie		Page 8
	(A) Name and title	(B) Average hours per week (list any hours for	(do i	not cl	Pos heck ss pe	C) sition more erson tirect	e than o	ne an ee)	(D) Reportable compensation from the	(E)  Reportable compensation related organization	from	E:	(F) stimated mount of other opensati	of
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-M	ISC)	org an	rom the janizatio d relate anizatio	on d
191)	SUSAN WOODHOUSE	.50	]											
	D29-DOMAIN REP. SCIENCE/SCHOL.	0.	Х						0		0.			
192)	ROSEMARY PHELPS	.50												_
	D29-DOMAIN REP. FOR DIVERSITY	0.	X			_		_	0		0.			<u> </u>
193)	MANIJEH BADIEE	.50		i					_					_
	D29-DOMAIN REP. FOR DIVERSITY	0.	Х						0		0.			0
194)	LILLIAN COMAS-DIAZ	.50												_
	D29-COUNCIL REPRESENTATIVE	0.	Х			<u> </u>			0		0.			С
195)	ELIZABETH NUTT WILLIAMS	.50												_
1 0 5 1	D29-COUNCIL REPRESENTATIVE	0.	X	$\vdash \vdash$		_			0		0.			
196)	CARLY SCHWARTZMAN	.50												_
1 071	D29-STUDENT REPRESENTATIVE	0.	X	Ш		_	_	_	0		0.			
197)	NATHANIEL GRANGER	10.00	}		١.,									
1 001	D32-PAST-PRESIDENT AS OF 8/19	0.	Х		X				0		0.			
198)	DONNA ROCKWELL	10.00												_
7 <del></del>	D32-PAST-PRESIDENT	0.	Х		Х				0		0.			
199)	JONATHAN RASKIN	10.00	١											_
0 0 0 1	D32-PRESIDENT-ELECT AS OF 8/19	0.	Х	Ш	Х	_			0		0.			0
200)	DRAKE SPAETH	10.00				}								_
2011	D32-PRESIDENT AS OF 8/19	0.	X		Х		_		0		0.			
2017	VERONICA LAC D32-SECRETARY	10.00	۱,,		.,				0					_
		0.	X		Х				0.		0.			0.
	Sub-total							<b>&gt;</b>	<u> </u>					
	Total from continuation sheets to Part VII, So					• •								
	Total (add lines 1b and 1c)					• •		<u> </u>		M400 000 -f				
2	Total number of individuals (including but not reportable compensation from the organization		nose 0.		o ai	DOV	e) wnc	re	ceived more than	\$100,000 01				
_	<u> </u>									=			Yes	No
3	Did the organization list any former offic	or directo		+	icto	۰ ۱	kov o	mn	lovee or highes	compensate	ad			
	employee on line 1a? If "Yes," complete Schedu											3		X
4	For any individual listed on line 1a, is the sorganization and related organizations greater											ĺ	[!	
	Individual											4		Х
5	Did any person listed on line 1a receive or													
_	for services rendered to the organization? If "Ye											5		Х
Se	ction B. Independent Contractors													
1	Complete this table for your five highest com- compensation from the organization. Report c year													
	(A)						_	Τ	(B)	T		(C)		<del></del>
	Name and business add	ress							Description of se	rvices	Co	mpen		
								T						
							-	T						
								ļ						
	<del>-</del>						_	T						
2	Total number of independent contractors (in	icludina bi	ıt noi	l lım	ntec	d to	thos	e li	sted above) who	received				

more than \$100,000 in compensation from the organization ▶



(A)	(B)			(0	2)			(D)	(E)	(F)	
Name and title	Average hours per week (list any hours for related	box office	unles er and	Pos heck ss pe d a d	ition more rson irect	e than o	an ee)	Reportable compensation from the	Reportable compensation from related organizations	Estimate amount other compensa from the	of ition
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organizat and relat organizati	ion ed
202) KEVIN KEENAN	10.00										
D32-TREASURER THRU 8/19	0.	X		Х				0	0.		
03) SCOTT CHURCHILL	5.00	[					ĺ	[			
D32-APA COUNCIL REP THRU 8/19	0.	Х						0	0.		
204) BRENT ROBBINS	5.00						İ				
D32-APA COUNCIL REP THRU 8/19	Ο.	_ X_						0	0.		
205) KIRK SCHNEIDER	5.00										<del>_</del> ,
D32-APA COUNCIL REP AS OF 8/19	0.	Х						0.	0.		(
206) MICAH INGLE	5.00										
D32-STUDENT REPRESENTATIVE	0.	х						0.	0.		
07) JACOB TENGELSEN	5.00										
D32-STUDENT REP THRU 8/19	0.	х						٥.	o.		
08) GINA BELTON	5.00										
D32-MEMBER AT LARGE	0.	х						o.	0.		(
209) ROXANNE CHRISTENSEN	5.00		$\Box$								
D32-MEMBER AT LARGE THRU 8/19	0.	Х						0.	0.		
210) LATOYA GAINES	5.00										
D32-MEMBER AT LARGE	0.	x						ο.	0.		(
11) THEOPIA JACKSON	5.00	_	H							<del></del>	
D32-MEMBER AT LARGE	0.	x						0.	0.		(
212) SARAH KAMENS	5.00	<u> </u>		$\dashv$							
D32-MEMBER AT LARGE THRU 8/19	0.	x						0.	0.		(
<del></del>			<u> </u>				_	0.	0.		0
1b Sub-total				• •				<u>.</u>			
c Total from continuation sheets to Part VII, S	•			• •	• •						
d Total (add lines 1b and 1c)									0400.000 -f		
2 Total number of individuals (including but not				o at	oove	e) wno	o re	ceived more than	\$100,000 of		
reportable compensation from the organization		0.									
										Yes	No
3 Did the organization list any former offic		-				-	-	• •	•		4
employee on line 1a? If "Yes," complete Schedu	ile J for suc	ch ind	ıvıdı	ıal .				• • • • • • • • • •		3	X
4 For any individual listed on line 1a, is the	sum of rep	ortab	le c	om	pen	satioi	n ai	nd other compens	sation from the		Ш
organization and related organizations gre	eater than	\$15	0,0	002	lf	"Yes	,"	complete Schedu	le J for such		المجال ا
ındıvıdual										4	X
5 Did any person listed on line 1a receive or											i e
for services rendered to the organization? If "Ye	es," comple	te Sch	edu	le J	for	such	per.	son	<u> </u>	5	Х
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
<del></del>		

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, Tru	ustees, Ke	y En	nplo	oye	es,	and I	Hig	hest Compensat	ed Employ	ees (	continued)
	(A) Name and title	(B)  Average hours per week (list any hours for	box,	unle	Pos heck ss pe	erson	e than o	an tee)	(D) Reportable compensation from the	(E) Reportal compensatio related organizati	n from I	(F) Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-		from the organization and related organizations
	RICK SEBREE	5.00										
	-MEMBER AT LARGE, MEM CHAIR	0.	X		_	ļ		<u> </u>	0.		0.	0
<b>-</b>	OBIA MORRILL	5.00									•	
	-STUDENT REP. AS OF 8/19 FIN KARTER	0. 5.00	X	-					0.	<u> </u>	0.	<u> </u>
	-NEWSLETTER COEDITOR	0.	X						0.		0.	c
(216) YUY	<del> </del>	5.00	x		x				0		0.	0
	IQUE CLINTON-SHERROD	5.00		-								
	PRESIDENT AS OF 8/19	0.	х		х	İ			ο.		0.	c
	DESCRIPTION AS OF 8/19	2.00	v		х				0			
	-PRESIDENT ELECT AS OF 8/19 GARET L. SIGNORELLA	2.00	X		^				0.		0.	
	TREAS. ELECT AS OF 12/19	0.	х	ŀ	х				0.		0.	c
(220) KAR		5.00			-							
D35	TREASURER	0.	х		х				ο.		0.	c
221) KATE	RINA ALEXANDER	1.00										
	-SECRETARY THRU 8/19	0.	_x						0.		0.	0
	RIE CASTANEDA-SOUND	3.00							_			_
	-SECRETARY AS OF 8/19	0.	X						0.		0.	
	HELLE SANTIAGO -PROF. REP. THRU 8/19	1.00	x						0.		0.	C
1b Sub-te			_^_	<u> </u>	L			_	0.		0.	0.
c Total	from continuation sheets to Part VII, So (add lines 1b and 1c)	=						<b>&gt;</b>				
	number of individuals (including but not lable compensation from the organization		hose   0 .		d al	bove	e) who	re	ceived more than	\$100,000 o	f	
				_						· —		Yes No
	ne organization list any <b>former</b> offic yee on line 1a? <i>If</i> "Yes," complete Schedu											3 X
organi	ny individual listed on line 1a, is the sization and related organizations greated	eater than	\$15	0,0	003	¹ If	"Yes	," (	complete Schedu	le J for s	uch	4 X
5 Did ai	ny person listed on line 1a receive or ryices rendered to the organization? If "Ye	accrue cor	mpen	sati	on 1	fron	any	uni	related organization	on or individ	lual	5 X
	. Independent Contractors											
	lete this table for your five highest comensation from the organization. Report c											
	(A) Name and business add	ress							(B) Description of se	rvices	C	(C) Compensation
						_		<u> </u>				<del>-</del> -
		<u> </u>						_				
2 Total	number of independent contractors (in	icludina bi	ıt not	lim	uter	d to	thos	e li	sted above) who	received	-	
	than \$100,000 in compensation from the							II	5.50 abovo, WIIO	. 5551750		o.







54-1572590 Form 990 (2019) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F) Reportable Reportable Name and title Average Position Estimated (do not check more than one compensation compensation from amount of hours per box, unless person is both an week (list anv from related other officer and a director/trustee) compensation hours for organizations the Officer employee from the Institutional trustee Key employee (W-2/1099-MISC) Highest compensated organization organizations (W-2/1099-MISC) organization and related below dotted organizations trustee (224) JACLYN SIEGEL 1.00 D35-PROF. REP. AS OF 8/19 Х 0 0. 1.00 KEIKO MCCULLOGH D35-STUDENT REP. THRU 8/19 0. Х 0 0. 0. (226) BHANU MOTURU 1.00 D35-STUDENT REP. AS OF 8/19 0. Х 0 0. 0. (227) DEBRA KAWAHARA 5.00 D35-COUNCIL REPRESENTATIVE 0. Х 0 0. 0. (228)PAM REMER 5.00 D35-COUNCIL REPRESENTATIVE Ο. Х 0 0. 0. LINDA WOOLF 5.00 D35-COUNCIL REPRESENTATIVE 0. Х n n Ο. COLLETTE CHAPMAN-HILLIARD (230)2.00 D35-SECTION 1 PRESIDENT 0 ο. Х ο. 0. 2.00 (231) YVETTE FLORES D35-SECTION 3 PRESIDENT 0. Х 0 0. 0. (232) COREY FLANDERS 2.00 D35-SECTION 4 PRESIDENT 0. 0 0 Х 0 (233) LINH LUU 2.00 D35-SECTION 5 PRESIDENT 0. Х 0 0. 0. 1.00 (234) ANITA MIHECOBY D35-SECTION 6 PRES THRU 6/19 0. 0 Ο. 0. 0. 0 c Total from continuation sheets to Part VII, Section A . . . . . . . . . . . . . . . . Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes Nο Did the organization list any former officer, director, or trustee, key employee, or highest compensated X 3 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 Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual Х for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 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 vear (A) Name and business address Description of services Compensation

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, Tru	<u>istees, Ke</u>	y Em	ıpıo	yee	S, a	and H	ligi	nest Compensat	ed Employees	(continu	ıed)	
(A) Name and title	(B) Average hours per week (list any hours for	box, office	not ch unles er and	s per	tion more son i	than or	an ee)	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations	m a	(F) Estimate amount of other mpensar	of tion
j	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	or a	from the ganizati nd relate ganizatio	ion ed
5) MELINDA GARCIA D35-SECTION 6 PRES AS OF 7/19	2.00	х						0	0			
6) NANCY RUDDY D38-PAST-PRESIDENT, CHAIR	3.00	х		х				0	0			
7) ZEESHAN BUTT D38-PRESIDENT, CO-CHAIR	5.00	х		х				0	0			
8) HELEN COONS D38-PRESIDENT-ELECT, CO-CHAIR	3.00	х		х				0 .	0			
9) BARBARA CUBIC D38-TREASURER-SECRETARY	3.00	х		х				0 .	0			
0) ANDREA BRADFORD D38-MEMBER-AT-LARGE	1.00	х		х				0.	0			
1) JOHN RUIZ D38-MEMBER-AT-LARGE	1.00	х		х				0.	0			
2) DANIEL BRUNS D38-MEMBER-AT-LARGE	1.00	х		х				0.	0			
3) RICHARD SEIME D38-APA COUNCIL REPRESENTATIVE	0.	х		х				0.	0			
4) SUSAN MCDANIEL D38-APA COUNCIL REPRESENTATIVE 5) RONALD ROZENSKY	1.00 0. 1.00	Х		х	1			0.	0			
D38-APA COUNCIL REPRESENTATIVE	0.	х		х				0.	0			
1b Sub-total  c Total from continuation sheets to Part VII, So d Total (add lines 1b and 1c)	ection A		 	 		• •	► re					
reportable compensation from the organization	1 ▶	0.									Yes	N
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										3		X
4 For any individual listed on line 1a, is the sorganization and related organizations great	eater than	\$15	0,00	200	lf	"Yes,	" (	complete Schedu	le J for such		_	ļ
<ul><li>individual</li></ul>	accrue cor	mpens	satio	on fr	om	any	unr	related organization	on or individual	4		X
for services rendered to the organization? If "Ye Section B. Independent Contractors	s," complet	e Sch	edui	le J	tor s	such p	oers	son	<u> </u>	_   5	Ь	Х
Complete this table for your five highest componentation from the organization Report of year.											 (	
(A) Name and business add	ress							(B) Description of se	rvices	(C Comper		
						_						



Part VII Section A. Officers, Directors, Tre	1	;y ⊑ 11	ipiu			and r	าเบูเ	1		CC3 (C		
(A) Name and title	Average hours per week (list any	box,	unles	Pos heck ss pe	erson	e than o is both or/trust	an	(D) Reportable compensation from	(E) Reportal compensation related	n from	Estii amo ot	(F) mated ount of ther
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizat (W-2/1099-		fron orgar and	ensation in the nization related nizations
246) VICTOR B DAUPHIN	10.00											
D39-PRESIDENT	0.	Х		Х				0		0.		
247) DENNIS DEBIAK	5.00											
D39-PAST PRESIDENT	0.	Х		X				0		0.		
248) LARA SHEEHI	10.00		$\Box$								1	
D39-SECRETARY	0.	Х		Х				0.	<u> </u>	0.		
249) JILL BELLINSON	10.00											
D39-TREASURER	0.	х		Х				0.		0.		1
250) ARLENE STEINBERG	1.00											
D39-APA COUNCIL REPRESENTATIVE	0.	x						) 0.	]	o.]		
251) BRYANT WELCH	1.00		П				-					
D39-APA COUNCIL REPRESENTATIVE	† <b></b>	x						l 0.		0.		
252) MARY BETH CRESCI	1.00		1									
D39-APA COUNCIL REPRESENTATIVE	to.	x						0.		0.		
253) STEVEN REISNER	1.00				-	-			<del></del>	<del></del> -		
D39-APA COUNCIL REPRESENTATIVE	1.00	x						0.		٥. ا		
	<u> </u>	_^				$\longrightarrow$	_	0.				
254) STEPHEN SOLDZ	1.00											
D39-APA COUNCIL REPRESENTATIVE	0.	X						0.		0.		
255) DANA CHARATAN	.50									ł		
D39-BOARD MEMBER-AT-LARGE	0.	Х						0.		0.		
256) DAVID DOWNING	.50											
D39-BOARD MEMBER-AT-LARGE	0.	Х						0.		0.		
1b Sub-total	ection A .					  	<b>*</b> * *	0.		0.		0
2 Total number of individuals (including but not reportable compensation from the organization		hose I 0 .		d al	bove	e) who	re	eceived more than	\$100,000 o	f		
reportable compensation from the organization		0.						<del></del>				Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											3	X
											<del>   </del>	_
4 For any individual listed on line 1a, is the	sum of rep	ortab	le c	om	pen	sation	n ar	nd other compens	sation from	the		
organization and related organizations gre												x
ındıvıdual											4	<del>-   ^</del>
5 Did any person listed on line 1a receive or											- <u>-</u> -	— <del>-</del>
for services rendered to the organization? If "Ye	es, complet	e Scr	eau	ie J	tor	sucn	per.	<u>son</u>	<u> </u>	<u>··</u>	5	X
Section B. Independent Contractors												
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report of year</li> </ol>												
(A) Name and business add	Iress							(B) Description of se	rvices	c	(C) compensa	tion
					-		-					
							.l					
									l			





AMERICAN PSYCHOLOGICAL ASSOCIATION, INC. 54-1572590

Pa	rt VII Section A. Officers, Directors, Tru	istees, Ke	y En	pic			and i	нıg			
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe	rson	e than one of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the	an lee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
257)	MATTHEW LEROY D39-BOARD MEMBER-AT-LARGE	.50	х						0	0.	0
2 <u>= 0 /</u>		.50		$\vdash$			├	-			<u>-</u>
258)	JOANNE MALONE D39-BOARD MEMBER-AT-LARGE	0.	х						0	0.	0 .
259)	JOANN PONDER D39-BOARD MEMBER-AT-LARGE	.50	x						0	0.	0
0 = 0 >		0.				-		-		· · · · · · · · · · · · · · · · · · ·	
260)	PRATUSHA TUMMALA-NARRA	.50			ĺ				0	0.	0
- <del></del>	D39-BOARD MEMBER-AT-LARGE	0.	Х		-	-	1		0	0.	<del></del>
26T)	SHARA SAND	.50	.,							0.	0.
	D39-BOARD MEMBER-AT-LARGE	0.	Х				<u> </u>	┢	0		
262)	KIRKLAND VAUGHANS	.50	.,								0
	D39-BOARD MEMBER-AT-LARGE	0.	Х		_		├	-	0	0.	
263)	SCOTT PYTLUK	.50	٠,						0	0.	0
	D39-BOARD MEMBER-AT-LARGE	0.	Х	<del>  -</del>					<u> </u>	0.	<u>_</u>
264)	ALBERT BROK	.50		ļ							0.
	D39-SECTION I REPRESENTATIVE	0.	Х	_			_		0	0.	<u></u>
265)	VIRGINIA SHILLER	.50									^
	D39-SECTION II REPRESENTATIVE	0.	Х	ļ				<u> </u>	0	0.	0
266)	MARILYN METZL	.50									0
	D39-SECTION III REPRESENTATIVE	0.	Х			_	_		0	0.	0
267)	JOSEPH SCHALLER	.50	ļ			•					^
	D39-SECTION IV REPRESENTATIVE	0.	Х					<u> </u>	0	0.	0
1b	Sub-total								0.	0.	0.
_	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	•						<b>&gt;</b>			
	Total number of individuals (including but not reportable compensation from the organization	limited to the		liste				o re	eceived more than	\$100,000 of	
3	Did the organization list any former officemployee on line 1a? If "Yes," complete Schedu	er, directo									Yes No
4	For any individual listed on line 1a, is the sorganization and related organizations grandividual	eater than	\$15 	50,0 • •		· 11	f "Yes	s," • •	complete Schedu	le J for such	4 X
5	Did any person listed on line 1a receive or	accrue co	mpen	sati	on	fron	n any	un	related organizati	on or individual	

3	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	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

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
	· · · · · · · · · · · · · · · · · · ·	

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



54-1572590 Form 990 (2019) Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (A) (B) (C) (D) (E) (F) Name and title Reportable Reportable Average Position Estimated (do not check more than one compensation compensation from amount of hours per box, unless person is both an other week (fist any from related officer and a director/trustee) hours for compensation the organizations Individual trustee or director Institutional Highest compensated from the employee organization (W-2/1099-MISC) organization organizations (W-2/1099-MISC) employee and related below dotted organizations l trustee GHISLAINE BOULANGER (268) 50 D39-SECTION V REPRESENTATIVE 0. Х 0 0. 0. ANTONIA HALTON 50 D39-SECTION VIII REP 0. Х O 0. 0. (270) ALICE SHAW 50 D39-SECTION IX REPRESENTATIVE o. Х 0 Ο. 0. (271) DOUG JOHNSON-GREENE 2.00 D40-PAST PRESIDENT THRU 8/19 0. Х х 0 Ο. Ω. 10.00 (272)MIKE MCCREA D40- PAST PRESIDENT AS OF 8/19 0. Х Х O 0. Ο. RODNEY VANDERPLOEG 5.00 D40- PRESIDENT AS OF 8/19 0. Х х 0 Λ Ο. HEATHER BELANGER 2.00 D40-PRESIDENT ELECT AS OF 8/19 ō. х 0 Х Ο. 0. AMY JAK 2.00 (275) D40-SECRETARY 0. Х Х 0 0 Ο. JUSTIN MILLER 2.00 D40-TREASURER ō. X X 0 0 Ω. JENNIFER KOOP 1.50 D40-MEMBER-AT-LARGE Х 0 0. 0. 1.50 (278) LISA DELANO-WOOD D40-MEMBER-AT-LARGE 0. 0 0. 1b Sub-total 0 0. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > No Yes Did the organization list any former officer, director, or trustee, key employee, or highest compensated х 3 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 Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual х for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . . . Section B. Independent Contractors 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 Description of services Name and business address Compensation

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Form 990 (2019)

Total number of independent contractors (including but not limited to those listed above) who received

more than \$100,000 in compensation from the organization ▶







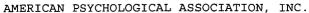
Part VII Section A. Officers, Dire	ctors, Tru	stees, Ke	y En	nplo	ye	es,	and F	ligi	hest Compensat	ed Employees	(continu	ed)	
(A) Name and title		(B) Average hours per week (list any hours for related organizations below dotted line)	(do i	not cl	Pos heck ss pe	C) sition more	o the standard Highest compensated is or employee	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation fror related organizations (W-2/1099-MISC	E con	(F) stimate mount of other npensal rom the ganizati od relate anization	of tion e son ed
79) SARA WEISENBACH D40-MEMBER-AT-LARGE		1.50	х		x		0.		0	0.			
80) CYNTHIA KUBU  D40-COUNCIL REP THRU 8/1	.9	1.00	х		x		_		0	0.	ļ		
81) CHERYL SILVER D40-COUNCIL REPRESENTATI		1.00	х		х				0	0.			
82) JOANNE FESTA D40-COUNCIL REPRESENTATI		1.00	х		x				0	0.			
83) MICHAEL BASSO D40-COUNCIL REPRESENTATI		1.00	Х		х				0	0.			
84) KEVIN DUFF D40-COUNCIL REPRESENTATI		1.00	х		х				0	0.			
85) KEVIN DOUGLAS, PH.D. D41-PAST PRESIDENT AS OF		5.00 0.	х		х				0	0.			
B6) JENNIFER GROSCUP, J. D., D41-PRESIDENT AS OF 8/19		5.00 0.	х		х				0	0.			
87) ALLISON REDLICH, PH.D. D41-PRESIDENT ELECT AS C		5.00	х		х				0	0.			
38) LORA LEVETT, PH.D. D41-SECRETARY		2.00	х		х				0	0.			
89) VANESSA EDKINS, PH.D. D41-TREASURER		5.00	х		х				0	0.			
1b Sub-total c Total from continuation sheets to d Total (add lines 1b and 1c)	Part VII, So  Ig but not l	imited to t	hose	liste			  e) who	<ul><li>▶</li><li>□</li><li>re</li></ul>	0 .	\$100,000 of			
reportable compensation from the o			0 .						<u> </u>	<u></u>		Yes	N
<ul> <li>3 Did the organization list any for employee on line 1a? If "Yes," compl</li> <li>4 For any individual listed on line 1</li> </ul>	ete Schedu	ule J for suc	ch ind	lvidi	ual						3	<del> </del>	X
organization and related organiz	ations gre	eater than	\$15	50,0	003	P If	"Yes	s," (	complete Schedu	le J for such	4	-	X
5 Did any person listed on line 1a r for services rendered to the organiza											5		У
Section B. Independent Contractors     Complete this table for your five his compensation from the organization year	ghest com Report c	pensated ii ompensati	ndepe	ende the	ent e ca	con	tracto dar ye	rs t ar e	hat received more	than \$100,000 nin the organizati	of ion's tax		
								_	(B)		(C)		

JSA 9E1055 1 000

Form **990** (2019)

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

Page 8

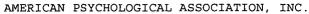




Form 990 (2019)

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	ye	es,	and I	lig	hest Compensat	ed Employ	ees (d	continued)
(A) Name and title	(B)  Average hours per week (list any hours for	box,	unles	Pos heck ss pe	rson Irect	than o	an ee)	(D) Reportable compensation from the	(E) Reportation compensation related organization	n from	(F) Estimated amount of other compensation
	related organizations below dotted tine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-I		from the organization and related organizations
(290) TESS NEAL, PH.D. D41-MEMBER-AT-LARGE THRU 7/19	.50 0.	х		х				0		0.	(
(291) WILLIAM N GOWENSMITH, PH.D.  D41-MEMBER-AT-LARGE AS OF 8/19	.50 0.	х		х				0		0.	(
(292) MATTHEW HUSS, PH.D. D41-MEMBER-AT-LARGE	.50 0.	х		х				0		0.	(
(293) LINDSAY MALLOY D41-MEMBER-AT-LARGE	.50 0.	х		х				0		0.	(
(294) THOMAS GRISSO, PH.D.  D41-APA COUNCIL REPRESENTATIVE	.50 0.	Х		х				0		0.	(
(295) JASON CANTONE, PH.D.  D41-APA COUNCIL REPRESENTATIVE	.50 0.	х		х				0		0.	(
(296) KATHERINE HAZEN D41-STU. COMM CHAIR THRU 7/19	.50 0.	х		х				0		0.	
(297) VICTORIA PIETRUSZKA D41-STU. COMM CHAIR AS OF 8/19	.50	х		х				0.		0.	(
(298) KEVIN ARNOLD D42-PRESIDENT	10.00	х		х				0.		Ο.	
(299) JUDITH PATTERSON D42-PRESIDENT ELECT	10.00	х		х				0		0.	(
(300) PAULINE WALLIN D42-PAST PRESIDENT	10.00	х		х				0.		0.	0
to the sub-total continuation sheets to Part VII, S d Total (add lines 1b and 1c)		hose	liste	<u> </u>			► • re	0 .	\$100,000 o		
3 Did the organization list any former office employee on line 1a? If "Yes," complete Scheduler.  7 Scheduler of the organization list any former office employee on line 1a? If "Yes," complete Scheduler.	er, directo		tru								Yes No
<ul> <li>4 For any individual listed on line 1a, is the sorganization and related organizations graindividual</li> <li>5 Did any person listed on line 1a receive or</li> </ul>	eater than	\$15 	50,0 	00? 	) <i>If</i> 	"Yes 	s," •••	complete Schedu	le J for s	uch 	4 X
for services rendered to the organization? If "Ye Section B. Independent Contractors	es," comple	te Scl	nedu	ile J	for	such	per	son		•••	5 X
<ol> <li>Complete this table for your five highest com- compensation from the organization Report of year.</li> </ol>	pensated i ompensati	ndepe on foi	ende the	ent ca	con	tracto lar ye	rs t ar e	hat received more ending with or with	than \$100, nin the organ	,000 d nizatio	of on's tax
(A) Name and business add	Iress							(B) Description of se	ervices	(	(C) Compensation
		-									
2 Total number of independent contractors (in more than \$100,000 in compensation from the				nite	d to	thos	se I	isted above) who	received		•

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ICAN PSICHOLOGICAL ASSOCIATION, INC. 54-13/2390

Part VII Section A	A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and I	lig	hest Compensat	ed Employ	ees (	continued)
(A) Name and title		(B) Average hours per week (list any hours for	(C) Position (do not check more than or box, unless person is both a officer and a director/truste					ne an ee)	(D) Reportable compensation from the	(E) Reporta compensation related organizat	ble on from	(F) Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	from the organization and related organizations
(301) DEREK PHILLI		10.00										
D42-SECRETAR	<del></del>	0.	X		Х				0.		0.	0
(302) GERALD KOOCH		10.00			v						^	
D42-TREASURE (303) SARA BAMWELL		3.00	Х		Х						0.	0
D42-MEMBER A	<b>-</b>	7.00	х						0.		0.	0
(304) LAUREN BEHRM	<del></del> _	3.00										
D42 - MEMBER		0.	х						o.		0.	0
(305) PAULA DE FRA		3.00										
D42-STUDENT	REPRESENTAIVE	0.	х						0.		0.	0
(306) ELAINE DUCHA	RME	3.00										
D42-MEMBER A		0.	Х						0.		0.	0
(307) NANCY MCGARR		3.00									•	
D42-MEMBER A		0.	Х						0.		0.	0
D42-MEMBER A		3.00	х						0.		0.	0
(309) KRYSTAL STAN		3.00		$\vdash$							<u> </u>	
	T LARGE DIVERSITY	3.00	x						0.		Ο.	0
(310) AMY VAN ARSD		3.00									•	
D42-ECP MEMB		0.	х	1 1					0.	l	0.	0
(311) LINDSEY BUCK		3.00	_									
D42-APA COUN	CIL REPRESENTATIVE	0.	х						o.		Ο.	0
	ation sheets to Part VII, So and 1c)							<b>*</b> * *	0.		0.	0.
	dividuals (including but not lisation from the organization		hose 0.		d at	bove	e) who	re	ceived more than	\$100,000 c	of	
												Yes No
	tion list any former offic											
employee on line 1	a? If "Yes," complete Schedu	ule J for suc	ch ind	ividi	ıal			• •			• •	3 X
4 For any individual	listed on line 1a, is the	sum of rep	ortab	le c	om	pen	sation	a ar	nd other compens	sation from	the	1 1 1 1
	related organizations gre											4 X
	ted on line 1a receive or											
for services rendere	ed to the organization? If "Ye											5 X
Section B. Independer									<del></del>			
	e for your five highest com i the organization Report c											
	(A) Name and business add	lress							(B) Description of se	rvices	C	(C) Compensation
										-		
					_			t				
	ndependent contractors (in 00 in compensation from the				itec	to	thos	e lı	sted above) who	received		





AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	ıpıo	ye	es,	and I	lig	hest Compensat	ea Employ	yees (c	ontinued)	
(A) Name and title	(B) Average hours per week (list any hours for	(C) Position (do not check more than or box, unless person is both a officer and a director/truste					an ee)	(D) Reportable compensation from the	(E) Reporta compensation relate organization	on from d	from amount other	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	-MISC)	from the organizatio and relate organizatio	on d
312) LISA GROSSMAN	3.00											
D42-APA COUNCIL EPRESENTATIVE	0.	Х			_			0.	_	0.		(
313) NANCY MOLITOR	3.00	,,										
D42-APA COUNCIL REPRESENTATIVE 314) JEFFREY YOUNGGEN	3.00	Х	$\vdash$		_			0.		0.		
D42-APA COUNCIL REPRESENTATIVE	0.	х						0.		0.		(
315) MARGARET ROSARIO, PH.D.	10.00		_			-				<del>  </del>		
D44-PAST PRESIDENT	0.	х		Х				ο.		0.		(
316) MIRA KRISHNAN, PH.D.	10.00									-		
D44-PRESIDENT ELECT	0.	х		х				ο,		0.		(
317) GARY HOWELL, PH.D.	10.00											
D44-PRESIDENT	0.	х		Х				ο.		0.		(
318) CHRISTOPHER DAVIDS, PH.D.	5.00											
D44-SECRETARY	0.	Х		Х				0.		0.		
319) ERIN DENEKE, PH.D.	5.00											
D44-TREASURER	0.	Х		Х				0.		0.		
320) ARLENE NORIEGA, PH.D.	5.00	Į						_				
D44-COUNCIL REPRESENTATIVE	0.	Х						0.		0.		
321) MICHAEL HENDRICKS, PH.D.	5.00		i			1						
D44-COUNCIL REPRESENTATIVE	0.	Х	$\vdash$				-	0.		0.		
322) TERRY GOCK, PH.D. D44-COUNCIL REPRESENTATIVE	5.00	x						О.		0.		(
1b Sub-total	1							0.	<u>.                                    </u>	- 0.		
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A						<b>A</b>					
2 Total number of individuals (including but not reportable compensation from the organizatio		hose l 0.		d at	bove	e) who	re	ceived more than	\$100,000 (	of		
3 Did the organization list any former office	er directo	r or	tru	ster	e l	(ev e	mn	lovee or highest	compens	ated	Yes	No
employee on line 1a? If "Yes," complete Sched											3	Х
4 For any individual listed on line 1a, is the organization and related organizations grandividual	eater than	\$15	0,00	ე0?	If	"Yes	," (	complete Schedui	e J for s	such	4	X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue cor	mpen	satio	n f	from	any	uni	related organization	n or indivi	dual	5	X
Section B. Independent Contractors	00			-				<u> , , ,</u>	· · <u>· · · · · · · · · · · · · · · · · </u>	• • • • • • • • • • • • • • • • • • • •	<u> </u>	
Complete this table for your five highest com- compensation from the organization. Report of year.	pensated in compensation	ndepe	nde the	nt o	cont	racto ar yea	rs tl ar e	hat received more inding with or with	than \$100 iin the orga	,000 o	f n's tax	
(A) Name and business add	Iress							(B) Description of se	rvices	С	(C) ompensation	
						_	1					_



AMERICAN PSYCHOLOGICAL ASSOCIATION, INC. Page 8 Form 990 (2019) Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) (A) (B) (C) (D) (E) Reportable Name and title Average Position Reportable Estimated (do not check more than one compensation compensation from amount of hours per box, unless person is both an other week (list any from related officer and a director/trustee) organizations compensation hours for the Individual trustee from the Key employee Highest compensated (W-2/1099-MISC) Institutional organization organization organizations (W-2/1099-MISC) and related below dotted organizations I trustee (323) KARLA ANHARDT 5.00 Ο. D44-1ST YEAR MEMBER AT LARGE 0. Х 0 5.00 MELISSA GREY, PH.D. Ο. 0 D44-3RD YEAR MEMBER AT LARGE Х Ο. 0. 5.00 CARLTON EVERETT-GREEN, PH.D. D44-2ND YEAR MEMBER AT LARGE Ο. Х 0 0 0. HALLEH HASHTPARI 5.00 D44-STUDENT REPRESENTATIVE ο. Х 0 0. Ο. 5.00 (327) ALVIN ALVAREZ D45-PRESIDENT 0. Х Х O Ο. 0. ART BLUME 10.00 (328)0. Х x 0 0. 0. D45-PRESIDENT-ELECT HELEN NEVILLE 5.00 х 0 0. 0. D45-PAST PRESIDENT 0. Х 10.00 (330) BRIDGETTE PETEET 0 D45-SECRETARY 0. Х Х 0 Ο. (331) G.E. KAWIKA ALLEN 5.00 D45-SECRETARY ELECT ο. x 0 0. Ο. X JOYCE CHU 5.00 (332)0 0. D45-TREASURER o. Х Х 5.00 (333) ROBYN GOBIN D45-COUNCIL REPRESENTATIVE 0. 0 0. 0 0. 0 0. c Total from continuation sheets to Part VII, Section A . . . . . . . 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

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

### Section B. Independent Contractors

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			

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



(A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box,	unles er and	Pos neck ss pe d a d	more more erson lirect	than o	an ee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
34) JOSEPH GONE	5.00									
D45-COUNCIL REPRESENTATIVE	0.	x		X				0.	0.	
35) ENEDINA VASQUEZ	5.00									
D45-COUNCIL REPRESENTATIVE	0.	x		х				0.	0.	
36) KEOSHIA HARRIS	5.00									
D45-GRADUATE STUDENT REP.	0.	] x	ļЦ	Х				0	0.	
37) DORIS CHANG	5.00									
D45-MEMBER-AT-LARGE, ASIAN	0.	Х		Х				0 .	0.	
88) NAYELI CHAVEZ	5.00									
D45-MEMBER-AT-LARGE, LATINO	0.	Х		Х				0.	0.	
39) LAMISE SHAWAHIN	5.00	ļ								
D45-MEMBER-AT-LARGE, MENA	0.	Х		Х				0.	0.	
40) MARTINQUE JONES	5.00									
D45-MEMBER-AT-LARGE, DIVERSITY	0.	X	Ш	Х	_			0.	0.	_
41) ALISON CEREZO	5.00								_ [	
D45-MEMBER-AT-LARGE, LGBTQ	0.	Х	1	Х				0.	0.	
42) BRANDI PRICHETT-JOHNSON	5.00							_		
D45-MEMBER-AT-LARGE, AFRICAN	0.	X		Х				0.	0.	
43) MELISSA TEHEE	5.00	,,		Ψ,						
D45-MEMBER-AT-LARGE, NATIVE	0.	Х		Х				0.	0.	
44) SERDAR M. DEGIRMENCIOGLU D48-PRESIDENT	7.00	x		x						
				Λ				0.	0.	
1b Sub-total							•	0.	<u> </u>	- <del></del>
c Total from continuation sheets to Part VII, S	•									
d Total (add lines 1b and 1c)								actived more than	£100,000 of	
2 Total number of individuals (including but not reportable compensation from the organizatio		nose . 0		u at	DOVE	e) Will	, 16	ceived more man	\$100,000 01	
Toportable compensation from the organization			•					<del></del> _	<u></u>	Yes No
3 Did the organization list any former office						•	-	•	*	
employee on line 1a? If "Yes," complete Sched	ui <del>e</del> J ior suc	n ma	ivial	idi ,						3 X

Section	B. Indepe	ndent Co	ntractors

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.

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 ..........

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

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

Form **990** (2019)



Form 990 (2019)  Part VII Section A. Officers, Directors, True	ustees, Ke	y En	nplo	ye	es,	and I	lig	hest Compensat	ted Employ	ees (c	ontinued)	Page 8
(A) Name and title	(B) Average hours per week (list any hours for	(do l	not cl unles	Pos heck ss pe	C) sition more erson	e than o is both tor/trust	ne an ee)	(D)  Reportable compensation from the	(E) Reportab compensatio related organizatio	ole n from	(F) Estimate amount other compense	of
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-I	MISC)	from th organiza and relai organizat	tion ted
45) ALICE LOCICERO, PH.D.	5.00											
D48-PAST PRESIDENT THRU 3/19	0.	X		<u>X</u>	_			0		0.		
46) WILLIAM R. MCKELVAIN, PH.D. D48-PRESIDENT-ELECT	5.00 0.	Х		х				0		ο.		C
47) ANGELA WALDON, PH.D.	5.00											
D48-SECRETARY	0.	X		Х		L	<u> </u>	0	1	0.		
48) JULIE MERANZE LEVITT, PH.D. D48-TREASURER	5.00	X		х				0		ο.		C
49) VIOLET CHEUNG, PH.D.	5.00				_							
D48-MEMBER-AT-LARGE	0.	х						0		0.		C
50) LINDEN NELSON, PH.D.	5.00											
D48-MEMBER-AT-LARGE	0.	Х	L				_	0		0.		
51) EDUARDO DIAZ, PH.D.	5.00				ļ							
D48-MEMBER-AT-LARGE	0.	Х				ļ		0	<u> </u>	0.		
52) CHRISTINE HANSVICK, PH.D.	5.00			İ	1		ŀ					,
D48-MEMBERSHIP CHAIR	5.00	X	H				-	0	<del>                                     </del>	0.	· <del></del>	
53) FRANK FARLEY, PH.D. D48-COUNCIL OF REPRESENTATIVES	0.	x						0		0.		(
54) MARTYN WHITTINGHAM	10.00						-	· · · · · ·	<del>  -</del>			
D49-PRESIDENT	0.	x		x				0	}	0.		(
55) CHERI MARMAROSH	5.00		$\vdash$									
D49-PRESIDENT-ELECT	0.	х		х		1		0	}	0.		(
1b Sub-total							<b></b>	0.		0.		0
c Total from continuation sheets to Part VII, S							▶					
d Total (add lines 1b and 1c)							<b>&gt;</b>	<u> </u>				
2 Total number of individuals (including but not reportable compensation from the organization		hose 0		d a	bov	e) who	э ге	eceived more than	\$100,000 o	f		
reportable compensation nom the organization			•	-						-	Yes	s No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedulet and the schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet schedulet sc											3	Х
4 For any individual listed on line 1a, is the organization and related organizations grandvidual	eater than	\$15	50,0	003	11	"Yes	s, "	complete Schedu	ile J for s	uch	4	X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "You	accrue co	mper	sati	on 1	fron	n any	un	related organizati	on or individ	lual	5	Х
Section B. Independent Contractors												
Complete this table for your five highest com- compensation from the organization. Report of year.	ipensated i compensati	ndepo on fo	ende r the	ent ca	con	tracto dar ye	rs t ar e	that received more ending with or with	e than \$100, hin the orgai	,000 c nizatio	f n's tax 	
(A) Name and business add	dress							(B) Description of se	ervices	C	(C) Compensation	า
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JSA 9E1055 1 000

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 ▶





	990 (2019)	t V.	F.					1:1	haat Company	ad Employ	2005 /0			Page <b>8</b>
Pa	rt VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do i	not cl	Pos heck ss pe	C) sition more	n of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportation compensation related organization (W-2/1099-1	ole in from I ons	com fr org	(F) stimated nount of other spensation the anization d relate anization	of lion le on led
(356)	GEORGE TASCA	5.00		, o			ited							_
	D49-PAST-PRESIDENT	0.	х		х				0		0.			0
(357)	JOE MILES D49-SECRETARY	5.00 0.	х		х				0		0.			0
(358)	AMY NITZA D49-TREASURER	5.00 0.	х		х				0		0.			0
(359)	SALLY BARLOW D49-REP, APA GOVERNING COUNCIL	5.00	х						0		0.			0
(3 <u>60)</u>	VERLIN HINES D49-GROUP PSYCH. DOMAIN REP	5.00	х						0		0.	_		0
(3 <u>61)</u>	JEN MARTIN D49-GRP PSYCHOTHER. DOMAIN REP	5.00	х						0		0.			0
(3 <u>62)</u>	NOELLE LEFFORGE D49-EDUC & TRAINING DOMAIN REP	5.00	x			-			0		0.			
(3 <u>63</u> )	NICOLE COLEMAN	5.00		<del>                                     </del>							0.			0
(364)	D49-DIV DOMAIN REP. THRU 8/19 ERIC CHEN	0. 5.00	Х						0					
( a = = = = = = = = = = = = = = = = = =	D49-DIV DOMAIN REP. AS OF 9/19	0.	X	├-				_	0		0.			0
	MISHA BOGOMAZ D49-EARLY CAREER PSYCHOLOGIST	5.00	х			_			0		0.			0
(366)	MEREDITH TITTLER D49-STUDENT REPRESENTATIVE	5.00 0.	х						0		0.	_		0
	Sub-total  Total from continuation sheets to Part VII, S  Total (add lines 1b and 1c)	ection A .	 	· ·	 		· · ·	> re	0.	\$100,000 o	0 . of			0.
	reportable compensation from the organization	n ▶	0	•		•							Yes	No
3	Did the organization list any former office	er, directo	or, or	tru	uste	e,	key e	emp	oloyee, or highes	t compensa	ated			
	employee on line 1a? If "Yes," complete Schede	ule J for su	ch ind	lividi	ual					· · · · · ·	• •	3		Х
4	For any individual listed on line 1a, is the organization and related organizations greater	sum of rep eater than	oortab \$15	ole ( 50,0	com	per	satioi "Yes	n a	nd other compens complete Schedu	sation from le J for s	the uch			
5	Individual	accrue co	mpen	sati	on	fron	n any	un	related organizati	on or individ	lual	4		Х
	for services rendered to the organization? If "Ye	es," comple	te Scl	hedu	ıle J	l for	such	per	son <u></u> .	<u> </u>		5	_	X
	ction B. Independent Contractors  Complete this table for your five highest com compensation from the organization. Report of year	pensated i	ndepe on fo	ende r the	ent e ca	con	tracto dar ye	rs t ar e	that received more	e than \$100, nin the orga	,000 o nizatio	f n's tax		
	(A) Name and business add	dress							(B) Description of se	ervices	C	(C) compens		
_	Traine and Desiriose date													
_		-						+						
								+						

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Form **990** (2019)

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 ▶

Form 990 (2019)

AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.

Part VII	Section A. Officers, Directors, Tru  (A)  Name and title	(B) Average hours per week (list any hours for	(do l box, office	not cl unles	Pos heck ss pe	C) sition more erson tirect	e than c is both or/trust	ne an ee)	(D) Reportable compensation from the	(E) Reporta compensation related organizat	ble on from d Hons	Esi am comp	(F) imated ount of other pensation	n
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	·MISC)	orga and	om the inization related nizations	
	DA SOBELL, PH.D. -PRESIDENT AS OF 8/19	7.00 0.	х		х				0		0.			0
	NIFER BUCKMAN, PH.D. -PAST PRESIDENT AS OF 8/19	10.00	Х		х				0		0.			0
	L GRUBE, PH.D. -PRESIDENT ELECT AS OF 8/19	2.00	х		х				0		0.		_	0
(370) LIN	DA (SKALSKI) RINEHART, PH.D -SECRETARY	2.00	x		х				0		0.			0
(3 <del>71) TY</del>	SCHEPIS, PH.D. -TREASURER	3.00	х		x			_	0		0.			0
(372) JAM	ES BRAY, PH.DCOUNCIL REPRESENTATIVE	1.00	х						0		0.			0
(3 <del>73) MON</del>	ICA WEBB-HOOPER, PH.DMEMBER-AT-LARGE	1.00	х				,		0		0.			0
(3 <del>74) KIR</del>	K BOWDEN, PH.D. -MEMBER-AT-LARGE	1.00	x						0		0.			0
(375) PAU	L STASIEWICZ, PH.D. -MEMBER-AT-LARGE THRU 7/19	1.00	х						0		0.			0
(376) BRU	CE LIESE, PH.D. -MEMBER-AT-LARGE AS OF 8/19	5.00	х		х				0		0.			0
(377) STE		2.00	х		х				0		0.			0
1b Sub-t c Total	-4-1							<b>*</b> * *	0.		0.			0.
2 Total	number of individuals (including but not table compensation from the organization	limited to t		liste				o re	eceived more than	\$100,000 (	of			
	the organization list any <b>former</b> offic byee on line 1a? <i>If</i> "Yes," complete Schede											3		No X
organ <i>indivi</i>	ny individual listed on line 1a, is the sization and related organizations gradual	eater than	\$15 • • • •	50,0 • •	00? 	? <i>If</i> 	"Yes	s,"	complete Schedu	le J for s	such 	4		x
for se	ny person listed on line 1a receive or revices rendered to the organization? If "You											5		Х
1 Comp	3. Independent Contractors  blete this table for your five highest comensation from the organization. Report of	pensated i ompensati	ndepo	ende r the	ent e ca	con	tracto dar ye	rs t ar e	that received more ending with or with	than \$100	0,000 d	of on's tax		
	(A) Name and business add	Iress							(B) Description of se	ervices	(	(C) Compens	ation	
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								+						_
	number of independent contractors (iithan \$100,000 in compensation from the				nite	d to	thos	e i	isted above) who	received				



Form 990 (2019) Page 8

Part VII Section A. Officers, Directors, Tr (A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do box,	not ch unles	Pos neck ss pe	c) intion more erson tirect	an of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of	ne an	(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
(378) ERIC YOUNGSTROM D53-PRESIDENT	3.00	x		х				0.	0.	(
(379) STEVE HINSHAW D53-PRESIDENT ELECT	1.00	х		х				0.	0.	(
(380) DAVID LANGER D53-TREASURER	5.00	x		х				0.	0.	(
(381) ANNA VANMETER D53-SECRETARY	3.00	х		х				0 .	0.	(
D53-COUNCIL REPRESENTATIVE	2.00	х						0.	0.	(
(383) MARY FRISTAD D53-COUNCIL REPRESENTATIVE	3.00	х				-		0.	0.	(
(384) CHRISSY CAMMARATA D53-MEMBER AT LARGE	2.00	х						0.	0.	(
(385) EARL TURNER D53-MEMBER AT LARGE	3.00	х						0 .	0.	C
(386) TARA PERIS D53-MEMBER AT LARGE	2.00	х						0.	0.	C
(387) AMANDA JENSEN-DOSS D53-MEMBER AT LARGE	2.00	х						0.	0.	C
(388) THOMAS D. ELKIN, PHD D54-PRESIDENT	5.00	х		х				0.	0.	C
1b Sub-total	Section A .						<b>&gt;</b>	0.	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	L	3
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 

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

		Yes	No
	3		Х
į			
	4		X
	5		X

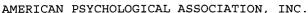
### Section B. Independent Contractors

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
		-

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

Form **990** (2019)

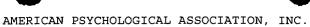






Page 8 Form 990 (2019) Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (D) (E) (F) (A) Reportable Estimated Name and title Average Position Reportable (do not check more than one compensation compensation from amount of hours per box, unless person is both an other week (list any related from officer and a director/trustee) compensation hours for organizations Highest compensated employee from the Individual related institutional organization (W-2/1099-MISC) organization organizations (W-2/1099-MISC) employee and related below dotted organizations trustee trustee 5.00 (389) ANN MCGRATH DAVIS, PHD D54-PAST PRESIDENT 0. Х Х 0 0. 0. JENNIFER PENDLEY, PHD 5.00 (390)Ο. D54-PRESIDENT ELECT 0. X X n 0 ERICA SOOD, PHD 5.00 D54-SECRETARY Ο. Х Х 0 0 ٥. CYNTHIA GERHARDT, 5.00 D54-TREASURER 0. Х Х 0 0. 0. 5.00 (393) IDIA THURSTON, PHD D54-MEMBER AT LARGE-STU DVLMNT 0. Х Х O 0. 0. 5.00 MELISSA SANTOS, PHD D54-MEMBER AT LARGE-DIVERSITY 0. Х X 0 0. 0. JENNIFER HANSEN, PHD 5.00 D54-MEMBER AT LARGE - CONT EDU Ο. Х Х 0 Ο. Ο. 5.00 ANNE KAZAK, PHD, ABPP D54-APA COUNCIL REPRESENTATIVE 0. 0. Х Х O 0 KATIE DEVIN, PHD, MPH 5.00 D54-MEMBER AT LARGE-MEMBERSHIP Ο. Ο. X X 0 0 CAROLINA BEJARANO, MA 5.00 0 ο. D54-STUDENT REPRESENTATIVE 0. Х 5.00 (399)TERRY STANCIN, PHD, ABPP D54-APA COUNCIL REPRESENTATIVE 0. 0 n Ο. 1b Sub-total . . . . . . . . . . . . c Total from continuation sheets to Part VII, Section A . . . . . . . . . . Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Ο. Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated X 3 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 Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual Х for services rendered to the organization? If "Yes," complete Schedule J for such person .......... Section B. Independent Contractors 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) Compensation Name and business address Description of services

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



54-1572590

Part VII Section A. Officers, Directors, Tre	1	y Lii	ipio			allu i	ııy.				Orninae		
(A) Name and title	(B) Average hours per week (list any	box,	not ch unles	Pos neck ss pe	rson	e than o	an	(D) Reportable compensation from	(E) Reporta compensati relate	able on from	an	(F) timated lount o other	f
	hours for related organizations below dotted line)	Individ or dire		a Officer		Highest compensated	Former	the organization (W-2/1099-MISC)	organiza (W-2/1099		fro orga and	pensation the anization felateon	on d
	4 00	<u> </u>	l e			ated			_				
D56-PRESIDENT-ELECT	4.00	х		х				o		0.			(
01) SYLVIA MAROTTA-WALTERS	5.00	-											
D56-PRESIDENT, NOMINATIONS AND	0.	Х		Х				0		0.	_		(
02) TYSON D BAILEY	3.00									_			
D56-PRESIDENT-ELECT	0.	Х		X	_			0		0.			+
03) LOREN M. POST	1.00			v		ŀ		0		٥.			(
D56-SECRETARY  O4) BARBARA L. NILES	1.00	X	$\vdash$	Х			-	<u> </u>					
D56-TREASURER, FINANCE COMMITT	1.00	x		Х				0		0.			(
05) DAWN HUGHES	1.00							<del>                                     </del>				_	
D56-COUNCIL REPRESENTATIVE	0.	х						0		ο.			(
06) CONSTANCE DALENBERG	1.00				-						_		
D56-COUNCIL REPRESENTATIVE, SC	0.	х					İ	0		0.			
07) KATHARINE LACEFIELD	1.50												
EARLY CAREER PSYCH. REP	0.	Х						0		0.	_		
08) CARLOS CUEVAS	1.00									_			
D56-MEMBERS-AT-LARGE	0.	Х					_	0		0.			
09) LISA ROCCHIO	1.00	,,											
D56-MEMBERS-AT-LARGE	1.00	Х	$\vdash$		<u> </u>			0		0.			(
10) JACK TSAI  D56-MEMBERS-AT-LARGE, LIAISON	1.00	x						0	<u> </u>	0.			
<del></del>			لـــا			<u> </u>	_	0.		0.			0
to Total from continuation sheets to Part VII, Sed Total (add lines 1b and 1c)	ection A .						<b>&gt;</b>						
2 Total number of individuals (including but not reportable compensation from the organization		hose I		d a	bove	e) who	o re	ceived more than	\$100,000	of			
Toportable compensation from the organization							_					Yes	No
3 Did the organization list any former office											3		
employee on line 1a? If "Yes," complete Sched											- <u>`</u>		
4 For any individual listed on line 1a, is the organization and related organizations gr	sum of rep	ortab	ole c	om	per	satioi	n ai	nd other compens	sation from	the			
individual											4		Х
5 Did any person listed on line 1a receive or													
for services rendered to the organization? If "Y											5		Х
Section B. Independent Contractors													
Complete this table for your five highest com- compensation from the organization. Report of year.	pensated in compensation	ndepe on for	ende the	ent ca	con lend	tracto dar ye	rs t ar e	hat received more ending with or with	than \$100 nin the orga	0,000 o anızatıo	f n's tax		
(A) Name and business add	dress							(B) Description of se	ervices	С	(C) Compens	ation	
							4-	_		-		_	
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2 Total number of independent contractors (i more than \$100,000 in compensation from the				nite	d to	thos	se I	isted above) who	received			_	

JSA 9E1055 1 000

Form **990** (2019)



Form 990									ON, INC.		1572		F	age 8
Part Vi	Section A. Officers, Directors, Ti	ustees, Ke	y En	plo	ye	es,	and I	lig	hest Compensat	ed Employ	ees (c	ontinue	d)	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle	Pos heck ss pe	rson	n both st ha bottz! Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportab compensation related organization (W-2/1099-N	n from ons	com fro orgo and	(F) itimated nount o other pensation the anization d related inization	f on on d
11) JU	LIA SENG	1.00										_	-	
12) AY	6-PROFESSIONAL AFFILIATE REF LI CARRERO PINEDO	4.00	Х						0		0.	_		
D5	6-STUDENT REPRESENTATIVE, ST	0.	X						0		0.	· · · · ·		(
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d Tota	al from continuation sheets to Part VII, all (add lines 1b and 1c)		<u></u>				<u></u>	<u> </u>						
	al number of individuals (including but no ortable compensation from the organization		hose 0		d a	bov	e) who	re	eceived more than	\$100,000 of	f 			
	the organization list any former offi												Yes	No 
4 For	oloyee on line 1a? If "Yes," complete Scheo any individual listed on line 1a, is the	sum of reg	oortab	ole d	com	per	sation	n ai	nd other compens	sation from	the	3		X
ındı	anızation and related organızatıons g vidual											4		Х
	any person listed on line 1a receive o services rendered to the organization? If "											5		Х
	B. Independent Contractors							1		- th 6400	000 -	•		
	nplete this table for your five highest con opensation from the organization Report c.													
	(A) Name and business ac	ldress	-						(B) Description of se	ervices	C	(C) Compens	ation	
	-							$\perp$						
								1				_		

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 VIII Statement of Revenue

Form 990 (2019)

	<del></del>	Check if Schedule O contains a respon		(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under sections 512-514
ts ts	1a	Federated campaigns 1a					
and Other Similar Amounts	ь	Membership dues 1b	1,642,562				
١٤٠	С	Fundraising events 1c					
<u> </u>	d	Related organizations 1d					
]    -  -	е	Government grants (contributions) 1e					
Sin	f	All other contributions, gifts, grants,					
e .		and similar amounts not included above . 1f	368,498				
동	g	Noncash contributions included in					
٦	J	lines 1a-1f 1g	s				
ᄛ	h	Total Add lines 1a-1f		2,011,060			
			Business Code				
}	2a	REGISTRATION FEES/WORKSHOP/CE	900099	1,460,929	1,460,929		1
	b	VARIOUS CONFERENCES	900099	234,655	234,655		
evenue	c	JOURNAL EDITORIAL SUPPORT	900099	99,681	99,681		1
ě	ď	JOURNAL REVENUE	900099	55,000	55,000	<del></del>	
Revenue							
:	f	All other program service revenue					
	g	Total Add lines 2a-2f		1,850,265			
	3	Investment income (including dividends,					
	•	other similar amounts)		598,734			598,73
	4	Income from investment of tax-exempt bond		0			
	5	Royalties		2,786,326			2,786,32
		(ı) Real	(II) Personal				
	6a	Gross rents 6a					
	b	Less rental expenses 6b					
	c	Rental income or (loss) 6c					
	d	Net rental income or (loss)		0			
	7a	Gross amount from (i) Securities	(II) Other				
	, a	sales of assets	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		other than inventory 7a 5,879,928					
a.	h	Less cost or other basis					
ž	b	and sales expenses 7b 5,589,302					
Š	_	and sales expenses / b	-				
er Revenue		Cam or (1000) 1 1 1 1		290,626			290,626
ĕ	d	Net gain or (loss)		2,0,010			
ਰ	8a	Gross income from fundraising					
		events (not including \$					
		of contributions reported on line	0				
		1c) See Part IV, line 18 8a	0				
	b	Less direct expenses 8b		0			<del>                                     </del>
	С	Net income or (loss) from fundraising events	<u>.</u> . ▶	0			<del>}</del>
	9a	Gross income from gaming	0				
		activities See Part IV, line 19 9a	0				
		Less direct expenses 9b	L	0		- <del></del>	1
	С	Net income or (loss) from gaming activities	<u> ▶</u>				
	10a	Gross sales of inventory, less					
		returns and allowances	0				
	b	Less cost of goods sold	0	_			-
-	C	Net income or (loss) from sales of inventory.	i	0	-		+
			Business Code				<del> </del>
e	11a	EDITOR STIPEND/ALLOWANCE	541900	571,188	571,188		<del> </del>
én	b	BROCHURES/NOVELTY ITEMS	900099	10,956	10,956		<del> </del>
è	С	ADVERTISING	541800	5,000		5,000	<del> </del>
Revenue	d	All other revenue		11,000	11,000		
	e	Total Add lines 11a-11d	. <u></u> <b>&gt;</b>	598,144			ļ
	12	Total revenue. See instructions	<u></u> ▶	8,135,155	2,443,409	5,000	3,675,686





## Part IX Statement of Functional Expenses

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
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				
ındıvıduals 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,			1	
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.			
0 Payroll taxes	0.			
1 Fees for services (nonemployees)		<u> </u>		
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.			<del></del>
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) ATCH 2.	954,556.	340,879.	613,677.	
2 Advertising and promotion	12,594.	7,285.	5,309.	<del></del>
3 Office expenses	336,359.	114,446.	221,913.	
4 Information technology	134,340.	9,821.	124,519.	
5 Royalties	67,313.	64,813.	2,500.	
6 Occupancy	0.		200 005	
7 Travel	862,968.	482,142.	380,826.	
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.	1 050 510	200 670	
9 Conferences, conventions, and meetings	2,343,382.	1,952,712.	390,670.	
0 Interest	1,502.	4.561	1,502.	
1 Payments to affiliates	4,561.	4,561.		
2 Depreciation, depletion, and amortization	0.		250	
3 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 (A)	744 005	720 250	14 547	
aHONORARIUM/STIPEND	744,805.	730,258.	14,547.	<del></del>
bAWARDS COMMUNICATIONS	310,466.	308,788.	1,678.	
cCONTRIBUTIONS/DONATIONS	111,138.	73,889.	37,249.	
dEDUCATION/WORKSHOPS	30,995.	28,084.		
e All other expenses	22,280.	4,991.	17,289.	
Total functional expenses Add lines 1 through 24e	7,110,549.	4,651,471.	2,459,078.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
fundraising solicitation Check here following SOP 98-2 (ASC 958-720)	0.			



_	ո 990 ( art X	<u> </u>			Page <b>11</b>
		Check if Schedule O contains a response or note to any line in this Pa	art X		
	-		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,024,006.	1	736,786.
	2	Savings and temporary cash investments	6,684,379.	2	7,809,705.
	1	Pledges and grants receivable, net	0.	-	0.
	3	Accounts receivable, net	903,330.	4	385,191.
	4	·		-	303/2321
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%	0.	5	0.
		controlled entity or family member of any of these persons		3	
	6	Loans and other receivables from other disqualified persons (as defined	0.		0.
ın	_	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		7	0.
ě	7	Notes and loans receivable, net	0.	+	0.
Assets	8	Inventories for sale or use	236,138.	8	367,939.
_	۱ ۶	Prepaid expenses and deferred charges	230,130.	9	307, 337.
	10a	Land, buildings, and equipment cost or other		l	!
		basis Complete Part VI of Schedule D	0.	40-	0.
	I	Less. accumulated depreciation	17,070,692.		20,498,339.
	11	Investments - publicly traded securities	0.	11	0.
	12	Investments - other securities See Part IV, line 11	0.	·	0.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	476.		476.
	15	Other assets See Part IV, line 11	25,919,021.	<u> </u>	29,798,436.
-	16	Total assets. Add lines 1 through 15 (must equal line 33)	253,063.	17	237,266.
	17	Accounts payable and accrued expenses	0.	_	0.
	18 19	Grants payable	982,841.	19	1,068,010.
	20		0.	_	0.
	21	Tax-exempt bond liabilities	0.		0.
_s	22	Loans and other payables to any current or former officer, director,			
ţį	22	trustee, key employee, creator or founder, substantial contributor, or 35%			1
Liabilities		controlled entity or family member of any of these persons	0.	22	0.
==	23	Secured mortgages and notes payable to unrelated third parties	0.		0.
	24	Unsecured notes and loans payable to unrelated third parties	0.		0.
	25	Other liabilities (including federal income tax, payables to related third	<del></del>		
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	1,235,904.	26	1,305,276.
ses		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			1
anc	27	Net assets without donor restrictions	23,866,214.		28,142,330.
Bal	27 28	Net assets with donor restrictions	816,903.	27	350,830.
Assets or Fund Balances	20	Organizations that do not follow FASB ASC 958, check here ▶	010, 503.	28	330,630.
F		and complete lines 29 through 33.			
S	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	24,683,117.	32	28,493,160.
Z	1	F			20 700 426

Total liabilities and net assets/fund balances.........

29,798,436. Form **990** (2019)

33

25,919,021. 33



## AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.

54-1572590

Form 99	00 (2019)			Pa	ge <b>12</b>
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<del></del>			. X
1	Total revenue (must equal Part VIII, column (A), line 12)	<u> </u>			155.
2	Total expenses (must equal Part IX, column (A), line 25)				549.
3	Revenue less expenses Subtract line 2 from line 1				606.
4					117.
5	Net unrealized gains (losses) on investments		2,6	76,	651.
6	Donated services and use of facilities		_		0 .
7	Investment expenses				0.
8	Prior period adjustments				304.
9	Other changes in net assets or fund balances (explain on Schedule O)			90,	482.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))		28,4	93,	160.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>	<u></u>	
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other				[
	If the organization changed its method of accounting from a prior year or checked "Other," expla	ın ın	-		l ì
	Schedule O				1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compile	d or	İ		
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		<del></del> -		
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	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				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversignment of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committ				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		<del></del>
	If the organization changed either its oversight process or selection process during the tax year, explain	n 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	1 the			x
	Single Audit Act and OMB Circular A-133?		3a		<del>  ^</del>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	· · · ·	3b_		<u> </u>

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

# **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

20**19** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.

Employer identification number

GRO	GROUP RETURN 54-1572590						90		
Par	t I	Reason for Public Cha	rity Status (All o	organizations must o	complete	e this pa	art ) See instructions		
The	orga	anization is not a private fou	ndation because it	is (For lines 1 throu	gh 12, ch	eck only	one box )		
1		A church, convention of chi	urches, or associal	tion of churches desc	ribed ın s	ection 1	70(b)(1)(A)(i).		
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	)-EZ) )	$\bigcup ($	
3		A hospital or a cooperative	hospital service of	rganization described	ın sectio	n 170(b)	(1)(A)(iii).	·	
4		A medical research organia	zation operated in	conjunction with a ho	spital de:	scribed in	n section 170(b)(1)(A)	(iii). Enter the	
		hospital's name, city, and s	tate						
5		An organization operated	for the benefit of	a college or universi	ty owned	d or ope	rated by a governme	ntal unit described in	
		section 170(b)(1)(A)(iv). (C	Complete Part II)						
6		A federal, state, or local go	vernment or gover	rnmental unit describe	d in sect	ion 170(	b)(1)(A)(v).		
7	Х	An organization that norm	ally receives a sub	stantial part of its su	ipport fro	om a go	vernmental unit or fro	om the general public	
		described in section 170(b)	(1)(A)(vi). (Comple	ete Part II)					
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	e Part II)				
9		An agricultural research or	ganization describe	ed in section 170(b)(1	)(A)(ix) (	operated	I in conjunction with a	land-grant college	
		or university or a non-land-	grant college of ag	griculture (see instruc	tions) Ei	nter the i	name, city, and state o	f the college or	
		university			<u> </u>		<u> </u>		
10	An organization that normally receives (1) more than 331/3 % 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 331/3% 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 exclu	usively to test for publ	c safety	See sec	tion 509(a)(4).		
12		An organization organized	•	•					
	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 t	hrough 12d that de	escribes the type of s	upporting	g organiz	zation and complete lir	nes 12e, 12f, and 12g	
а		$oxedsymbol{oxed}$ Type I. A supporting org	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving	
		the supported organization	on(s) the power to	regularly appoint or e	lect a ma	ajority of	the directors or truste	es of the	
	_	_ supporting organization `	•						
b		$oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{ol}}}}}}}}}$							
		control or management of	of the supporting o	rganization vested in	the sam	e persor	ns that control or man	age the supported	
	_	_ organization(s) You must	complete Part IV	, Sections A and C.					
С		☐ Type III functionally intermal ☐ Type III functionally intermal ☐ Type III functionally intermal ☐ Type III functionally intermal ☐ Type III functionally intermal ☐ Type III functionally intermal ☐ Type III functionally intermal ☐ Type III functionally intermal ☐ Type III functionally intermal ☐ Type III functionally intermal ☐ Type III functionally intermal ☐ Type III functionally intermal ☐ Type III functionally intermal ☐ Type III functionally intermal ☐ Type III functionally intermal ☐ Type III functionally intermal ☐ Type III functionally intermal ☐ Type III functionally intermal ☐ Type III functionally intermal ☐ Type III functionally intermal ☐ Type III functionally intermal ☐ Type III functionally intermal ☐ Type III functionally intermal ☐ Type III functionally intermal ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functional ☐ Type III functi	_	• •				ly integrated with,	
	_	_ its supported organization							
d	L	Type III non-functionally	•		-			- : :	
		that is not functionally into	-					d an attentiveness	
	_	_ requirement (see instruct							
е	L	Check this box if the orga					• • • • • • • • • • • • • • • • • • • •	I, Type III	
_	_	functionally integrated, or	• •	ionally integrated sup	porting o	organizat	tion	<del></del>	
		ter the number of supported	•						
<u> </u>		ovide the following information				<del> </del>		(11) 1	
	(I) N	ame of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(VI) Amount of other support (see instructions)	
					163	110			
(A)									
<del></del>									
(B)				_					
(C)		<del></del>							
	_						-		
(D)									

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

Schedule A (Form 990 or 990-EZ) 2019

(E)

Total



### AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.

54-1572590

Page 2

Schedule A (Form 990 or 990-EZ) 2019 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.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,244,808	2,395,478	1,993,188	1,904,101	2,011,060	10,548,635	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					-	0	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0	
4	Total Add lines 1 through 3	2,244,808	2,395,478	1,993,188	1,904,101	2,011,060	10,548,635	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0	
6	Public support Subtract line 5 from line 4						10,548,635	
Sec	tion B. Total Support		<u> </u>			<del></del>		
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
7	Amounts from line 4	2,244,808	2,395,478	1,993,188	1,904,101	2,011,060	10,548,635	
8	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	
9	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	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0	
11	Total support. Add lines 7 through 10						25,747,641	
12	Gross receipts from related activities, etc. (s					12	10,570,233	
13	First five years. If the Form 990 is forganization, check this box and stop here							
	tion C. Computation of Public Sup				<del></del>		40.97%	
14	Public support percentage for 2019 (li						42.96%	
15	Public support percentage from 2018	Schedule A, Pa	irt II, line 14			1/0 % or more o		
16a	331/3% support test - 2019. If the organization q							
h	331/3% support test - 2018. If the organization q	•		-				
b	this box and stop here. The organization							
172	10%-facts-and-circumstances test - 2							
114	10% or more, and if the organization							
	Part VI how the organization meets to organization	he "facts-and-c	ercumstances" te	est The organi	zation qualifies	as a publicly s	upported ►	
b	10%-facts-and-circumstances test - 2							
	15 is 10% or more, and if the orga							
	Explain in Part VI how the organization supported organization						▶ 🔲	
18	Private foundation. If the organization instructions						_ 1 1	

Schedule A (Form 990 or 990-EZ) 2019



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.)

Sect	tion A. Public Support						/
Caler	idar 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 ")	1					
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				<del></del>		·
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5		-				
	Amounts included on lines 1, 2, and 3						
, a	received from disqualified persons						
b	Amounts included on lines 2 and 3			<i>"</i>			
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b			·			
8	Public support. (Subtract line 7c from						
•	line 6)						
Sec	tion B. Total Support		/				
	ndar year (or fiscal year beginning in)	(a) 2015 /	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends,		<u> </u>				
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses	/					
	acquired after June 30, 1975						
С	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						
12	loss from the sale of capital assets						
	(Explain in Part VI )						
13	Total support. (Add lines 9, 10c, 11,						
-	and 12)						
14	First five years If the Form 990 is fo	or the organizat	tion's first, seco	nd, third, fourth,	or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here.						
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2019 (line 8,			mn (f))		15	%_
16	Public support percentage from 2018 Scheo					16	%
Sec	tion D. Computation of Investment	Income Perc	entage				
17	Investment income percentage for 2019 (lin			13, column (f))		17	%
18	Investment income percentage from 2018 S		·		1	18	%
19 a	331/3% support tests - 2019. If the org						, and line
	1/7 is not more than 331/3%, check this						
b,	331/3% support tests - 2018. If the orga						
1	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization d						
JSA						chedule A (Form 9	



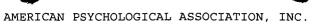


### Supporting Organizations Part IV

(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.)

Secti	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		ا لــــــــــــــــــــــــــــــــــــ
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a	_	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3c	-	
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
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	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <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	 4c		i i
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in <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)	5a	-	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		,
6	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> .	6		
7	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)	7	_	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)			!
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9а		
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> .	9b	-	]
С	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> .	9c		
10 a	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	10a	_	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10h		

Schedule A (Form 990 or 990-EZ) 2019







Schedu	le A (Form 990 or 990-EZ) 2019			Page 5
Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	<del></del>		اـــا
	below, the governing body of a supported organization?	11a		Ь—
	A family member of a person described in (a) above?	11b		├
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
Secti	on B. Type I Supporting Organizations		1	
		r	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	<u>.</u>	,	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization		<del></del> +	
Section	on C. Type II Supporting Organizations	_		
		Γ	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	 1	, <del></del> -	
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)		4 1 1 1	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3	~ <del></del>	]
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instance)  The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see			
_	Activities Test Anguay (a) and (b) halou		Yes	No
2	Activities Test Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	 2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	 2b		
3 a	Parent of Supported Organizations <i>Answer (a) and (b) below.</i> 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? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard	 3b		]



Schedule A (Form 990 or 990-EZ) 2019			Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	is	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov 20, 1970 (expla	ın ın Part VI) See
instructions. All other Type III non-functionally integrated supporting organization			•
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
Section A - Adjusted Net Income ,		(A) FIIOI Teal	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	_ 3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			,
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			!
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		

instructions).

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see







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AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.

Part	Type III Non-Functionally integrated 509(a)(3)	Supporting Organizat	ions (continuea)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ea	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity		_	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(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			
			(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2019	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			
ь	From 2015			
c	From 2016			
q	From 2017			
e	From 2018		<del></del>	
f	Total of lines 3a through e			<del></del>
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 \$			
	Applied to underdistributions of prior years		#- <u></u>	· <u>· · · · · · · · · · · · · · · · · · </u>
b	Applied to 2019 distributable amount		·	
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2019, if		<u></u>	
	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		i	
7	Excess distributions carryover to 2020. Add lines 3		<del></del>	
٠	and 4c			
8	Breakdown of line 7			
	Excess from 2015		<del></del> -	
_ <u>a</u> _	Excess from 2016	<del>  </del>	<del>-</del>	<u> </u>
	Excess from 2017	<del></del>		<del></del>
	Excess from 2017			<del></del>
<u>d</u> _	Excess from 2010			<del></del>

Schedule A (Form 990 or 990-EZ) 2019





54-1572590

Schedule A (Form 990 or 990-EZ) 2019

Page **8** 

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.)

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

# **Political Campaign and Lobbying Activities**

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

filing organization's contributions received funds if none, enter -0- promptly and direct delivered to a separation of the contributions received promptly and direct delivered to a separation.		, -	that have filed Form 5768 (election un			
Tax) (see separate instructions), then  - Section 501(c)4), (5), or (6) or grapizations Complete Part III  Name of organization AMRITCAN PSYCHOLOGICAL ASSOCIATION, INC.    Employer identification number GROUP RETURN						
Name of organization AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.    Employer identification number GROUP RETURN   St - 1572590	Tax)	(see separate instructions), then		Tax) (see separate in	nstructions) or Form 990-E	EZ, Part V, line 35c (Proxy
Part IA Complete if the organization is exempt under section 501(c) or is a section 527 organization.  Provide a description of the organization's direct and indirect political campaign activities (see instructions)  Political campaign activity expenditures (see instructions)  Political campaign activity expenditures (see instructions)  Political campaign activity expenditures (see instructions)  Political campaign activity expenditures (see instructions)  Political campaign activity expenditures (see instructions)  Part I-B Complete if the organization is exempt under section 501(c)(3).    Enter the amount of any excise tax incurred by organization under section 4955					· 1 - · · · ·	<del></del>
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)  4 Enter the amount of any excise tax incurred by the organization under section 501(c)(3).  5 Enter the amount of any excise tax incurred by organization under section 4955.  6 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  7 Let I Complete if the organization is exempt under section 501(c), except section 501(c)(3).  8 Enter the amount directly expended by the filing organization for section 527 exempt function activities.  9 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities.  1 Total exempt function expenditures. Add lines 1 and 2 Enter here and on Form 1120-POL.  1 Inin 17b.  2 Did the filing organization file Form 1120-POL for this year?  5 Enter the amount of file Form 1120-POL for this year?  5 Enter the amount and payments For each organization is the amount paid from the filing organizations to which the organization made payments For each organization is text were promptly and directly delivered to a separate political organization as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part N (a) Name  (b) Address  (c) EIN (d) Amount paid from filing organizations for section once, enter -0-  (1)  (2)  (3)	Nam	e of organization AMERICAN	PSYCHOLOGICAL ASSOCIATION	ON, INC.	' '	
Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of 'political campaign activities')  Political campaign activities (see instructions)  Volunteer hours for political campaign activities (see instructions)  Volunteer hours for political campaign activities (see instructions)  Part I-B Complete if the organization is exempt under section 501(c)(3).  Enter the amount of any excise tax incurred by the organization under section 4955.   Enter the amount of any excise tax incurred by organization managers under section 4955.   S If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  4 Was a correction made?  5 If "Yes," describe in Part IV  Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  Enter the amount directly expended by the filing organization for section 527 exempt function activities.  5 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities.  5 Total exempt function expenditures. Add lines 1 and 2 Enter here and on Form 1120-POL.   Inter 17b.  5 Dut the filing organization file Form 1120-POL for this year?  5 Dut the filing organization file Form 1120-POL for this year?  5 Dut the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also the amount of political contributions received that were promptly and directly delivered to a separate segregated fund or a political action committee (PAC) if additional space is needed, provide information in Part IV  (e) Amount pad from filing organization's funds action organization one, enter -0-  (fil) Amount pad from filing organization's funds action organization one, enter -0-  (g) Amount pad from filing organization's funds committee for a separate po	GRC					
definition of "political campaign activities"   2 Political campaign activity expenditures (see instructions)   3 Volunteer hours for political campaign activities (see instructions)   4 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?   4 a Was a correction made?   5 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 filling organization for section 527 exempt function activities   5   5   Enter the amount of the filling organization's funds contributed to other organizations for section 527 exempt function activities   5   Total exempt function expenditures. Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b   5   Did the filling organization file Form 1120-POL for this year?   5   Enter the amount of political contributions received that were promptly and directly delivered to a separate political organizations 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 (ining organization's funds Also organization's funds organization's funds are political organization's funds organization's funds organization's funds organization's funds organization's funds organization's funds organization's funds organization's funds organization's funds organization's funds organization's funds organization's funds organization's funds organization's funds organization's funds organization's funds organization's funds organization's funds organization's funds organization's funds organization's funds organization's funds organization's funds organization's funds organization's	Pai	rt I-A Complete if the o	organization is exempt under	section 501(c) or	is a section 527 orgar	nization.
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	1	Provide a description of the	organization's direct and indirect p	olitical campaign a	ctivities in Part IV (see in	structions for
Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest   Vest						
Enter the amount of any exise tax incurred by the organization under section 4955.  Enter the amount of any exise tax incurred by organization under section 4955.  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  If the organization incurred a section 501(c), except section 501(c)(3).  Enter the amount directly expended by the filing organization for section 527 exempt function activities.  If the organization is exempt under section 501(c), except section 501(c)(3).  Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities.  If the organization expenditures. Add lines 1 and 2 Enter here and on Form 1120-POL, line 175.  If the organization expenditures. Add lines 1 and 2 Enter here and on Form 1120-POL, line 175.  If the organization made payments For each organization insted, enter the amount paid from the filing organization's funds. Also it the amount of political contributions received that were promptly and directly delivered to 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-including organization none, enter-0-including organization none, enter-0-including organization none, enter-0-including organization none, enter-0-including organization none, enter-0-including organization none, enter-0-including organization none, enter-0-including organization none, enter-0-including organization none, enter-0-including organization none, enter-0-including organization none, enter-0-includi	2	Political campaign activity ex	xpenditures (see instructions)		▶ \$	<u>.</u>
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?  \$ 4 Was a correction made?  \$ 5 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?  \$ 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also the amount of political contributions received that were promptly and directly delivered to a separate political organization's funds if none, enter-0-  (a) Name (b) Address (c) EIN (d) Amount paid from formation in Part IX (e) Amount of political organization's funds if none, enter-0-  (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	3	Volunteer hours for political	campaign activities (see instruction	ns) <u></u>		
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?    4 Was a correction made?    5 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.    5 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?    5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also the amount of political contributions received that were promptly and directly delivered to a separate political organization in Part IV.  (a) Name (b) Address (c) EIN (d) Amount paid from folitical organization confiling organization's confidence organization form the filing organization's confidence organization form the filing organization confidence organization confidence organization confidence organization in Part IV.  (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's confidence organization confidence organization confidence organization or one, enter -0-  (b) Address (c) EIN (d) Amount paid from folitical organization one, enter -0-	Par	t I-B Complete if the c	organization is exempt under s	section 501(c) <u>(</u> 3).		
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	1	Enter the amount of any exc	cise tax incurred by the organizatio	n under section 495	5 ▶ \$	
4a Was a correction made?  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?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also the amount of political contributions received that were promptly and directly delivered to a separate political organization, as a separate segregated fund or a political action committee (PAC) if additional space is needed, provide information in Part IV contributions received that were prompting and from filing organization's funds if none, enter -0-  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds if none, enter -0-  (e) Amount of political organization none, enter -0-  (f) Amount of political organization none, enter -0-  (g) Amount of political organization none, enter -0-  (h) Amount paid from filing organization's funds if none, enter -0-  (g) Amount of political organization none, enter -0-	2	Enter the amount of any exc	cise tax incurred by organization m	anagers under secti	on 4955 🕨 \$	
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?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also the amount of political contributions received that were promptly and directly delivered to a separate political organization, 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 that were promptly and directly delivered to a separate political organization in none, enter -0-  (1)  (2)  (3)  (4)	3	If the organization incurred a	a section 4955 tax, did it file Form	4720 for this year?		Yes No
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?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also the amount of political contributions received that were promptly and directly delivered to a separate begregated 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-funds if none, enter -0-funds if none, enter -0-funds if none, enter -0-funds organization none, enter -0-funds if none, enter -0-funds if none, enter -0-funds if none, enter -0-funds if none, enter -0-funds if none, enter -0-funds if none, enter -0-funds if none, enter -0-funds if none, enter -0-funds if none, enter -0-funds if none, enter -0-funds if none, enter -0-funds if none, enter -0-funds if none, enter -0-funds if none, enter -0-funds if none, enter -0-funds if none, enter -0-funds if none, enter -0-funds if none, enter -0-funds if none, enter -0-funds if none, enter -0-funds if none, enter -0-funds if none, enter -0-funds if none, enter -0-funds if none, enter -0-funds if none, enter -0-funds if none, enter -0-funds if none, enter -0-funds if none, enter -0-funds if none, enter -0-funds if none, enter -0-funds if none, enter -0-funds if none, enter -0-funds if none, enter -0-funds if none, enter -0-funds if none, enter -0-funds if none, enter -0-fund	4a	Was a correction made?				Yes No
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?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also the amount of political contributions received that were promptly and directly delivered to a separate political organization, 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 organization none, enter -0-  (f) Amount paid from filing organization's funds if none, enter -0-  (a) Name (b) Address  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds if none, enter -0-  (e) Amount of political organization none, enter -0-  (f) Amount paid from filing organization's funds if none, enter -0-  (g) Amount of political organization none, enter -0-  (h) Amount paid from filing organization's funds if none, enter -0-  (g) Amount of political organization organization none, enter -0-  (h) Amount paid from filing organization's funds if none, enter -0-  (g) Amount of political organization none, enter -0-  (h) Amount paid from filing organization's funds if none, enter -0-  (h) Amount paid from filing organization's funds if none, enter -0-  (f) Amount paid from filing organization's funds if none, enter -0-  (g) Amount paid from filing organization's funds if none, enter -0-  (h) Amount paid from filing organization's funds if none, enter -0-  (none, enter	b					
activities	Pai	rt I-C Complete if the c	organization is exempt under	section 501(c), ex	ccept section 501(c)(3	).
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	1	Enter the amount directly e	xpended by the filing organization	for section 527 ex	empt function	
Total exempt function expenditures. Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b		activities			▶\$	
Total exempt function expenditures. Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	2	Enter the amount of the filin	g organization's funds contributed	to other organization	ons for section	
Iline 17b.  Did the filing organization file Form 1120-POL for this year?  Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also of the amount of political contributions received that were promptly and directly delivered to a separate political organization, 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-promptly and directly delivered to a separate political organization, funds if none, enter -0-promptly and directly delivered to a separate political organization or promptly and directly delivered to a separate political organization or promptly and directly delivered to a separate political organization or promptly and directly delivered to a separate political organization or promptly and directly delivered to a separate political organization or promptly and directly delivered to a separate political organization or promptly and directly delivered to a separate political organization or promptly and directly delivered to a separate political organization or promptly and directly delivered to a separate political organization or promptly and directly delivered to a separate political organization or promptly and directly delivered to a separate political organization or promptly and directly delivered to a separate political organization or promptly and directly delivered to a separate political organization or promptly and directly delivered to a separate political organization or promptly and directly delivered to a separate political organization or promptly and directly delivered to a separate political organization organization organization organization organization organization organization organization organization organization or						
Did the filing organization file Form 1120-POL for this year?  Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also the amount of political contributions received that were promptly and directly delivered to a separate political organization, as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IN.  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds. If none, enter -0-  (e) Amount of political organization's funds. If none, enter -0-  (f) contributions received to a separate political organization none, enter -0-  (1)  (2)  (3)  (4)	3	Total exempt function expe	enditures. Add lines 1 and 2 Ent	er here and on Fo	rm 1120-POL,	
Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also of the amount of political contributions received that were promptly and directly delivered to a separate political organization, 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-filing organization's funds. If none, enter -0-going and directly delivered to a separate political organization none, enter -0-  (1)  (2)  (3)  (4)		line 17b			▶\$	
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 politic contributions received promptly and direct delivered to a separate political organization none, enter -0-  (1)  (2)  (3)  (4)  (5)		Enter the names, addresses organization made payment	and employer identification numb s. For each organization listed, en	er (EIN) of all section to the section terminate in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in	on 527 political organization from the filing organization.	ations to which the filing ation's funds. Also enter
filing organization's funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0- funds if none, enter -0-		as a separate segregated fur	nd or a political action committee (	PAC) If additional sp	pace is needed, provide i	nformation in Part IV
(2) (3) (4) (5)		(a) Name	(b) Address	(c) EIN	filing organization's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(3) (4) (5)	(1)					
(3) (4) (5)	(2)	···				
(4)	(2)					
(5)	(3)	<del>-</del> -				
	(4)					
	(5)					
(6)					<u>                                     </u>	
	(6)					

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

Schedule C (Form 990 or 990-EZ) 2019

Pa	art II-A Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under
A		longs to an affiliated group (and list in Part IV earling state of excess lobbying expenditures)	ach affiliated group memb	er's name,
В	Check ▶ ☐ If the filing organization ch	ecked box A and "limited control" provisions app	oly	
		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
b	Total lobbying expenditures to influence	public opinion (grassroots lobbying) a legislative body (direct lobbying) a and 1b)		
			4,651,471.	
		d lines 1c and 1d)	4,651,471.	
f		e amount from the following table in both		-
	columns		382,574.	
	If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		!
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		İ
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	į	,
	Over \$17,000,000	\$1,000,000		<u> </u>
g	Grassroots nontaxable amount (enter 2	5% of line 1f)	95,644.	
r	Subtract line 1g from line 1a If zero or l	ess, enter -0	0.	0.
i		ess, enter -0-,	0.	0.
j		on either line 1h or line 1i, did the organiza		Yes No
		4-Year Averaging Period Under Section 501(h)		

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

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

	Lobbying Expend	itures During 4-Year	Averaging Period	-	
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a 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.
c Total lobbying expenditures					
d Grassroots nontaxable amount	87,576.	- 86,289.	86,129.	95,644.	355,638.
e Grassroots ceiling amount (150% of line 2d, column (e))					533,457.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2019



Schedule C (Form 990 or 990-EZ) 2019

54-1572590

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 Volunteers?  Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?  Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?  Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?  Total Add lines 1c through 11  Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  If "Yes," enter the amount of any tax incurred under section 4912  If the filling organization incurred a section 4912 at (all the form 4720 for this year?).  Total (18)  Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Yes In the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization make only in-house lobbying and political campaign activity expenditures from the prior year?  Due to organization make only in-house lobbying and political campaign activity expenditures from the prior year?  Due to organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  Due to organization agree to carry over lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year.  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  2a  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	a many	(a	1)		(b	)	_
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	political expenses for which the section 527(f) tax was paid).  Current year	es.	of	2a 2b 2c 3	II-A, I	nes 1	a
	political expenses for which the section 527(f) tax was paid).  Current year	es.	of	2a 2b 2c 3	II-A, II	nes 1	aı
	political expenses for which the section 527(f) tax was paid).  Current year	es.	of	2a 2b 2c 3	II-A, II	nes 1	a
	political expenses for which the section 527(f) tax was paid).  Current year	es.	of	2a 2b 2c 3	II-A, II	nes 1	a



AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.

Schedule C (Form 990 or 990-EZ) 2019

Page 4

54-1572590

Part IV Supplemental Information (continued)

### SCHEDULE D (Form 990)

Department of the Treasury

# **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.

Internal Revenue Service

So to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.

OMB No 1545-0047

2019

Open to Public Inspection
Employer identification number

54-1572590 GROUP RETURN Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . . 3 Aggregate value at end of year. . . . . . . . . . . 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? . . . . . . . . . . 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 Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year 2a 2b b Number of conservation easements on a certified historic structure included in (a) . . . . . 2c C Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located > _ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under FASB ASC 958 relating to these items 



54-1572590

AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.

Schee	dule D (Form 990) 2019									age 2
Pa	rt III Organizations Maintaini	<del></del>								
3	Using the organization's acquisition	n, accession, and c	other records, chec	k any of t	he follow	ing that mal	ke sign	ııfıcant u	se o	fits
	collection items (check all that app	ly)								
а	Public exhibition		d Loan	or exchan	ge progra	m				
b	Scholarly research		e Other							
С	Preservation for future gene	rations								
4	Provide a description of the organ	nization's collections	and explain how	they furth	er the or	ganization's e	exempt	purpos	e in	Part
	XIII									
5	During the year, did the organization	on solicit or receive d	lonations of art, hist	orical trea	sures, or	other similar				
	assets to be sold to raise funds rath						Г	Yes		No
Pa	rt IV Escrow and Custodial A									
	Complete if the organiza	ition answered "Ye	s" on Form 990, F	Part IV, Iir	ie 9, or r	eported an a	amoun	it on Fo	rm	
	990, Part X, line 21.									
1a	Is the organization an agent, truste	e, custodian or othe	er intermediary for o	ontribution	ns or othe	r assets not				
	included on Form 990, Part X?						Г	Yes		No
ь	If "Yes," explain the arrangement i						_	_		•
_	<b>3</b>		J			А	mount			
С	Beginning balance			1	c					
d	Additions during the year			_						
e	Distributions during the year							-		
f	Ending balance				_					
	Did the organization include an am			<u> </u>		account liabil	itv?	Yes	$\top$	No
	If "Yes," explain the arrangement i									1
	rt V Endowment Funds.				<b>F</b> . • · · · · · · ·					
,	Complete if the organiza	ition answered "Ye	es" on Form 990. I	Part IV, Iır	ne 10.					
		(a) Current year	(b) Prior year	(c) Two y		(d) Three year	s back	(e) Four	years I	back
4.	Decisions of wars belongs	3,892,958.	4,082,479.	<u> </u>	8,433.	3,114,	$\longrightarrow$			855
_	Beginning of year balance	515,533.	110,000.		0,000.	200,				000
b	Contributions	525,5551		_	-,	-				
С	Net investment earnings, gains,	724,720.	-149,882.	56	2,557.	160,	144.	_	38.	059
	and losses		210,000							
d	Grants or scholarships									
е	Other expenditures for facilities	259,283.	130,000.			1				
	and programs	22,480.	19,639.	1	8,511.	16	507.			
f	Administrative expenses	4,851,448.	3,892,958.		2,479.	3,458,		3 1	14	796
g	End of year balancel						100.			
2_	Provide the estimated percentage Board designated or quasi-endown	of the current year	end balance (line 1g.	, column (a	i)) held as	}				
a	-		_ ′0							
	Permanent endowment	% %								
С	The percentage of lines 20, 2h of	. ' *	1000/							
•	The percentages on lines 2a, 2b, a			ara bald a		natored for th	_			
Ja	Are there endowment funds not in	the possession of the	ie organization that	are neiu a	iliu aulilii	iistered for the	<b>-</b>	Г	res	No
	organization by.							3a(i)		<del></del>
	(i) Unrelated organizations							<del></del>	$\longrightarrow$	$\frac{x}{x}$
	(ii) Related organizations							3a(ii)	$\dashv$	
b	If "Yes" on line 3a(ii), are the relate	*						3b		—
4	Describe in Part XIII the intended to		tion's endowment tu	nas	·				—	—
Pa	rt VI Land, Buildings, and Equ Complete if the organize	alion answered "Ye	es" on Form 990.	Part IV. lı	ne 11a. S	See Form 9	90. Pa	rt X. line	e 10.	
	Description of property	(a) Cost or	other basis (b) Cost	or other basis	(c) Ac	cumulated		) Book val		
		(inves	tment) (c	other)	depr	eciation				
1a	Land				-					
b	Buildings				+					
С	Leasehold improvements									
d	Equipment	• • • • •			<del> </del>					
	Other			(5)	10 \					
Tota	I. Add lines 1a through 1e (Column	(d) must equal Forn	n 990, Part X, colum	n (B), line	1Uc)	▶				

Schedule D (Form 990) 2019





		, 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
) Financial derivatives		
) Closely held equity interests		
) Other		
(A)		
(B)		·
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
tal (Column (b) must equal Form 990, Part X, col (B) line 12) .		
art 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)		
otal (Column (b) must equal Form 990, Part X, col (B) line 13) .		
art IX Other Assets.	"Voo" on Form 000	Part IV, line 11d. See Form 990, Part X, line 15
	scription	(b) Book value
1)		
2)		
3)		
4)		
E)		
	**************************************	
6)		
6)		
5) 7) 3)		
6) 7) 8) 9)	ne 15 )	
5) 6) 7) 8) 9) otal. (Column (b) must equal Form 990, Part X, col (B) li	ne 15)	
6) 7) 8) 9) Otal. (Column (b) must equal Form 990, Part X, col (B) li Part X Other Liabilities.		Part IV, line 11e or 11f See Form 990, Part X,
6) 7) 8) 9) otal. (Column (b) must equal Form 990, Part X, col (B) li eart X  Complete if the organization answered line 25.	"Yes" on Form 990	Part IV, line 11e or 11f See Form 990, Part X,
6) 7) 8) 9) Potal. (Column (b) must equal Form 990, Part X, col. (B) lie Part X Other Liabilities. Complete if the organization answered line 25.  (a) Descrip		· · · · · · · · · · · · · · · · · · ·
6) 7) 8) 9) otal. (Column (b) must equal Form 990, Part X, col (B) li Part X Other Liabilities. Complete if the organization answered line 25.  (a) Descrip 1) Federal income taxes	"Yes" on Form 990	Part IV, line 11e or 11f See Form 990, Part X,
6) 7) 8) 9) Otal. (Column (b) must equal Form 990, Part X, col. (B) liverat X Other Liabilities. Complete if the organization answered line 25.  (a) Descrip 1) Federal income taxes	"Yes" on Form 990	Part IV, line 11e or 11f See Form 990, Part X,
66) 77) 88) 99) otal. (Column (b) must equal Form 990, Part X, col. (B) In Part X Other Liabilities. Complete if the organization answered line 25.  (a) Descrip 1) Federal income taxes 2) 3)	"Yes" on Form 990	Part IV, line 11e or 11f See Form 990, Part X,
66) 77) 88) 99) otal. (Column (b) must equal Form 990, Part X, col. (B) In Part X Other Liabilities. Complete if the organization answered line 25.  (a) Descrip 1) Federal income taxes 2) 3) 4)	"Yes" on Form 990	Part IV, line 11e or 11f See Form 990, Part X,
6) 7) 8) 9) Potal. (Column (b) must equal Form 990, Part X, col (B) liver X  Other Liabilities.  Complete if the organization answered line 25.  (a) Descrip 1) Federal income taxes 2) 3) 4) 5)	"Yes" on Form 990	Part IV, line 11e or 11f See Form 990, Part X,
6) 7) 8) 9) Potal. (Column (b) must equal Form 990, Part X, col (B) liver to the transfer of the organization answered line 25.  (a) Descrip 1) Federal income taxes 2) 3) 4) 6)	"Yes" on Form 990	Part IV, line 11e or 11f See Form 990, Part X,
6) 7) 8) 9) Potal. (Column (b) must equal Form 990, Part X, col (B) liver X  Other Liabilities.  Complete if the organization answered line 25.  (a) Descrip 1) Federal income taxes 2) 3) 4) 5) 6) 7)	"Yes" on Form 990	Part IV, line 11e or 11f See Form 990, Part X,
6) 7) 8) 9) Potal. (Column (b) must equal Form 990, Part X, col (B) liver to the American Section 1) Federal income taxes 2) 3) 4) 5) 6) 77	"Yes" on Form 990	Part IV, line 11e or 11f See Form 990, Part X,
6) 7) 8) 9) Potal. (Column (b) must equal Form 990, Part X, col (B) liver to the American Section 1 (a) Descrip 1) Federal income taxes 2) 3) 4) 5) 6) 77	"Yes" on Form 990	Part IV, line 11e or 11f See Form 990, Part X,  (b) Book value
6) 7) 8) 9) Potal. (Column (b) must equal Form 990, Part X, col (B) liver X  Other Liabilities.  Complete if the organization answered line 25.  (a) Descrip 1) Federal income taxes 2) 3) 4) 5) 6) 77	"Yes" on Form 990	Part IV, line 11e or 11f See Form 990, Part X,  (b) Book value

AMERICAN PSYCHOLOGICAL ASSOCIATION, INC. 54-1572590 Schedule D (Form 990) 2019 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 2b 2e 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b . . . . . . . 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 c Other losses...... 2e 3 Amounts included on Form 990, Part IX, line 25, but not on line 1. a Investment expenses not included on Form 990, Part VIII, line 7b . . . . . . 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)....... 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.

Schedule D (Form 990) 2019



Schedule D (Form 990) 2019 AMERICAN PSYCHO Part XIII Supplemental Information (continued)

AMEDICAN DSYCHOL

Page 5

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

GROUP RETURN

Part I

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

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

Open to Public Inspection Š

► Go to www.irs.gov/Form990 for the latest information.

Employer identification number 54-1572590 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and AMERICAN PSYCHOLOGICAL ASSOCIATION, INC. General Information on Grants and Assistance

Grants and Other Assembly Part IV, line 21, for an	omestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, nat received more than \$5,000 Part II can be duplicated if additional space is needed.
----------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

1 (a) Name and address of organization or government	(a) 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) VIRGINIA COMMONWEALTH UNIVERSITY							SUPPORT EARLY CAREER
1015 W MAIN, ROOM 2087, PO BOX 842020	54-6001758	501(C)(3)	12,000				RESEARCH
(2) GEORGIA STATE UNIVERSITY RESEARCH FDN, INC							EARLY CAREER
58 EDGEWOOD AVE, NE 3RD FL ATL, GA 30302	58-1845423	501(C)(3)	6,000				RESEARCH GRANT
(3) UNIVERSITY OF UTAH							PSYCHOTHERAPY
201 S PRESIDENTS CIR SLC, UT 84112	87-6000525	501(C)(3)	10,000				RESEARCH
(4) UNIVERSITY OF WI-MADISON							PSYCHOTHERAPY
335 ED BUILDING MADISON, WI 53706	39-6006492	501(C)(3)	30,000			•	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 FON FOR STATE UNIV OF NY							SUPPORT EARLY CAREER
PO BOX 9 ALBANY, NY 12201	14-1368361	501(C)(3)	20,000			<b>y</b>	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							DROTAR-CRAWFORD POST
1900 9TH AVE SIATTLE, WA 98101	91-0564748	501(C)(3)	10,000				DOCTORAL GRANT
(12) JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE							DROTAR-CRAWFORD POST
733 N BROADWAY BALTIMORE, MD 21205	52-0595110	501(C)(3)	10,000				DOCTORAL GRANT

Enter total number of other organizations listed in the line 1 table. For Paperwork Reduction Act Notice, see the Instructions for Form 990.

V 19-7.5F

9E1288 1 000

**SCHEDULE 1** (Form 990)

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

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

▶ Attach to Form 990.

2019	Open to Public Inspection
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OMB No 1545-0047

Donot of the Trees.	TAITACH TO FORM 990.		
Internal Revenue Service	► Go to www.irs.gov/Form990 for the latest information	Inspection	ion
Name of the organization	AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.	Employer identification number	
GROUP RETURN	54	54-1572590	
Part I General Ir	Part I General Information on Grants and Assistance		
1 Does the organiz	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	stance, and	
the selection criti	the selection criteria used to award the grants or assistance?	X	° _

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.
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

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1 (a) Name and address of organization or government	(p) 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							TARGETED RESEARCH
3401 CIVIC CTR BLVD PHILADELPHIA, PA 19104	23-2237932	501(C)(3)	20,000				GRANT
(2) IOWA STATE UNIVERSITY OF SCIENCE							_
2221 WANDA DALEY DR AMES, IA 50011	42-1143702	501(C)(3)	9,975				GENERAL SUPPORT
(3) сорарав							
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, W1126 AURORA, CO 80045	84-6000555	501(C)(3)	6,000				GENERAL SUPPORT
(9)							
	,						
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government o	government c	rganizations lis	rganizations listed in the line 1 table.	ble		• : : : : : : : : : : : : : : : : : : :	15.
3 Enter total number of other organizations listed in the line	sted in the line	1 table			• • • • • • • • • • • • •	•	
		!					

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

9E1288 1 000

Schedule I (Form 990) (2019)

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. Part III

(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	П	5,000			
2 STUDENT RESEARCH FELLOWSHIP	П	005			
3 STUDENT RESEARCH GRANT	-1	100			
4 ROUTH DISSERTATION	q.	10,000			
5 PRACTICE AWARD	г	1,750			
6 APA POSTER AWARD	'n	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.	information re	equired in Part I, I	line 2, Part III, c	column (b); and any of	ther additional

AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.

Schedule 1 (Form 990) (2019)

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.

(f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 1,000 2,000 5,000 2,000 2,500 200 (c) Amount of cash grant (b) Number of recipients ហ (a) Type of grant or assistance SMITH ASSESSMENT AWARD 5 DISTINGUISHED CAREER 1 STUDENT ACHIEVEMENT 2 DIVERSITY TRAVEL 3 STUDENT TRAVEL 6 RESEARCH GRANT Part IV 4

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

Information

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

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. Part III

- 2 E 4	(a) Type of grant or assistance (b) Number of recipients	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of vatuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
<b>Q</b>						
7 Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	information re	quired in Part I, I	ine 2, Part III, c	olumn (b); and any o	ther additional

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

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

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

AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.

Schedule I (Form 990) (2019)

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. Part III

	(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
_						
2						
က						
4						
တ						
မှ						
7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	nformation re	quired in Part I, I	ine 2, Part III, c	olumn (b); and any o	ther additional

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.

AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.

Schedule I (Form 990) (2019)

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
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Part IV Supp Inform	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	nformation re	quired in Part I, I	ine 2, Part III, c	olumn (b); and any o	ther additional

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

54-1572590

Page 2

AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.

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
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Sundamental Information Provide the information required in Part I line ? Part III column (h) and any other additional	information re	Juned in Part !	line 2 Part III	o yue bae (h) amilo	theradditional

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 ACCOUNTABLITY 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)

### 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.

2019

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

AMERICAN PSYCHOLOGICAL ASSOCIATION, INC. Employer ide

Name of the organization GROUP RETURN

Employer :dentification number

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 54 - 1572590

GROUP RETURN

TO A MANAGEMENT COMPANY OR OTHER PERSON.

FORM 990, PART VI, SECTION A, LINE 4

DIVISION 13:

UPDATED THE BYLAWS TO INCLUDE A TREASUER-ELECT POSITION.

DIVISION 53:

IN JUNE OF 2019 THE MEMBERSHIP APPROVED NEW BYLAWS THAT INCLUDED THE NEW ELECTED POSITION FOR A MEBMBER 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 GROUP RETURN

AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.

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)

\$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

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PAGE		

Schedule	O (Form	990 or 990	)-EZ) 2019

Name of the organization
GROUP RETURN

AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.

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

Schedule O (Form 990 or 99	90-EZ) 2019	Page <b>2</b>
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 & ADOLESCE 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



AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.

Name of the organization GROUP RETURN

Employer identification number 54-1572590

ATTACHMENT 1

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

DESCRIPTION OF SERVICES COMPENSATION NAME AND ADDRESS

AMC SOURCE

MANAGEMENT FEES

631 US HIGHWAY 1, SUITE 400 NORTH PALM BEACH, FL 33408

AMERICAN PSYCHOLOGICAL ASSOCIATION, INC.

MEMBERSHIP SERVICES

119,717.

185,971.

750 FIRST STREET, NE

WASHINGTON, DC 20002

ADMINISTRATIVE SVCS

105,219.

BARBARA A KEETON 1096 MAPLE STREET ASHLAND, VA 23005

ATTACHMENT 2

FORM 990, PART IX - OTHER FEES

	(A) TOTAL	(B) PROGRAM	´(C) MANAGEMENT	(D) FUNDRAISING
DESCRIPTION	<u>FEES</u>	SERVICE EXP.	AND GENERAL	EXPENSES
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	954,556.	340,879.	613,677.	0.