Department of the

# DLN: 93493228029651

2019

# OMB No. 1545-0047

**Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

► Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

Open to Public Inspection

|                                |                    | nue Service           | <br>   | nning 10-01-2019 , and ending 09-             | 30-2020    |                                  |                  |                       |
|--------------------------------|--------------------|-----------------------|--|---|------------|----------------------------------|------------------|-----------------------|
|                                |                    | pplicable:            | C Name of organization   |   | 30-2020    | D Employ                         | er identi        | fication number       |
| _                              |                    | change                | AMERICAN POLITICAL SCIENCE ASS   | GOCIATION                                     |            | 53-020                           | 0001             |                       |
|                                | me cha<br>tial ret | -                     | Doing business as  |   |            |                                  | 0001             |                       |
|                                |                    | .urri<br>n/terminated |  |   |            |                                  |                  |                       |
|                                |                    | l return              | Number and street (or P.O. box if m<br>1527 NEW HAMPSHIRE AVE NW       | ail is not delivered to street address) Room/ | suite      | E Telepho                        |                  |                       |
| □ Ар                           | plicatio           | on pending            |  | atus and ZID or foreign poets and             |            | (202) 4                          | 183-2512         | !                     |
|                                |                    |                       | City or town, state or province, cou<br>WASHINGTON, DC 20036           | ntry, and ZIP or foreign postal code          |            | <b>G</b> Gross re                | accinta ¢ O      | F60 960               |
|                                |                    |                       | <b>F</b> Name and address of principa                                  | al officer:                                   | H(a)       | Is this a group re               |                  | 7,309,009             |
|                                |                    |                       | STEVEN RATHGEB SMITH   |   | "(")       | subordinates?                    | eturii ior       | □Yes <b>☑</b> No      |
|                                |                    |                       | 1527 NEW HAMPSHIRE AVE NW WASHINGTON, DC 20036                         |   | Н(b)       | Are all subordina                | tes              | ☐ Yes ☐No             |
| [ Tax                          | k-exem             | npt status:           | ✓ 501(c)(3)  | (insert no.) 4947(a)(1) or 527                |            | included?  If "No," attach a     | list. (see       |                       |
| J W                            | ebsite             | e:▶ WW                | /W.APSANET.ORG   |   | H(c)       | Group exemption                  | •                | •                     |
|                                |                    |                       |  |   |            |                                  |                  |                       |
| <b>K</b> Forn                  | n of or            | ganization:           | Corporation Trust Asso   | ociation  Other ►                             | L Year o   | of formation: 1951               | M State          | of legal domicile: DC |
| De                             | ırt I              | Sum                   | mary   |   |            |                                  |                  |                       |
| Гс                             |                    |                       | cribe the organization's mission o                                     | r most significant activities:                |            |                                  |                  |                       |
|                                | Р                  | ROMOTE                | SCHOLARLY UNDERSTANDING OF   | F POLITICAL IDEAS, NORMS, BEHAVIO             | RS, AND II | NSTITUTIONS TO                   | INFORM           | PUBLIC CHOICES        |
| nce                            | #                  | ABOUT GC              | OVERNMENT, GOVERNANCE, AND   | PUBLIC POLICY.                                |            |                                  |                  |                       |
| E<br>E                         | _                  |                       |  |   |            |                                  |                  |                       |
| o ve                           |                    | Charlethi             | - hay <b>&gt;</b>  | scontinued its operations or disposed of      | : <b>*</b> | - 250/ of its not a              |                  |                       |
| Activities & Governance        |                    |                       |  | ng body (Part VI, line 1a)                    |            | n 25% or its net a               | 3 3              | 31                    |
| <b>ν</b> δ<br>Ω                | 4                  | Number o              | of independent voting members of                                       | the governing body (Part VI, line 1b)         |            |                                  | 4                | 30                    |
| HIE                            | 5                  | Total nun             | nber of individuals employed in ca                                     | lendar year 2019 (Part V, line 2a)            |            |                                  | 5                | 40                    |
| É                              | 6                  | Total nun             | nber of volunteers (estimate if ne                                     | cessary)                                      |            |                                  | 6                | 700                   |
| ⋖                              | 7a -               | Total unr             | elated business revenue from Par                                       | t VIII, column (C), line 12                   |            |                                  | 7a               | 215,824               |
|                                | ь                  | Net unrel             | ated business taxable income from                                      | m Form 990-T, line 39                         |            |                                  | 7b               | 72,982                |
|                                |                    |                       |  |   |            | Prior Year                       |                  | Current Year          |
| Qı                             | 8                  | Contribut             | ions and grants (Part VIII, line 1h)                                   |   |            | 1,349,                           | 139              | 1,278,80              |
| Rəvenue                        | 9                  | Program               | 4,447,   | 359   | 3,026,73   |                                  |                  |                       |
| ₽ÿ                             | 10                 | Investme              | nt income (Part VIII, column (A),                                      | ines 3, 4, and 7d )                           |            | 989,                             | 864              | 2,363,02              |
|                                | 11                 | Other rev             | enue (Part VIII, column (A), lines                                     | 5, 6d, 8c, 9c, 10c, and 11e)                  |            | 1,054,                           |                  | 1,270,88              |
|                                | _                  |                       |  | st equal Part VIII, column (A), line 12)      |            | 7,840,                           |                  | 7,939,45              |
|                                |                    |                       | nd similar amounts paid (Part IX, c                                    | , ,,  |            | 1,024,                           | <del></del>      | 1,584,15              |
|                                |                    | ·                     | paid to or for members (Part IX, co                                    | , , ,   |            |                                  | 0                |                       |
| S 68                           |                    | •                     |  | enefits (Part IX, column (A), lines 5-10)     |            | 3,118,                           | 607              | 3,301,06              |
| £                              | l .                |                       | - , ,  | mn (A), line 11e)                             |            |                                  | 0                |                       |
| Expenses                       |                    |                       | raising expenses (Part IX, column (D),                                 | ·   |            | 2 507                            | 727              | 2 500 000             |
|                                |                    |                       | penses (Part IX, column (A), lines<br>enses. Add lines 13–17 (must equ | · ·   |            | 3,597,<br>7,740,                 |                  | 2,500,08<br>7,385,29  |
|                                |                    |                       | , ,  | om line 12                                    |            | 100,                             |                  | 554,15                |
| × 0:                           |                    | Revenue               | 1633 expenses. Subtract line 10 ii                                     |   | Bea        | inning of Current \              |                  | End of Year           |
| Net Assets or<br>Fund Balances |                    |                       |  |   |            |                                  |                  |                       |
| Bal                            | 20                 | Total ass             | ets (Part X, line 16)  |   |            | 47,345,                          | 655              | 50,816,73             |
| <u>ا ا</u>                     | 21                 | Total liab            | ilities (Part X, line 26)  |   |            | 4,609,                           |                  | 5,259,73              |
|                                |                    |                       | s or fund balances. Subtract line                                      | 21 from line 20                               |            | 42,736,                          | 404              | 45,556,99             |
|                                | rt II              |                       | ature Block  | ined this return, including accompanying      | na schedul | es and statement                 | s and to         | the best of my        |
| knowl                          | edge               | and belie             |  | . Declaration of preparer (other than o       |            |                                  |                  |                       |
| any k                          | nowle              | edge.                 |  |   |            |                                  |                  |                       |
|                                |                    | *****                 |  |   |            | 2021-08-16                       |                  |                       |
| Sign                           |                    | Signati               | ure of officer   |   |            | Date                             |                  |                       |
| Here                           |                    |                       | N RATHGEB SMITH EXECUTIVE DIRECT                                       | OR  |            |                                  |                  |                       |
|                                |                    | 17                    | r print name and title   |   |            |                                  |                  |                       |
|                                |                    | P                     | rint/Type preparer's name  | Preparer's signature                          | Date       |                                  | PTIN<br>P0140404 |                       |
| Paid                           |                    | _                     | irm's name ► RUBINO AND COMPAN   | Y CHARTERED                                   |            | self-employed<br>Firm's EIN ► 52 |                  |                       |
|                                | oare               | ;ı                    | ITTE STIGITIE F RODINO AND COMPAN                                      | I CHARTERED                                   |            | 52                               | -1100030         |                       |
| use                            | On                 | ıy F                  | irm's address ▶ 6903 ROCKLEDGE DRI                                     | VE SUITE 300                                  |            | Phone no. (301)                  | 564-3636         |                       |
|                                |                    |                       | BETHESDA, MD 2081  | 71818   |            |                                  |                  |                       |
| May +                          | ha IDS             | C discuss             | this return with the preparer show                                     | L 2 ( i t )                                   |            |                                  |                  | vos 🗆 No              |

| Form                                 | 990 (2019)  |   |   |   |  | Page <b>2</b>   |
|--------------------------------------|---|---|---|---|--|---|
| Pa                                   | t    Statement o  | f Program Service   | e Accomplis   | hments  |  |   |
|                                      | Check if Schedu   | ule O contains a resp   | onse or note to   | any line in this Part III   |  | 🗹   |
| 1                                    | Briefly describe the org  | ganization's mission:   |   |   |  |   |
| ABOU<br>STUD<br>CONI<br>MEMI<br>MATE | IT POLITICS, POLICY AN<br>ENTS, AND PRACTITION<br>DUCT OF GOVERNMENT A<br>BERS, AND PUBLICIZES<br>ERIALS RELEVANT TO TH | ID CIVIC PARTICIPAT<br>NERS WHO BRING W:<br>AND POLITICS. THE :<br>RESEARCH FINDING<br>HE DISCIPLINE. IT EN | TON. THE ASSO<br>IDE-RANGING II<br>ASSOCIATION D<br>S ON IMPORTAN<br>IHANCES THE CA | CIATION PROMOTES A<br>NTERESTS, METHODOL<br>DISSEMINATES INFORM<br>IT THEORETICAL AND F<br>APACITY OF POLITICAL | SCHOLARSHIP AND TEACHING A<br>LIVELY, DIVERSE COMMUNITY<br>OGIES, AND PERSPECTIVES TO<br>IATION, FACILITATES COLLABO<br>POLITICAL ISSUES, AND PUBLIS<br>SCIENTISTS TO CONDUCT RES<br>E AND TO WIDER PUBLICS. | OF SCHOLARS, TEACHERS,<br>THE ANALYSIS AND<br>RATION AMONG ITS<br>SHES A VARIETY OF |
| 2                                    | Did the organization ur   | ndertake any significa  | ant program ser   | vices during the year w   | hich were not listed on  |   |
| _                                    | the prior Form 990 or 9   | , -   |   | · · · · · · · · · · · · · · · · · · ·   | THEIR WEIGH HOURSES OF   | ☐ Yes ☑ No  |
|                                      | If "Yes," describe these  |   | nedule O  |   |  |   |
| 3                                    | Did the organization ce   |   |   | changes in how it cond  | ucts, any program  |   |
|                                      | services?   | <u>.</u> .  | _   | -   |  | . □Yes ☑No  |
|                                      | If "Yes," describe these  | e changes on Schedu   | le O.   |   |  |   |
| 4                                    |   | 501(c)(4) organization  | ons are required  | to report the amount  | largest program services, as mof grants and allocations to other   |   |
|                                      | (Code:  | ) (Expenses \$  | 2,583,464   | including grants of \$  | ) (Revenue \$  | 10,981 )  |
|                                      | See Additional Data   |   |   |   | ••   | , ,   |
|                                      |   |   |   |   |  |   |
| 4b                                   | (Code:  | ) (Expenses \$  | 2,065,462   | including grants of \$  | ) (Revenue \$  | 219,451 )   |
|                                      | See Additional Data   |   |   |   |  |   |
| 4c                                   | (Code:  | ) (Expenses \$  | 993,888   | including grants of \$  | 1,584,150 ) (Revenue \$  | 2,847,141 )   |
|                                      | See Additional Data   | , (Expenses ¢   | 330,000   | meraumy grante or ¢   | 1,00 ,7200 γ (πονοπασ φ  | 2,0,2 . 2 ,   |
|                                      |   |   |   |   |  |   |
|                                      | See Additional Data Ta  | able  |   |   |  |   |
| 4d                                   | Other program service   | s (Describe in Sched  | ule O.)   |   |  |   |
|                                      | (Expenses \$  | 1,284,521 inc   | uding grants of   | \$  | ) (Revenue \$  | 140,000 )   |
| 4e                                   | Total program servic  | ce expenses >   | 6,927,3   | 35  |  |   |

| Par | rt 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," comp Schedule A 2   | lete 1          | Yes |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🔰   | 2               | Yes |    |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candid for public office? If "Yes," complete Schedule C, Part I  | dates 3         |     | No |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  | 4               | Yes |    |
| 5   | Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | گا <sub>5</sub> |     | No |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part   2   | right 6         |     | No |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | . 7             | Yes |    |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III 2  | 8               |     | No |
| 9   | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custod 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                |                 |     | No |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V  | , 10            | Yes |    |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VI or X as applicable.  | III, IX,        |     |    |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.  | 11a             | Yes |    |
| b   | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 2   | s total 11b     |     | No |
|     | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of it total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2  | 11c             |     | No |
|     | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets report in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>   | 11d             |     | No |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e             | Yes |    |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that address the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Par.  |                 | Yes |    |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complet Schedule D, Parts XI and XII</i>  | e . 12a         |     | No |
|     | Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is option  | 12b             |     | No |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13              |     | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a             |     | No |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | اع 14b          | Yes |    |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or foreign organization? If "Yes," complete Schedule F, Parts II and IV  | r any <b>15</b> |     | No |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistan or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16              | Yes |    |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)  |                 |     | No |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part \ lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18              |     | No |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes  | ;,"             | 1   | l  |

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Nο

Nο

19

20a

20b

21

| Detectilist of Required Schedules (continued)  22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part DX, column (A), line 27 If "Yes," complete Schedule I, Parts 1 and III  | Form | 990 (2019)  |     |     | Page <b>4</b> |
|--|------|---|-----|-----|---------------|
| 22 / Yes culture (N.) Inter 211 Pres. Complete Schedule (J. Parts 1 and III.) 23 / Ves culture (N.) Inter 211 Pres. Complete Schedule (J. Parts 1 and III.) 24 / Ves Culture (N.) Inter 211 Pres. Complete Schedule (J. Parts 1 and III.) 25 / Ves Culture (N.) Inter 211 Pres. Complete Schedule (J. Parts 1 and III.) 26 / Ves Culture (N.) Interest (N.) Inte     | Pai  | Checklist of Required Schedules (continued)   |     |     |               |
| column (A), line 27 If "Yes," complete Schedule 1, Parts 1 and III.  20 Did the organization answer Pres' 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 A, If "No." go to line 25a.  21a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$1,00,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K, If "No." go to line 25a.  22b Did the organization maintain an escrew account other than a refunding escrew at any time during the year to defease any tax-exempt bonds?  22c Did the organization maintain an escrew account other than a refunding escrew at any time during the year?  22c Did the organization and an one behalf of" issuer for bonds outstanding at any time during the year?  22c Did the organization are an one behalf of" issuer for bonds outstanding at any time during the year?  22c Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "yes," complete Schedule L, Part I.  22c Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If yes, "complete Schedule L, Part I.  22d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If yes, "complete Schedule L, Part II.  22d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If yes, "complete Schedule L, Part II.  22d Did the organization aware that it engaged in an excess benefit transaction and that the transaction are provided as grant or other assistance to any current or former office, director, trustee, key employee, creator or former office, director, trustee, key employee, creator or former office, dire    |      |   |     | Yes | No            |
| and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, 1" No. 24a lot the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$1.00,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule II. If "No." go to line 25a.  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  24d   | 22   | column (A), line 2? If "Yes," complete Schedule I, Parts I and III  |     | Yes |               |
| the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "If "yes," op to line 25 a.  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization maintain an excrow account other than a refunding scrow at any time during the year  to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d  25a Section 501(c)(3), 601(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I "the componization aware that "the enganged 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 sport or year, and shot the transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization of year of year year. The year of year year year year year year of year year year year year. The year year year year year year year yea  | 23   | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete  |     | Yes |               |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  24d  Did the organization acts as an "on behalf of "issuer for bonds outstanding at any time during the year?  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I.  25b No  No Schedule L, Part I.  26c 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 55% controlled entity of these persons? If "Yes," complete Schedule L, Part II.  27 Poll the organization provide a grant or there assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II.  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV.  28 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  28 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II. Part IV.  30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule II. Part IV.  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections \$31, No.  32 Did the organization on organization receive any payment from or en   | 24a  | the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and   | 24a |     | No            |
| to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d   24d   22d   24d     | b    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b |     |               |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I .  25a No  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization spot or 990-627 If "Yes," complete Schedule L, Part II .  25b No  25chedule L, Part II .  25chedule L, Part IV .  26chedule L, Part IV .  26chedule L, Part IV .  26chedu     | c    |   | 24c |     |               |
| 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 was not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I .  25  | d    | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d |     |               |
| that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I "No Schedule L, Part I "No Market Par     | 25a  |   | 25a |     | No            |
| officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Fes," complete Schedule L, Part II .  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 persons? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV .  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV .  c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV .  28b No  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation and contributions? If "Yes," complete Schedule M .  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .  31 No  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I .  33 No  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  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization orduct more than 5% of it    | b    | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete   | 25b |     | No            |
| employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "yes," complete Schedule L, Part IV  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV  28b No  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  31 Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 No  32 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.  31 Did 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  35 Did the organization have a controlled entity within the meaning of section \$12(b)(13)? The "Yes," complete Schedule R, Part V, line 2  36 Section \$501(c)(3) organizations, Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, line 2  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 V lines 1  38 Port V Statements Re | 26   | officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family   |     |     | No            |
| instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV  28b No  28c No  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 No  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part II  31 No  32 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II  31 No  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32 No  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 30.1.7701-2 and 301.7701-23 If "Yes," complete Schedule R, Part I  33 No  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  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  55b 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 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  37 No  38 Did the organization complete Schedule R, Part V, line 2  38 Did the organization complete Schedule R, Part V, line 2  39 Did the organization complete Schedule O and provide explanations in Schedul    | 27   | employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete</i> | 27  |     | No            |
| to A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  28b No 28b No 28b No 28c No 28c No 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 31 Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 No 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 No 32 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 32 No 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? "Yes," complete Schedule R, Part V, Iine 2 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, Iine 2 36 No 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 V, Iine 2 38 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 V, Iine 2 39 No 30 No 30 No 310 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 V, Iine 2 30 No     | 28   |   |     |     |               |
| c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes,"  complete Schedule L, Part IV   | а    |   | 28a |     | No            |
| Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 No  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 No  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 No  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32 No  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  33 No  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  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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 No  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 V, lines 1  38 Yes  Part V Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V   | b    | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV   | 28b |     | No            |
| Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M   | С    |   | 28c |     | No            |
| contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  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  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  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  B If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  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  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 lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O  | 29   | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$  | 29  |     | No            |
| Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II   | 30   |   | 30  |     | No            |
| Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II   | 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 31  |     | No            |
| 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   | 32   |   |     |     | _             |
| Part V, line 1   | 33   | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections   | 33  |     | No            |
| b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 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  |     | No            |
| within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35a  | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a |     | No            |
| organization? If "Yes," complete Schedule R, Part V, line 2  | b    |   | 35b |     |               |
| is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  37 No  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O  | 36   |   | 36  |     | No            |
| All Form 990 filers are required to complete Schedule O  | 37   |   | 37  |     | No            |
| Check if Schedule O contains a response or note to any line in this Part V   | 38   | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O   | 38  | Yes |               |
|  | Pa   |   |     |     |               |
|  |      | Check if Schedule O contains a response or note to any line in this Part V  |     |     | <u> </u>      |

**1**a

1b

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

 ${f b}$  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

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

188

0

**1**c

Yes

|     |  |     |     | Page 5    |
|-----|--|-----|-----|-----------|
|     | Statements Regarding Other IRS Filings and Tax Compliance (continued)  |     |     |           |
| 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  |     |     |           |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  | 2b  | Yes |           |
| 3а  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a  | Yes |           |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule $O$  | 3b  | Yes |           |
|     | 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)?  If "Yes," enter the name of the foreign country: | 4a  |     | No        |
| _   | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  | _   |     |           |
|     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a  |     | No        |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b  |     | No<br>——— |
|     | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   | 5c  |     |           |
|     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  | 6a  |     | No<br>——  |
|     | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | 6b  |     |           |
|     | Organizations that may receive deductible contributions under section 170(c).  | _   |     |           |
|     | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | 7a  |     | No        |
|     | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b  |     |           |
|     | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | 7c  |     | No        |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year  |     |     |           |
| e   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e  |     | No        |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f  |     | No        |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g  |     |           |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h  |     |           |
| 8   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   | 8   |     |           |
| 9   | Sponsoring organizations maintaining donor advised funds.  |     |     |           |
| а   | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a  |     |           |
| b   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b  |     |           |
| 10  | Section 501(c)(7) organizations. Enter:  |     |     |           |
|     | Initiation fees and capital contributions included on Part VIII, line 12 10a   |     |     |           |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |     |     |           |
| 11  | Section 501(c)(12) organizations. Enter:   |     |     |           |
| a   | Gross income from members or shareholders  |     |     |           |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   |     |     |           |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a |     |           |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   |     |     |           |
| 13  | Section 501(c)(29) qualified nonprofit health insurance issuers.   |     |     |           |
|     | Is the organization licensed to issue qualified health plans in more than one state?   | 13a |     |           |
|     | 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   | _   |     |           |
|     | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a |     | No        |
|     | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  | 14b |     |           |
|     | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?   | 15  |     | No        |
| 16  | If "Yes," complete Form 4720, Schedule O.  | 16  |     | No        |

| Form | 990 (2019)   |                   |           | Page <b>6</b> |
|------|--|-------------------|-----------|---------------|
| Par  | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI  | " respo           | onse to i | ines<br>✓     |
| Se   | ction A. Governing Body and Management   |                   |           |               |
|      |  | $\longrightarrow$ | Yes       | No            |
| 1a   | Enter the number of voting members of the governing body at the end of the tax year  1a 31   |                   |           |               |
|      | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  |                   |           |               |
| b    | Enter the number of voting members included in line 1a, above, who are independent  1b 30  |                   |           |               |
| 2    | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  | 2                 |           | No            |
| 3    | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  | 3                 |           | No            |
| 4    | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4                 |           | No            |
| 5    | Did the organization become aware during the year of a significant diversion of the organization's assets?   | 5                 |           | No            |
| 6    | Did the organization have members or stockholders?   | 6                 | Yes       |               |
| 7a   | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   | 7a                | Yes       |               |
| b    | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  | 7b                | Yes       |               |
| 8    | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |                   |           |               |
| а    | The governing body?  | 8a                | Yes       |               |
| b    | Each committee with authority to act on behalf of the governing body?  | 8b                | Yes       |               |
| 9    | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O   | 9                 |           | No            |
| Se   | ction B. Policies (This Section B requests information about policies not required by the Internal Revenue   | L<br>e Cod€       | e. )      |               |
|      | The section of the se |                   | Yes       | No            |
| 10a  | Did the organization have local chapters, branches, or affiliates?   | 10a               |           | No            |
| b    | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   | 10b               |           |               |
| 11a  | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a               | Yes       |               |
| b    | Describe in Schedule O the process, if any, used by the organization to review this Form 990   |                   |           |               |
| 12a  | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a               | Yes       |               |
| b    | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b               | Yes       |               |
| C    | Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>  | 12c               | Yes       |               |
| 13   | Did the organization have a written whistleblower policy?  | 13                | Yes       |               |
| 14   | Did the organization have a written document retention and destruction policy?   | 14                | Yes       |               |
| 15   | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |                   |           |               |
| а    | The organization's CEO, Executive Director, or top management official   | 15a               | Yes       |               |
| b    | Other officers or key employees of the organization  | 15b               | Yes       |               |
|      | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |                   |           |               |
| 16a  | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  | 16a               |           | No            |
| b    | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?   | 16b               |           |               |
| Se   | ction C. Disclosure  |                   |           |               |
| 17   | List the states with which a copy of this Form 990 is required to be filed▶  |                   |           |               |
|      | NY   |                   |           |               |
| 18   | Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  |                   |           |               |
| 19   | Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest  |                   |           |               |
| 20   | policy, and financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records:  ALARDY PUBLIC 1527 NEW HAMPELINE AVENUE NIV. WASHINGTON, DC 2023 (222) 483, 2513   |                   |           |               |
|      | ►LARRY BURNER 1527 NEW HAMPSHIRE AVENUE NW WASHINGTON, DC 20036 (202) 483-2512   |                   | orm OO    | 1 (2019)      |

| <ul> <li>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.</li> <li>Isist all of the organization's current key employees, if any. See instructions for definition of "key employee."</li> <li>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 organizations.</li> <li>List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations.</li> <li>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 \$100,000 of reportable compensation from the organizations.</li> <li>Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.</li> <li>(A)  Name and title          (B)  Average hours per week (list any hours per week (list any hours per week (list any hours below dotted line)          (C)  Name and title          (D)  Reportable compensation from the organization and any officer and a director/trustee)          (D)  Reportable compensation from the organization of the organization of the organization from th</li></ul>                         | Form 990 (2019)                              |   |                                   |                          |                               |                         |                              |        |  |   |                                  | Pag                               | ge <b>7</b> |
|--|--|---|-----------------------------------|--------------------------|-------------------------------|-------------------------|------------------------------|--------|--|---|----------------------------------|-----------------------------------|-------------|
| As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  ■ 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 organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations 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.  ■ (B)  Name and title  ■ (C)  Position (do not check more than subject or the organization or any related organization or trustee) and the organization or        |  |   | Truste                            | es, I                    | Key                           | En                      | nploy                        | ees    | , Highest Comp   | ensated Employ  | yees,                            |                                   |             |
| La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  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 furrent key employees, if no. See instructions for definition of "key employee."  List all of the organization's furrent key employees, if any. See instructions for definition of "key employee."  List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 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 organization and any related organization or any current officer, director, or trustee.  (A)  Name and title  A Reportable compensation from the organization or any related organization or any new powers of the organization or any new powers or trustees or trustees that received, in the capacity as a former director, or trustee.  (B)  A Reportable compensation or trustee of the organization or trustee.  (C)  (B)  A Reportable compensation or from the organization or end to the compensation organization organizat       | Check if Schedule O contains a               | response or no                                  | te to an                          | y line                   | in t                          | his                     | Part VI                      | ١.     |  |   |                                  | . [                               |             |
| ■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.  ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee."  ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization.  ■ List all of the organization which to list the persons above.  □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ (B)  Average hours per week (list any hours for related organizations below dotted line)  ■ (C)  Reportable compensation from the organization organization organization organization organizations organi      | Section A. Officers, Directors, Tru          | istees, Key E                                   | mploy                             | ees,                     | an                            | d H                     | lighe                        | st C   | Compensated En   | nployees  |                                  |                                   |             |
| ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee."  ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization. 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.  ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line)  ■ Check this box if neither the organization below dotted line)  ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line)  ■ Check this box if neither the organization or any related organi       | year.  |   | •                                 |                          |                               |                         |                              |        | , ,  |   | -                                | n's ta                            | Κ           |
| List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.      ● List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.      ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization.      ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization.      ● List all of the organization than \$10,000 of reportable compensation from the organization nor any related organization and any related organization compensated any current officer, director, or trustee.   | of compensation. Enter -0- in columns (D), ( | E), and (F) if no                               | compe                             | nsati                    | on w                          | /as                     | oaid.                        |        | .,   |   |                                  |                                   |             |
| 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 from the organization and any related organizations.  ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's <b>former directors or trustees</b> that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organizations.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization organization (W-2/1099-MISC)  ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization organization (W-2/1099-MISC)  ■ Check this box if neither the organization nor any related organization nor any related organization nor any neither the organization nor any |  |   |                                   |                          |                               |                         |                              |        |  |   |                                  |                                   |             |
| ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.  Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  (A)  Name and title  (B)  Average hours per week (list any hours below dotted line)  (C)  (D)  (E)  Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee)  (C)  (D)  (E)  Reportable compensation from the organization (W-2/1099-MISC)  (W-2/1099-MISC)  MISC)  MISC)  (F)  Estimated amount of other compensation from the organization and related organizations organizations.   |  |   |                                   |                          |                               |                         |                              |        |  |   |                                  |                                   |             |
| Average hours per week (list any hours for related organizations) below dotted line)    Continue to the person of the order in which to list the persons above.    Continue to the order in which to list the persons above.   | of reportable compensation from the organiz  | ation and any re                                | elated o                          | rgani                    | zatio                         | ons.                    |                              |        | . ,  | ·   | ·                                |                                   |             |
| (A) Name and title  (B) Average hours per week (list any hours for related organizations below dotted line)  (B) Average hours per week (list any hours for related organizations below dotted line)  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (B) Average hours per week (list any hours for related organization (W-2/1099-MISC)  (B) Reportable compensation from the organizations (W-2/1099-MISC)  MISC)  (F) Estimated amount of other compensation from the organization and related organizations organizations)  | organization, more than \$10,000 of reportab | le compensatio                                  | n from t                          |                          |                               |                         |                              |        |  |   | Э                                |                                   |             |
| Name and title  Average hours per week (list any hours for related organizations below dotted line)  Name and title  Average hours per week (list any hours for related organizations below dotted line)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Officer         | Check this box if neither the organizatio    | n nor any relate                                | d organ                           | nizatio                  | on co                         | omp                     | ensate                       | d ar   | ny current officer, di                                 | rector, or trustee.   |                                  |                                   |             |
| it steed   |  | Average<br>hours per<br>week (list<br>any hours | than o<br>is b                    | ne bo<br>oth a<br>direct | o no<br>ox, u<br>n of<br>or/t | t che<br>inles<br>ficer | s pers                       | on     | Reportable<br>compensation<br>from the<br>organization | Reportable<br>compensation<br>from related<br>organizations | Estir<br>amount<br>compe<br>fror | nated<br>of oth<br>nsation<br>the | n           |
| See Additional Data Table  |  | organizations<br>below dotted                   | Individual trustee<br>or director | Institutional Trustee    | Officer                       | Key employee            | Highest compensated employee | Former |  | ` '   | rel                              | ated                              |             |
|  | See Additional Data Table                    |   |                                   |                          |                               |                         |                              |        |  |   |                                  |                                   |             |
|  |  |   |                                   |                          |                               |                         |                              |        |  |   |                                  |                                   |             |
|  |  |   |                                   |                          |                               |                         |                              |        |  |   |                                  |                                   |             |
|  |  |   |                                   |                          |                               |                         |                              |        |  |   |                                  |                                   |             |
|  |  |   |                                   |                          |                               |                         |                              |        |  |   |                                  |                                   |             |
|  |  |   |                                   |                          |                               |                         |                              |        |  |   |                                  |                                   | —           |
|  |  |   |                                   |                          |                               |                         |                              |        |  |   |                                  |                                   | —           |
|  |  |   |                                   |                          |                               |                         |                              |        |  |   |                                  |                                   |             |
|  |  |   |                                   |                          |                               |                         |                              |        |  |   |                                  |                                   |             |
|  |  |   |                                   |                          |                               |                         |                              |        |  |   |                                  |                                   |             |
|  |  |   |                                   |                          |                               |                         |                              |        |  |   |                                  |                                   |             |
|  |  |   |                                   |                          |                               |                         |                              |        |  |   |                                  |                                   |             |
|  |  |   |                                   |                          |                               |                         |                              |        |  |   |                                  |                                   |             |
|  |  |   |                                   |                          |                               |                         |                              |        |  |   |                                  |                                   |             |

Part VII (B) (F) Name and title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from related from the compensation any hours director/trustee) organization organizations from the (W-2/1099-(W-2/1099for related organization and Officer Highest compensatemployee Former Individual trustee or director organizations MISC) MISC) related nstitutional Trustee below dotted organizations employee line) See Additional Data Table 1b Sub-Total . . . . . . . . • c Total from continuation sheets to Part VII, Section A . d Total (add lines 1b and 1c) . . . . . . 927,295 170,854 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 6 Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . 3 Nο For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the 4 organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . 4 Yes 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . 5 Νo 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) (B) (C) Name and business address Description of services Compensation TUCKERS AIR CONDITIONING & HEATING INSTALL HVAC SYSTEM 497,000 4650 WEDGEWOOD BLVD UNIT 102 FREDERICK, MD 21703 UNIVERSITY OF FLORIDA EDITORIAL SERVICES 203,424 ST 1250 E CAMPUS OFC BLDG GAINESVILLE, FL 32611 JL SYSTEMS AMS COMPUTER SERVICES 127,844 6225 BRANDON AVENUE STE 275 SPRINGFIELD, VA 22150

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

compensation from the organization ▶ 3

|   |            | (2019)  |             |               |             |                     |  |   |                                | Page <b>9</b>                                |
|---|------------|---|-------------|---------------|-------------|---------------------|--|---|--------------------------------|--|
| Part  | VIII       |   |             |               |             |                     | · lia · ia thia Dad VIII                     |   |                                | П  |
|   |            | Check if Sched  | <u>aule</u> | O contains a  | respo       | onse or note to any | / line in this Part VIII  (A)  Total revenue | (B)<br>Related or<br>exempt<br>function | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections |
| (6  | <b>1</b> a | Federated campa   | aigns       | s             | 1a          |                     | l  | revenue                                 |                                | 512 - 514                                    |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | ı          | • Membership dues   | s.          | . [           | <b>1</b> b  |                     |  |   |                                |  |
| Gra<br>mo   | (          | Fundraising even  | nts .       | [             | 1c          |                     |  |   |                                |  |
| Ę, Ś  |            | d Related organiza  | tion        | s [           | 1d          |                     |  |   |                                |  |
|   |            | Government grants   | (con        | tributions)   | 1e          |                     |  |   |                                |  |
| Sir   | 1          | All other contributio                                     |             |               |             |                     |  |   |                                |  |
| të jë   |            | above   |             | L             | 1f          | 1,278,804           |  |   |                                |  |
|   | 9          | Noncash contributio<br>lines 1a - 1f:\$                   | ons ir      | iciuaea in    | 1g          |                     |  |   |                                |  |
| Con   |            | <b>h Total.</b> Add lines :                               | 1a-1        | .f            | <del></del> | •                   | 1,278,804                                    |   |                                |  |
|   |            |   |             |               |             | Business Code       | 1,270,004                                    |   |                                |  |
|   | 2a         | MEMBERSHIP  |             |               |             | 900099              | 2,002,243                                    | 2,002,243                               |                                |  |
| ще  | L          | CONFERENCES AND I   | MEET        | TNGS          |             |                     | 776,602                                      | 776,602                                 |                                |  |
| e ve  | D          | COM ENERGES AND I   | MEET        | 11405         |             | 541800              |  | ·                                       |                                |  |
| Se R  | c          | CONGRESSIONAL FEI   | LLOW        | VSHIP         |             | 900099              | 147,200                                      | 147,200                                 |                                |  |
| Program Service Revenue                                   | Ч          | ADVERTISING   |             |               |             | F./.202             | 99,400                                       |   | 99,400                         |  |
| E S   |            |   |             |               |             | 541800              |  |   |                                |  |
| gra   | е          | PUBLICATIONS  |             |               |             | 900099              | 1,289  | 1,289                                   |                                |  |
| ξ   |            |   |             |               |             |                     |  |   |                                |  |
|   |            | All other program   |             |               |             |                     |  |   |                                |  |
|   |            | Total. Add lines 2 Investment income                      |             |               |             | 3,026,734           | 1  |   | T                              |  |
|   |            | imilar amounts) .   |             |               | · ·         | nterest, and other  | 758,706                                      | 5                                       |                                | 758,706                                      |
|   |            | Income from invest  |             |               | •           |                     | 1.055.47                                     | •                                       |                                | 1,055,471                                    |
|   | 5 1        | Royalties   | r.          | (i) Real      |             | (ii) Personal       | 1,055,47                                     |   |                                | 1,033,471                                    |
|   | _          |   |             | .,,           |             |                     |  |   |                                |  |
|   |            | Gross rents Less: rental                                  | 6a          | 3.            | 31,039      | 9                   |  |   |                                |  |
|   | D          | expenses  | 6b          | 41            | 05,863      | 3                   |  |   |                                |  |
|   | С          | Rental income or (loss)                                   | 6c          |               | 74,824      | ,                   |  |   |                                |  |
|   | d          | Net rental income   | e or        | (loss)        | • •         |                     | -74,824                                      | 1                                       | 116,424                        | -191,248                                     |
|   |            |   |             | (i) Securit   | ies         | (ii) Other          |  |   |                                |  |
|   | 7a         | 7a Gross amount from sales of assets other than inventory |             | ,             |             |                     |  |   |                                |  |
|   | b          | Less: cost or other basis and sales expenses              | 7b          | 1,2.          | 24,554      | 1                   |  |   |                                |  |
|   | _          | Gain or (loss)  | 7c          | 1.6           | 04,323      | ,                   |  |   |                                |  |
|   |            | Net gain or (loss)  |             |               |             |                     | 1,604,323                                    | 3                                       |                                | 1,604,323                                    |
| as.   | 8a         | Gross income from fu                                      | ındra       | -             |             |                     |  |   |                                |  |
| n us  |            | (not including \$contributions reported                   |             |               |             |                     |  |   |                                |  |
| leve  |            | See Part IV, line 18                                      | •           |               | 8a          |                     |  |   |                                |  |
| er F  |            | Less: direct expen<br>Net income or (los                  |             |               | 8b          | ente                |  |   |                                |  |
| Other Revenue   |            | ivec income or (los                                       | 33) 11      | om fanaraisi  |             | ents                |  |   |                                |  |
|   | 9a         | Gross income from<br>See Part IV, line 19                 |             |               |             |                     |  |   |                                |  |
|   | b          | Less: direct expen  |             |               | 9a<br>9b    |                     |  |   |                                |  |
|   |            | Net income or (los  |             |               |             | ies 🕨               |  |   |                                |  |
|   |            |   |             |               |             | · · ·               |  |   |                                |  |
|   | 10a        | Gross sales of inve<br>returns and allowa                 |             |               | 10a         |                     |  |   |                                |  |
|   | b          | Less: cost of good  | s so        | ld            | 10b         |                     |  |   |                                |  |
|   | c          | Net income or (los  |             |               | nvent       | ory ►               |  |   |                                |  |
|   | 11         | Miscellaneo   |             |               |             | Business Code       | 99 286,482                                   | 2 286,482                               | ,                              |  |
|   | -1         | aINSURANCE PRO  | LEE         | 72            |             | 90005               | 200,482                                      | 200,482                                 |                                |  |
|   | h          | MISCELLANEOUS   | INC         | OME           |             | 90009               | 99 3,756                                     | 3,756                                   | <u> </u>                       |  |
|   | -          | MIJCELLANEOUS   | INC         | OME           |             |                     |  |   |                                |  |
|   | c          |   |             |               |             |                     |  |   |                                |  |
|   |            |   |             |               |             |                     |  |   |                                |  |
|   | d          | All other revenue   | •           |               |             |                     |  |   |                                |  |
|   | е          | <b>Total.</b> Add lines 1                                 | 1a-:        | 11d           |             | •                   | 290,238                                      |   |                                |  |
|   | 12         | Total revenue. S  | ee ii       | nstructions . |             |                     | 7,939,452                                    |   | 215,824                        | 3,227,252                                    |
|   |            |   |             |               |             |                     | .,,,,,,,                                     |   |                                | Form <b>990</b> (2019)                       |

| Form 990 (2019)  |                        |                             |                                    | Page <b>10</b>                        |
|--|------------------------|-----------------------------|------------------------------------|---------------------------------------|
| Part IX Statement of Functional Expenses   |                        |                             |                                    |                                       |
| Section 501(c)(3) and 501(c)(4) organizations must c   |                        | _                           |                                    | · · · ·                               |
| Check if Schedule O contains a response or note to an  | y line in this Part IX | (B)                         | (C)                                | 🗸                                     |
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses  | Program service<br>expenses | Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21   |                        |                             |                                    |                                       |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22  | 1,541,645              | 1,541,645                   |                                    |                                       |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.  | 42,505                 | 42,505                      |                                    |                                       |
| <b>4</b> Benefits paid to or for members   |                        |                             |                                    |                                       |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees  | 467,862                | 126,048                     | 313,803                            | 28,011                                |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$  |                        |                             |                                    |                                       |
| <b>7</b> Other salaries and wages  | 2,215,831              | 1,676,462                   | 423,724                            | 115,645                               |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)  | 179,876                | 139,241                     | 31,481                             | 9,154                                 |
| 9 Other employee benefits  | 242,637                | 180,280                     | 49,554                             | 12,803                                |
| <b>10</b> Payroll taxes  | 194,860                | 126,781                     | 57,798                             | 10,281                                |
| 11 Fees for services (non-employees):  |                        |                             |                                    |                                       |
| a Management   |                        |                             |                                    |                                       |
| <b>b</b> Legal   | 85,086                 |                             | 85,086                             |                                       |
| c Accounting   | 63,415                 |                             | 63,415                             |                                       |
| <b>d</b> Lobbying  |                        |                             |                                    | _                                     |
| e Professional fundraising services. See Part IV, line 17  |                        |                             |                                    |                                       |
| f Investment management fees   | 45,000                 | 22,500                      | 22,500                             |                                       |
| g Other (If line 11g amount exceeds 10% of line 25, column<br>(A) amount, list line 11g expenses on Schedule O)  | 1,325,336              | 1,066,819                   | 252,827                            | 5,690                                 |
| 12 Advertising and promotion   | 2,007                  | 2,007                       |                                    |                                       |
| 13 Office expenses   | 375,257                | 269,957                     | 101,375                            | 3,925                                 |
| 14 Information technology  | 49,204                 | 18,922                      | 30,282                             | _                                     |
| 15 Royalties   |                        |                             |                                    |                                       |
| <b>16</b> Occupancy  | 112,862                | 6,743                       | 106,119                            |                                       |
| <b>17</b> Travel   | 112,136                | 91,460                      | 20,106                             | 570                                   |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .   |                        |                             |                                    |                                       |
| 19 Conferences, conventions, and meetings  | 220,574                | 219,957                     | 617                                |                                       |
| <b>20</b> Interest   | 36,598                 |                             | 36,598                             |                                       |
| 21 Payments to affiliates  |                        |                             |                                    |                                       |
| 22 Depreciation, depletion, and amortization   |                        |                             |                                    |                                       |
| 23 Insurance   | 72,605                 | 13,965                      | 58,640                             |                                       |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                        |                             |                                    |                                       |
| a INDIRECT ALLOCATION  | 0                      | 1,382,043                   | -1,489,072                         | 107,029                               |
| b  |                        |                             |                                    | -                                     |
| С  |                        |                             |                                    | _                                     |
| d  |                        |                             |                                    | _                                     |
|  |                        |                             |                                    |                                       |

Form **990** (2019)

Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).

| Forn  | า 990 | (2019)  |          |                         |                                 |             | Page <b>11</b>     |
|-------|-------|---|----------|-------------------------|---------------------------------|-------------|--------------------|
| Р     | art X | Balance Sheet   |          |                         |                                 |             |                    |
|       |       | Check if Schedule O contains a response or not  | e to a   | ny line in this Part IX |                                 |             | 🗆                  |
|       |       |   |          |                         | <b>(A)</b><br>Beginning of year |             | (B)<br>End of year |
|       | 1     | Cash-non-interest-bearing   |          |                         | 3,017,270                       | 1           | 1,616,676          |
|       | 2     | Savings and temporary cash investments .  |          | [                       | 51,389                          | 2           | 43,443             |
|       | 3     | Pledges and grants receivable, net  |          |                         | 18,957                          | 3           | 15,712             |
|       | 4     | Accounts receivable, net  | [        | 456,346                 | 4                               | 633,711     |                    |
|       | 5     | Loans and other payables to any current or forn<br>key employee, creator or founder, substantial c<br>entity or family member of any of these persons | ontribu  | itor, or 35% controlled |                                 | 5           |                    |
|       | 6     | Loans and other receivables from other disquali section $4958(f)(1)$ ), and persons described in section $4958(f)(1)$                                 |          | 6                       |                                 |             |                    |
| S     | 7     | Notes and loans receivable, net   |          | 7                       |                                 |             |                    |
| ssets | 8     | Inventories for sale or use   |          | [                       | 880                             | 8           | 880                |
| As    | 9     | Prepaid expenses and deferred charges   |          |                         | 311,798                         | 9           | 277,085            |
|       | 10a   | Land, buildings, and equipment: cost or other<br>basis. Complete Part VI of Schedule D  | 10a      | 6,721,049               |                                 |             |                    |
|       | b     | Less: accumulated depreciation  | 10b      | 3,527,905               | 3,100,477                       | <b>10</b> c | 3,193,144          |
|       | 11    | Investments—publicly traded securities .  |          |                         | 40,348,538                      | 11          | 44,996,087         |
|       | 12    | Investments—other securities. See Part IV, line   | 11 .     | [                       |                                 | 12          |                    |
|       | 13    | Investments—program-related. See Part IV, line  |          | 13                      |                                 |             |                    |
|       | 14    | Intangible assets   | [        | 40,000                  | 14                              | 40,000      |                    |
|       | 15    | Other assets. See Part IV, line 11  |          | [                       |                                 | 15          |                    |
|       | 16    | Total assets. Add lines 1 through 15 (must eq   | ual line | e 34)                   | 47,345,655                      | 16          | 50,816,738         |
|       | 17    | Accounts navable and accrued expenses   |          |                         | 1 264 043                       | 17          | 1 100 008          |

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Form 990 (2019)

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1,073,730

70,298

4.609.251

18,467,245

24,269,159

42,736,404

47,345,655

# Liabilities

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33

**Fund Balances** 

ō 29

Assets 30 Grants payable .

Deferred revenue . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances .

Total liabilities and net assets/fund balances

Tax-exempt bond liabilities . . .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Organizations that follow FASB ASC 958, check here ▶

Organizations that do not follow FASB ASC 958, check here ▶

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

Retained earnings, endowment, accumulated income, or other funds

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

Other liabilities (including federal income tax, payables to related third parties,

Audit Act and OMB Circular A-133? 3a Nο b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3h

### Additional Data

Software ID:

Software Version:

EIN: 53-0200001

Name: AMERICAN POLITICAL SCIENCE ASSOCIATION

Form 990 (2019)

Form 990, Part III, Line 4a: CENTENNIAL CENTER FOR POLITICAL SCIENCE AND PUBLIC AFFAIRS: THE AMERICAN POLITICAL SCIENCE ASSOCIATION, IN RECOGNITION OF ITS CENTENARY, LAUNCHED THE CENTENNIAL CENTER FOR POLITICAL SCIENCE AND PUBLIC AFFAIRS IN THE FALL OF 2003. THE CENTER IS DESIGNATED TO EXPAND OPPORTUNITIES FOR CREATING KNOWLEDGE AND PROMOTING TEACHING IN THE DISCIPLINE. IT ENCOURAGES INDIVIDUAL RESEARCH AND WRITING IN ALL FIELDS OF POLITICAL SCIENCE: FACILITATES COLLABORATION AMONG SCHOLARS WORKING WITHIN THE DISCIPLINE AND ACROSS THE SOCIAL AND BEHAVIORAL SCIENCES OF HUMANITIES: AND PROMOTES COMMUNICATION BETWEEN SCHOLARS AND POLICY MAKERS.DIVERSITY FELLOWSHIPS AND OTHER PROGRAMS AND INITIATIVES: FOR OVER FIFTY YEARS. APSA HAS PROVIDED SUPPORT TO SCHOLARS FROM HISTORICALLY UNDERREPRESENTED AND MARGINALIZED RACIAL AND ETHNIC GROUPS TO ATTEND DOCTORAL PROGRAMS THROUGH RECOGNITION AND FINANCIAL SUPPORT FROM DIVERSITYFELLOWSHIPS. MORE THAN 600 FELLOWS HAVE BEEN DESIGNATED IN THIS EFFORT APSA ALSO SUPPORTS THE WORK OF THE RALPH BUNCHE SUMMER INSTITUTE TO ALLOW UNDERGRADUATES FROM DIVERSE UNDERREPRESENTED BACKGROUNDS OR WITH INTERESTS IN BROADENING OPPORTUNITIES FOR STUDENTS FROM UNDERREPRESENTED BACKGROUNDS TO GET AN EXPERIENTIAL PREVIEW OF GRADUATE LEVEL WORK APSA FACILIATES ADDITITONAL PROGRAMS TO SUPPORT RECRUITMENT AND RETENTION OF SCHOLARS SUCH AS THE FUND FOR LATINO POLITICS, THE MENTOR PROGRAM, THE MINORITY STUDENT RECRUITMENT PROGRAM AND VARIOUS EARLY CAREER, INDIGENOUS POLITICS AND TRAVEL GRANTS, INTERNATIONAL PROGRAMS: APSA OPERATES PROGRAMS THAT ENGAGE WITH SCHOLARS FROM INTERNATIONAL ARENAS, PROMOTING CLOSER INTERACTION BETWEEN SCHOLARS BASED IN AND OUTSIDE THE UNITED STATES AND PROVIDING OPPORTUNITIES FOR JUNIOR FOREIGN SCHOLARS TO ADVANCE RESEARCH SKILLS AND BROADEN NETWORKS. THIS INCLUDES A SERIES OF SUMMER WORKSHOPS IN ASIA AND IN THE MIDDLE EAST AND NORTH AFRICA. JOINT CONFERENCES AND WITH OTHER NATIONAL POLITICAL

SCIENCE ASSOCIATIONS, AND VARIOUS GRANTS, AWARDS, AND SEMINARS, TASK FORCES; APSA SPONSORS TASK FORCES MARSHALLING THE EXPERTISE OF POLITICAL SCIENTISTS TO BEAR ON IMPORTANT ISSUES WITHIN SOCIETY AND THE PROFESSION. TASK FORCES COMPILE AND REVIEW EXTANT SCHOLARLY KNOWLEDGE, PUBLISH

SUMMARIES OF THIS RESEARCH FOR THE PUBLIC AND DECISION MAKERS, PREPARE TEACHING MATERIALS, AND DISSEMINATE MATERIAL IN OTHER WAYS.

JOURNALS: APSA SPONSORS AND SUPPORTS FOUR JOURNALS THAT ARE CORE TO THE POLITICAL SCIENCE DISCIPLINE: THE AMERICAN POLITICAL SCIENCE REVIEW, PERSPECTIVES ON POLITICS, PS: POLITICAL SCIENCE AND POLITICS, AND THE JOURNAL OF POLITICAL SCIENCE EDUCATION. THE AMERICAN POLITICAL SCIENCE REVIEW

Form 990, Part III, Line 4b:

(APSR) IS POLITICAL SCIENCE'S PREMIER SCHOLARLY RESEARCH JOURNAL, PROVIDING PEER-REVIEWED ARTICLES AND REVIEW ESSAYS FROM SUBFIELDS THROUGHOUT THE DISCIPLINE, AREAS COVERED INCLUDE POLITICAL THEORY, AMERICAN POLITICS, PUBLIC POLICY, PUBLIC ADMINISTRATION, COMPARATIVE POLITICS, AND INTERNATIONAL RELATIONS. APSR HAS PUBLISHED CONTINUOUSLY SINCE 1906, PERSPECTIVES ON POLITICS (POP) SEEKS TO PROVIDE A SPACE FOR BROAD AND SYNTHETIC DISCUSSION WITHIN THE POLITICAL SCIENCE PROFESSION AND BETWEEN THE PROFESSION AND THE BROADER SCHOLARLY AND READING PUBLICS. SUCH

DISCUSSION NECESSARILY DRAWS ON AND CONTRIBUTES TO THE SCHOLARSHIP PUBLISHED IN THE MORE SPECIALIZED JOURNALS THAT DOMINATE OUR DISCIPLINE.

AT THE SAME TIME, POP SEEKS TO PROMOTE A COMPLEMENTARY FORM OF BROAD PUBLIC DISCUSSION AND SYNERGISTIC UNDERSTANDING WITHIN THE PROFESSION THAT IS ESSENTIAL TO ADVANCING RESEARCH AND PROMOTING SCHOLARLY COMMUNITY.PS: POLITICAL SCIENCE & POLITICS PUBLISHES SCHOLARLY ESSAYS, SPOTLIGHTS, AND SYMPOSIA FOCUSED ON POLITICS, THE DISCIPLINE, AND TEACHING. PRIOR TO THIS YEAR, PS SERVED AS THE "JOURNAL OF RECORD" FOR THE

PROFESSIONA ROLE NOW ASSUMED BY POLITICAL SCIENCE TODAY. THIS CHANGE ALLOWS PS TO TURN ITS FULL FOCUS TO PEER-REVIEWED RESEARCH. THE JOURNAL OF POLITICAL SCIENCE EDUCATION (JPSE) PUBLISHES EVIDENCE-BASED AND THEORETICALLY INFORMED SCHOLARSHIP ON TEACHING AND PEDAGOGICAL ISSUES IN POLITICAL SCIENCE. THE JOURNAL SUPPORTS RESEARCH THAT ENGAGES WITH THE BROAD SCHOLARSHIP OF TEACHING AND LEARNING IN THE DISCIPLINE. IN ADDITION

FEATURES MEMBER SPOTLIGHTS, NEWS OF THE DISCIPLINE, ASSOCIATION UPDATES, AND OTHER ITEMS PREVIOUSLY PUBLISHED IN THE BACK OF PS.

TO ITS FOUR JOURNALS, APSA IS PLEASED TO PROVIDE A NEW MAGAZINE TO MEMBERS OF THE ASSOCIATION: POLITICAL SCIENCE TODAY, POLITICAL SCIENCE TODAY

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

OVER 7000 PARTICIPANTS AND CONSISTS OF OVER 1300 PANEL SESSIONS OVER A 5 DAY PERIOD IN WHICH THE MEMBERS' RESEARCH IS PRESENTED IN A VARIETY OF FORMATS. MOST PANEL SESSIONS INVOLVE PAPER PRESENTATIONS AND DISCUSSION, ALTHOUGH SOME ARE ROUNDTABLE DISCUSSIONS FEATURING EXPERTS IN THE FIELDS. PLENARY SESSIONS FEATURE DISTINGUISHED SCHOLARS WITHIN SUBFIELDS. THE MEETING IS TYPICALLY HELD IN SEPTEMBER OF EACH YEAR. THE APSA EXHIBITION FEATURES THE LARGEST ASSEMBLY OF POLITICAL SCIENCE TEXTBOOK PUBLISHERS NATIONALLY AND PROVIDES PUBLISHING OPPORTUNITIES FOR THE MEMBERSHIP. DUE TO THE PANDEMIC, THE ANNUAL MEETING WAS HELD VIRTUALLY IN 2020. THE CONFERENCE ON TEACHING AND LEARNING IN POLITICAL SCIENCE:THE CONFERENCE ON TEACHING AND LEARNING IN POLITICAL SCIENCE:THE CONFERENCE ON TEACHING AND LEARNING CONVENES BI-ANNUALLY TO ADDRESS ISSUES OF CURRICULUM, PEDAGOGY, PROGRAM ASSESSMENT, CIVIC

SCIENCE: THE CONFERENCE ON TEACHING AND LEARNING CONVENES BI-ANNUALLY TO ADDRESS ISSUES OF CURRICULUM, PEDAGOGY, PROGRAM ASSESSMENT, CIVIC EDUCATION, TEACHING RESEARCH METHODS, INTERNATIONALIZING THE CURRICULUM, SIMULATIONS AND ROLE PLAY, INCLUSIVENESS, AND EQUALITY IN UNDERGRADUATE AND GRADUATE TEACHING AND LEARNING IN POLITICAL SCIENCE. THE CONFERENCE FOLLOWS A WORKING GROUP MODEL IN WHICH SCHOLARS ENGAGE INTENSIVELY WITH COLLEAGUES OVER 2 AND A HALF DAYS OF MEETING, SUPPLEMENTED WITH TOPICAL WORKSHOPS AT COMMUNITY COLLEGES. WE HAVE ALSO ADDED A WHOLE DAY TEACHING AND LEARNING CONFERENCE TO THE ANNUAL MEETING PROGRAM.

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

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

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

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

AND SOCIAL CHALLENGES.

others, the total expenses, and revenue, if any, for each program service reported. (Code: ) (Expenses \$ 898,829 including grants of \$ ) (Revenue \$ 140,000)

CONGRESSIONAL FELLOWSHIP PROGRAM:THE APSA OFFERS THIS HIGHLY SELECTIVE, NONPARTISAN PROGRAM DEVOTED TO EXPANDING

KNOWLEDGE AND AWARENESS OF CONGRESS. FOR NINE MONTHS, SELECT POLITICAL SCIENTISTS, JOURNALISTS, HEALTH PROFESSIONALS, EXECUTIVE BRANCH EMPLOYEES, AND OTHER SCHOLARS GAIN UNDERSTANDING OF THE LEGISLATIVE PROCESS THROUGH AN INTENSIVE ORIENTATION FOLLOWED BY SERVING ON CONGRESSIONAL STAFFS. THROUGH THIS UNIQUE OPPORTUNITY, APSA SEEKS TO ENHANCE PUBLIC

UNDERSTANDING OF POLICY-MAKING AND TO IMPROVE THE QUALITY OF SCHOLARSHIP, TEACHING AND REPORTING ON AMERICAN NATIONAL

POLITICS. (Code: ) (Expenses \$ 385,692 including grants of \$ ) (Revenue \$

THE DOCTORAL DISSERTATION RESEARCH IMPROVEMENT GRANT PROJECT PROVIDES SUPPORT TO ENHANCE AND IMPROVE THE CONDUCT OF DOCTORAL DISSERTATION RESEARCH IN POLITICAL SCIENCE. AWARDS SUPPORT BASIC RESEARCH WHICH IS THEORETICALLY DERIVED AND

EMPIRICALLY ORIENTED. THE APSA DOCTORAL DISSERTATION RESEARCH IMPROVEMENT GRANT PROGRAM AWARDS APPROXIMATELY TWENTY

GRANTS YEARLY OF BETWEEN \$10,000 AND \$15,000 TO SUPPORT DOCTORAL DISSERTATION RESEARCH THAT ADVANCES KNOWLEDGE AND

UNDERSTANDING OF CITIZENSHIP, GOVERNMENT, AND POLITICS. THE PROGRAM ALSO CONNECTS AWARDEES TO APSA'S EXTENSIVE

PROFESSIONAL DEVELOPMENT AND PUBLIC ENGAGEMENT NETWORKS AND RESOURCES. TO AMPLIFY THE EFFECT OF THE AWARD ON THE GRANTEE'S CAREER AND ON THE IMPACT OF THEIR WORK AS THEY EXPLORE SOLUTIONS TO A WIDE RANGE OF INSTITUTIONAL, POLITICAL,

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

|   | any hours   | and                               | , a dır               | recto   |              | rustee)                      | ,      | organization         | organizations        | from the                                     |
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|   | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W- 2/1099-<br>MISC) | (W- 2/1099-<br>MISC) | organization and<br>related<br>organizations |
| STEVEN RATHGEB SMITH EXECUTIVE DIRECTOR | 40.00   | X                                 |                       | х       |              |                              |        | 232,275              | 0                    | 40,097                                       |
| JANET BOX-STEFFENSMEIER PRESIDENT       | 0.30  | X                                 |                       | х       |              |                              |        | 0                    | 0                    | 0  |
| JOHN ISHIYAMA<br>PRESIDENT - ELECT      | 0.30  | X                                 |                       | х       |              |                              |        | 0                    | 0                    | 0  |
| PAULA MCCLAIN PAST PRESIDENT            | 0.30  | X                                 |                       | х       |              |                              |        | 0                    | 0                    | 0  |
| ROGERS SMITH                            | 0.30  |                                   |                       |         |              |                              | $\Box$ |                      | 1                    |  |

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PAST PRESIDENT

KERSTIN HAMANN

VICE PRESIDENT

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VICE PRESIDENT

LEONARD WANTCHEKON

MALA HTUN

JOHN SIDES

MICHELLE DEARDORFF

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and Independent Contractors

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

and Independent Contractors

ANN O'M BOWMAN

JOSEPH CARENS

ALEXANDRA FILINDRA

LISA GARCIA-BEDOLLA

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|                                 | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee | <u> </u> | Key employee | Highest compensated employee | Former | (W- 2/1099-<br>MISC) | (W- 2/1099-<br>MISC) | organization and<br>related<br>organizations |
| MELISSA WILLIAMS VICE PRESIDENT | 0.30  | Х                                 |                       | х        |              |                              |        | 0                    | 0                    | 0  |
| DAVID LUBLIN                    | 0.30  | Х                                 |                       | х        |              |                              |        | 0                    | 0                    | 0  |

| MELISSA WILLIAMS | 0.30 | v | х |  | 0 | 0 |  |
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| VICE PRESIDENT   |      | ^ | ^ |  | 0 | 0 |  |
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| VICE PRESIDENT  |        | Χ | Х |  | 0   | 0 | 0 |
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| VICE PRESIDENT  |      |   |   |  |   |   |   |
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|                       | any nours   |                                   | a un                  | ecto |              | ustee,                       | ,      | Organization         | organizations        | irom the                                     |
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|                       | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee |      | Key employee | Highest compensated employee | Former | (W- 2/1099-<br>MISC) | (Ŵ- 2/1099-<br>MISC) | organization and<br>related<br>organizations |
| REBECCA GILL          | 0.30  | Х                                 |                       |      |              |                              |        | 0                    | 0                    | 0  |
| COUNCIL               |   | ^                                 |                       |      |              |                              |        | 0                    | 0                    |  |
| LILLY J GOREN         | 0.30  | X                                 |                       |      |              |                              |        | 9                    | 0                    | 0  |
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(A) Name and Title (D) (E) (B) (C) (F) Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other week (list person is both an officer from related from the compensation

and Independent Contractors

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| ERIN RICHARDS  | 0.30  | х   |                       |              |                              |        | 0                    | 0                    | 0  |
| COUNCIL        |   | ^   |                       |              |                              |        |                      | 0                    | Ĭ  |
| ALBERTO SIMPER | 0.30  | Х   |                       |              |                              |        | 0                    | 0                    | 0  |
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| ERIN RICHARDS            | 0.30 | v |  |  |     | 0 |  |
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| LAURA SJOVERG            | 0.30 | ~ |  |  | 0   | 0 |  |
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| VALERIA SINCLAIR-CHAPMAN | 0.30 | х |  |  | 0 | 0 |          |
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| CHARLES SMITH            | 0.30 | v |  |  | 0 | 0 |          |
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| VALERIA SINCLAIR-CHAPMAN | 0.50 | ¥ |  |  | 0 | 0 | 0 |
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| COUNCIL                  |      | ^ |  |  |   | 0 | 0 |
| LAURA SJOVERG COUNCIL    | 0.30 | X |  |  | 0 | 0 | 0 |
| CHARLES SMITH COUNCIL    | 0.30 | Х |  |  | 0 | 0 | 0 |
| ROCIO TITINUIK           | 0.30 | х |  |  | 0 | 0 | 0 |

| CHARLES SMITH  | 0.30 | X |  |  | 0  | n | 0 |
|----------------|------|---|--|--|--|---|---|
| COUNCIL        |      |   |  |  |  | J |   |
| ROCIO TITINUIK | 0.30 | X |  |  | 0  | C | 0 |
| COUNCIL        |      | ^ |  |  | , and the second | J |   |
| LISA WEDEEN    | 0.30 | _ |  |  |  | 0 | 0 |

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| COUNCIL        |      |   |  |  |   |   |  |
|----------------|------|---|--|--|---|---|--|
| ROCIO TITINUIK | 0.30 |   |  |  | 0 | 0 |  |
| COUNCIL        |      |   |  |  |   |   |  |
| LISA WEDEEN    | 0.30 |   |  |  | 0 | 0 |  |
| COUNCIL        |      | ^ |  |  |   |   |  |

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

and a director/trustee)

organization

148,428

162,483

132,038

136,947

115,124

organizations

0

0

0

0

0

29,494

25,688

20,702

31,198

23,675

from the

any hours

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40.00

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40.00

40.00

................

. . . . . . . . . . . . . . . . . .

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

|                          | arry riours   | and                               | a un                  | CCCC    | •            | usice)              | ′      | organization         | organizations        | l lioni the .                                |
|--------------------------|---|-----------------------------------|-----------------------|---------|--------------|---------------------|--------|----------------------|----------------------|--|
|                          | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee | Officer | Key employee | Highest compensated | Former | (W- 2/1099-<br>MISC) | (Ŵ- 2/1099-<br>MISC) | organization and<br>related<br>organizations |
| NANCY HIRSCHMANN COUNCIL | 0.30  | Х                                 |                       |         |              |                     |        | 0                    | 0                    | 0  |
| NAHOMI ICHINO COUNCIL    | 0.30  | Х                                 |                       |         |              |                     |        | 0                    | 0                    | 0  |
| TAMARA METZ COUNCIL      | 0.30  | Х                                 |                       |         |              |                     |        | 0                    | 0                    | 0  |
| IDO OREN COUNCIL         | 0.30  | Х                                 |                       |         |              |                     |        | 0                    | 0                    | 0  |

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| COUNCIL        |
|----------------|
| IDO OREN       |
| COUNCIL        |
| LARRY D BURNER |

DIRECTOR OF FINANCE & ADMINISTRATION

SR. DIRECTOR MINORITY PROGRAMS

SR. DIRECTOR COMMUNICATIONS

**ELIZABETH SUPER** 

DEPUTY DIRECTOR

KIMBERLY A MEALY

DANIEL R GIBSON

JONATHAN GURSTELLE

DIRECTOR OF PUBLICATIONS

and Independent Contractors

| efil   | e GR/    | <u>APHIC pri</u> i   | nt - DO NOT PROCESS   | As Filed Data -  |                                       |                                     | DLN: 9  | 3493228029651                                   |
|--------|----------|--|---|--|---------------------------------------|-------------------------------------|---|---|
| SCI    | -IFD     | ULE A  | - Dublic (  | Charity Statu  | e and Dul                             | olic Supp                           | ort   | OMB No. 1545-0047                               |
|        | m 99     |  |   | ganization is a sect 4947(a)(1) nonexe  Attach to Form                                     | ion 501(c)(3) empt charitable         | organization or<br>trust.           |   | 2019  |
|        |          | the Treasury   | ► Go to <u>www.irs</u>  | .gov/Form990 for i   |                                       |                                     | ormation.   | Open to Public<br>Inspection                    |
| Nam    | e of th  | ne organiza  | tion<br>NCE ASSOCIATION   |  |                                       |                                     | Employer identific                                | ation number                                    |
|        |          |  |   |  |                                       |                                     | 53-0200001  |   |
|        | rt I     |  | for Public Charity Statual private foundation because   |  |                                       |                                     | See instructions.                                 |   |
| 1<br>1 | nganiz   |  | onvention of churches, or as  | •  | •                                     |                                     | (A)(i)  |   |
| 2      |          | •  | ,   |  |                                       |                                     |   |   |
|        |          |  | scribed in section 170(b)(  |  | ,                                     | , ,                                 |   |   |
| 3      |          | ·  | or a cooperative hospital serv  | -  |                                       |                                     | -   |   |
| 4      |          | A medical r<br>name, city,   | esearch organization operate<br>and state:  | ed in conjunction with   | a hospital descri                     | ibed in <b>section</b> :            | 170(b)(1)(A)(iii). E                              | nter the hospital's                             |
| 5      |          |  | ation operated for the benefit<br>(iv). (Complete Part II.)   | t of a college or unive  | rsity owned or op                     | perated by a gov                    | ernmental unit descri                             | bed in <b>section 170</b>                       |
| 6      |          | A federal, s   | tate, or local government or  | governmental unit de   | escribed in <b>sectio</b>             | on 170(b)(1)(A                      | ı)(v).  |   |
| 7      |          |  | ation that normally receives a (O(b)(1)(A)(vi). (Complete   |  | s support from a                      | governmental u                      | nit or from the gener                             | al public described in                          |
| 8      |          | A communi  | ty trust described in <b>section</b>  | 170(b)(1)(A)(vi).  | (Complete Part I                      | I.)                                 |   |   |
| 9      |          |  | ural research organization de<br>rant college of agriculture. Se  |  |                                       |                                     |   | ege or university or a                          |
| 10     | <b>✓</b> | from activit<br>investment   | ation that normally receives:<br>lies related to its exempt fun<br>income and unrelated busin<br>See section 509(a)(2). (Co | ctions—subject to cer<br>ess taxable income (le  | tain exceptions,                      | and (2) no more                     | than 331/3% of its su                             | ipport from gross                               |
| 11     |          | An organiza  | ation organized and operated  | exclusively to test fo   | r public safety. S                    | ee section 509                      | (a)(4).   |   |
| 12     |          | more public  | ation organized and operated<br>ly supported organizations of<br>through 12d that describes                                 | lescribed in <b>section 5</b>  | <b>09(a)(1)</b> or <b>se</b>          | ction 509(a)(2                      | ). See <b>section 509(</b> a                      |   |
| а      |          | <b>Type I.</b> A so  | supporting organization opera<br>n(s) the power to regularly a<br>Part IV, Sections A and B.                                | ated, supervised, or co  | ontrolled by its s                    | upported organiz                    | zation(s), typically by                           |   |
| b      |          | Type II. A<br>manageme   | supporting organization sup<br>nt of the supporting organiza<br>plete Part IV, Sections A a                                 | ervised or controlled i<br>ation vested in the sar   |                                       |                                     |   |   |
| С      |          | Type III f   | unctionally integrated. A sorganization(s) (see instructi   | supporting organizatio   |                                       |                                     |   | ted with, its                                   |
| d      |          | Type III n   | on-functionally integrated integrated. The organization in You must complete Par  | d. A supporting organi<br>n generally must satis   | ization operated<br>fy a distribution | in connection wi<br>requirement and | th its supported orgar                            |   |
| e      |          | Check this   | box if the organization receiver Type III non-functionally  | ved a written determir   | nation from the I                     |                                     | pe I, Type II, Type II                            | I functionally                                  |
| f      | Enter    |  |   |  | -                                     |                                     | <u> </u>  |   |
| g      | Provi    | de the follow  | ing information about the su  | pported organization(  | s).                                   |                                     |   |   |
|        | (i) N    | Name of supported of the second of the secon |   | (iii) Type of<br>organization<br>(described on lines<br>1- 10 above (see<br>instructions)) |                                       | anization listed<br>ing document?   | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|        |          |  |   |  | Yes                                   | No                                  |   |   |
|        |          |  |   |  |                                       |                                     |   |   |
|        |          |  |   |  |                                       |                                     |   |   |
| Tota   |          |  | tion Act Notice, see the Ir   |  | Cat. No. 11285                        |                                     | Schedule A (Form 9                                |   |

| Sch         | edule A (Form 990 or 990-EZ) 2019   |                            |  |  |  |  | Page <b>2</b>   |
|-------------|---|----------------------------|--|--|--|--|-----------------|
| P           | art II Support Schedule for   | Organizations              | Described in S                         | Sections 170(b                         | )(1)(A)(iv) ar                                   | nd 170(b)(1)(A                         | (vi)            |
|             | (Complete only if you ch  |                            |  |  |  |  | under Part III. |
|             | If the organization failed  | to qualify unde            | r the tests listed                     | below, please                          | complete Part I                                  | II.)                                   |                 |
|             | ection A. Public Support  Calendar year                                       |                            | I                                      |  |  |  |                 |
|             | (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 grant.")               |                            |  |  |  |  |                 |
| 2           | Tax revenues levied for the   |                            |  |  |  |  |                 |
| _           | organization's benefit and either paid  |                            |  |  |  |  |                 |
| _           | to or expended on its behalf The value of services or facilities              |                            |  |  |  |  |                 |
| 3           | furnished by a governmental unit to   |                            |  |  |  |  |                 |
|             | the organization without charge   |                            |  |  |  |  |                 |
| 4           | <b>Total.</b> Add lines 1 through 3   |                            |  |  |  |  |                 |
| 5           | The portion of total contributions by each person (other than a               |                            |  |  |  |  |                 |
|             | governmental unit or publicly   |                            |  |  |  |  |                 |
|             | supported organization) included on   |                            |  |  |  |  |                 |
|             | line 1 that exceeds 2% of the amount shown on line 11, column (f).            |                            |  |  |  |  |                 |
| 6           | Public support. Subtract line 5 from  |                            |  |  |  |  |                 |
|             | line 4.   |                            |  |  |  |  |                 |
| <u>s</u>    | ection B. Total Support   |                            | T                                      |  | 1  | T                                      |                 |
|             | Calendar year<br>(or fiscal year beginning in) ▶                              | (a) 2015                   | <b>(b)</b> 2016                        | (c) 2017                               | (d) 2018   | (e) 2019                               | (f) Total       |
| 7           | Amounts from line 4   |                            |  |  |  |  |                 |
| 8           | Gross income from interest,   |                            |  |  |  |  |                 |
|             | dividends, payments received on<br>securities loans, rents, royalties and     |                            |  |  |  |  |                 |
|             | income from similar sources   |                            |  |  |  |  |                 |
| 9           | Net income from unrelated business  |                            |  |  |  |  |                 |
|             | activities, whether or not the  |                            |  |  |  |  |                 |
| 10          | business is regularly carried on Other income. Do not include gain or         |                            |  |  |  |  | -               |
|             | loss from the sale of capital assets  |                            |  |  |  |  |                 |
|             | (Explain in Part VI.).  |                            |  |  |  |  |                 |
| 11          | <b>Total support.</b> Add lines 7 through 10                                  |                            |  |  |  |  |                 |
| 12          | Gross receipts from related activities,                                       | etc. (see instruction      | ons)                                   |  |  | 12                                     |                 |
| 13          | First five years. If the Form 990 is for                                      | or the organization        | 's first, second, th                   | ird, fourth, or fifth                  | n tax year as a sec                              | tion 501(c)(3) org                     | anization,      |
|             | check this box and <b>stop here</b>   |                            |  |  |  | ▶ [                                    |                 |
| S           | ection C. Computation of Publi  |                            |  |  |  |  |                 |
| 14          | Public support percentage for 2019 (li  | ne 6, column (f) di        | vided by line 11,                      | column (f))                            |  | 14                                     | -               |
| 15          | Public support percentage for 2018 Sc   | hedule A, Part II,         | line 14                                |  |  | 15                                     |                 |
| 16a         | <b>33 1/3% support test—2019.</b> If the                                      |                            |  |  |  |  |                 |
|             | and <b>stop here.</b> The organization qual                                   | ifies as a publicly s      | supported organiza                     | ation                                  |  |  | ▶□              |
| b           | <b>33 1/3% support test—2018.</b> If th                                       | e organization did         | not check a box o                      | on line 13 or 16a,                     | and line 15 is 33 i                              | 1/3% or more, chec                     | k this          |
|             | box and <b>stop here.</b> The organization                                    | qualifies as a pub         | licly supported or                     | ganization                             |  |  | ▶ 🗆             |
| <b>17</b> a | 10%-facts-and-circumstances tes   | t— <b>2019.</b> If the org | ganization did not                     | check a box on lin                     | ne 13, 16a, or 16b                               | , and line 14                          |                 |
|             | is 10% or more, and if the organization in Part VI how the organization meets | n meets the facts          | -and-circumstanci<br>cumstances" test. | es test, check thi<br>The organization | s box and <b>stop n</b> e<br>qualifies as a publ | e <b>re.</b> Explain<br>icly supported |                 |
|             | organization  |                            |  | -                                      |  |  | ►□              |
| h           | 10%-facts-and-circumstances tes   | st— <b>2018.</b> If the o  | rganization did no                     | t check a box on I                     | ine 13, 16a, 16b,                                | or 17a, and line                       |                 |
| _           | 15 is 10% or more, and if the organiz   | zation meets the "i        | facts-and-circums                      | tances" test, chec                     | k this box and <b>sto</b>                        | p here.                                |                 |
|             | Explain in Part VI how the organization                                       |                            |  | -                                      |  | • •                                    | . $\Box$        |
| _           | supported organization  |                            | haven 15 40-4                          | C- 10b 47 4                            | 76   |  | ▶⊔              |
| 18          | _   |                            |  |  |  |  | . □             |
|             | instructions  |                            | <u> </u>                               |  | - Cabadu   | lo A (Form 000 o                       | ▶ ⊔             |

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| P                          | art IIII Support Schedule for   |   |  |   |                                |   |                                 |
|----------------------------|---|---|--|---|--------------------------------|---|---------------------------------|
|                            | (Complete only if you o   |   |  |   |                                | to qualify under                          | Part II. If                     |
|                            | the organization fails to ection A. Public Support  | quality under t   | ne tests listed b  | elow, please col                                  | mpiete Part II.)               |   |                                 |
|                            | Calendar year   | ( ) 2045  | (1) 2016   | ( ) 2047  | ( I) 2010                      | ( ) 2010                                  |                                 |
|                            | (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   | 209,000   | 241,324  | 1 800 015   | 1,349,139                      | 1,278,804                                 | 4,887,28                        |
|                            | include any "unusual grants.") .  | 209,000   | 241,324  | 1,809,015   | 1,349,139                      | 1,270,004                                 | 4,007,20                        |
| 2                          | Gross receipts from admissions,   |   |  |   |                                |   |                                 |
|                            | merchandise sold or services  | E 021 ECE   | E 174 C4E  | E 355 060   | 4 447 250                      | 2.026.724                                 | 22.026.27                       |
|                            | performed, or facilities furnished in any activity that is related to the   | 5,031,565   | 5,174,645  | 5,355,969   | 4,447,359                      | 3,026,734                                 | 23,036,27                       |
|                            | organization's tax-exempt purpose   |   |  |   |                                |   |                                 |
| 3                          | Gross receipts from activities that   |   |  |   |                                |   |                                 |
|                            | are not an unrelated trade or business under section 513  |   |  |   |                                |   |                                 |
|                            |   |   |  |   |                                |   |                                 |
| 4                          | Tax revenues levied for the   |   |  |   |                                |   |                                 |
|                            | organization's benefit and either   |   |  |   |                                |   |                                 |
|                            | paid to or expended on its behalf   |   |  |   |                                |   |                                 |
| 5                          | The value of services or facilities   |   |  |   |                                |   |                                 |
|                            | furnished by a governmental unit to   |   |  |   |                                |   |                                 |
| 6                          | the organization without charge <b>Total.</b> Add lines 1 through 5   | 5,240,565   | 5,415,969  | 7,164,984   | 5,796,498                      | 4,305,538                                 | 27,923,55                       |
|                            | Amounts included on lines 1, 2, and   | 3,240,303   | 3,413,505  | 7,104,504   | 3,730,430                      | 4,303,330                                 | 27,323,33                       |
|                            | 3 received from disqualified persons  |   |  |   |                                |   |                                 |
| b                          | Amounts included on lines 2 and 3   |   |  |   |                                |   |                                 |
|                            | received from other than disqualified persons that exceed the greater of  |   |  |   |                                |   | í                               |
|                            | \$5,000 or 1% of the amount on line   |   |  |   |                                |   |                                 |
|                            | 13 for the year.  |   |  |   |                                |   |                                 |
|                            | Add lines 7a and 7b <b>Public support.</b> (Subtract line 7c  |   |  |   |                                |   |                                 |
| 8                          | from line 6.)   |   |  |   |                                |   | 27,923,55                       |
| Se                         | ection B. Total Support   | <u>'</u>  | •  | •   | <u> </u>                       |   |                                 |
|                            | Calendar year   | (a) 2015  | <b>(b)</b> 2016  | (c) 2017  | (d) 2018                       | (e) 2019                                  | (f) Total                       |
| 9                          | (or fiscal year beginning in) ▶   | . ,   | 5,415,969  | 7,164,984   | 5,796,498                      | ` '                                       | 27,923,55                       |
| 9<br>10a                   | Amounts from line 6 Gross income from interest,   | 5,240,565   | 5,415,969  | 7,164,964   | 3,796,496                      | 4,305,538                                 | 27,923,55                       |
| IUa                        | dividends, payments received on   |   |  |   |                                |   |                                 |
|                            | securities loans, rents, royalties  | 1,665,669   | 1,869,018  | 1,959,046   | 2,151,121                      | 2,145,216                                 | 9,790,07                        |
|                            | and income from similar sources   |   |  |   |                                |   |                                 |
| b                          | Unrelated business taxable income   |   |  |   |                                |   |                                 |
|                            | (less section 511 taxes) from   |   |  |   |                                |   |                                 |
|                            | businesses acquired after June 30, 1975.  |   |  |   |                                |   |                                 |
| c                          | Add lines 10a and 10b.  | 1,665,669   | 1,869,018  | 1,959,046   | 2,151,121                      | 2,145,216                                 | 9,790,07                        |
| 11                         |   |   |  |   |                                |   |                                 |
|                            | activities not included in line 10b,  |   |  |   |                                |   |                                 |
|                            | whether or not the business is regularly carried on.  |   |  |   |                                |   |                                 |
|                            |   |   |  |   |                                |   |                                 |
| 12                         |   |   |  |   |                                |   |                                 |
| 12                         | Other income. Do not include gain or loss from the sale of capital  | 10,298  | 13,215   | 5,152   | 7,888                          | 290,238                                   | 326,79                          |
|                            | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   | •   | ,  |   | ,                              | ,   |                                 |
| 12<br>13                   | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.).   | 6,916,532   | 7,298,202  | 9,129,182   | 7,955,507                      | 6,740,992                                 | 38,040,41                       |
|                            | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c,   | 6,916,532   | 7,298,202  | 9,129,182   | 7,955,507                      | 6,740,992                                 | 38,040,41                       |
| 13                         | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.).   | 6,916,532<br>or the organization  | 7,298,202<br>'s first, second, th  | 9,129,182<br>ird, fourth, or fifth                | 7,955,507<br>tax year as a sec | 6,740,992<br>ction 501(c)(3) orga         | 38,040,41                       |
| 13<br>14                   | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .  Total support. (Add lines 9, 10c, 11, and 12.).  First five years. If the Form 990 is for check this box and stop here   | 6,916,532 If the organization   | 7,298,202<br>'s first, second, th<br>  | 9,129,182<br>ird, fourth, or fifth                | 7,955,507<br>tax year as a sec | 6,740,992<br>ction 501(c)(3) orga         | 38,040,41                       |
| 13<br>14                   | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .  Total support. (Add lines 9, 10c, 11, and 12.).  First five years. If the Form 990 is for check this box and stop here.  ection C. Computation of Public  Public support percentage for 2019 (line   | 6,916,532<br>or the organization<br>  | 7,298,202 's first, second, th   | 9,129,182<br>ird, fourth, or fifth                | 7,955,507<br>tax year as a sec | 6,740,992<br>ction 501(c)(3) orga         | 38,040,41                       |
| 13<br>14                   | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .  Total support. (Add lines 9, 10c, 11, and 12.).  First five years. If the Form 990 is for check this box and stop here   | 6,916,532<br>or the organization<br>  | 7,298,202 's first, second, th   | 9,129,182<br>ird, fourth, or fifth                | 7,955,507<br>tax year as a sec | 6,740,992<br>ttion 501(c)(3) org.         | 38,040,41:<br>anization,<br>▶ □ |
| 13<br>14<br>Se<br>15<br>16 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .  Total support. (Add lines 9, 10c, 11, and 12.).  First five years. If the Form 990 is for check this box and stop here   | 6,916,532 In the organization Support Perce the 8, column (f) di Schedule A, Part II ment Income                    | 7,298,202 's first, second, th   | 9,129,182<br>ird, fourth, or fifth<br>            | 7,955,507<br>tax year as a sec | 6,740,992<br>tion 501(c)(3) org.          | 38,040,41<br>anization,<br>▶ □  |
| 13<br>14<br>Se<br>15<br>16 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .  Total support. (Add lines 9, 10c, 11, and 12.).  First five years. If the Form 990 is for check this box and stop here.  Public support percentage for 2019 (ling Public support percentage from 2018 Section D. Computation of Invest Investment income percentage for 20 | 6,916,532 In the organization Support Perce le 8, column (f) di Schedule A, Part II ment Income 19 (line 10c, colum | 7,298,202 's first, second, th  ntage vided by line 13, of I, line 15  Percentage nn (f) divided by line | 9,129,182<br>ird, fourth, or fifth<br>column (f)) | 7,955,507 tax year as a sec    | 6,740,992<br>tion 501(c)(3) org.          | 38,040,41<br>anization,<br>▶ □  |
| 13 14 Se 15 16 Se 17 18    | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .  Total support. (Add lines 9, 10c, 11, and 12.).  First five years. If the Form 990 is for check this box and stop here   | 6,916,532 or the organization   | 7,298,202 's first, second, th   | 9,129,182 ird, fourth, or fifth column (f))       | 7,955,507 tax year as a sec    | 6,740,992<br>ttion 501(c)(3) org.  15  16 | 38,040,41: anization,           |

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

6

7

8

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, |   |
|---|---|---|
|   | describe the designation. If historic and continuing relationship, explain.   | 1 |

Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described

in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

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

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support

3с

10b

Schedule A (Form 990 or 990-EZ) 2019

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and 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

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 5a amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

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 Part VI. 6

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

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

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8

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

provide detail in Part VI.

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

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

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

9b 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 Part VI. 9c

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

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

|    | edule A (101111 330 01 330 E2) 2013  |        |         | age 3 |
|----|--|--------|---------|-------|
| Pa | rt IV Supporting Organizations (continued)   |        |         |       |
| _  |  |        | Yes     | No    |
|    | 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) below, the governing body of a supported organization?  |        |         |       |
|    |  | 11a    |         |       |
|    | 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 <b>Part VI</b> .  | 11c    |         |       |
| S  | ection B. Type I Supporting Organizations  |        |         |       |
|    |  |        | Yes     | No    |
| 1  | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1      |         |       |
| 2  | Did the organization operate for the henefit of any supported organization other than the supported organization(s) that   | -      |         |       |
| 2  | d the organization operate for the benefit of any supported organization other than the supported organization(s) that erated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit rried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting  |        |         |       |
|    | organization.  | 2      |         |       |
| S  | ection C. Type II Supporting Organizations   |        |         |       |
| _  |  |        | Yes     | No    |
| 1  | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of  |        |         |       |
|    | each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the   | 1      |         |       |
|    | supporting organization was vested in the same persons that controlled or managed the supported organization(s).   |        |         |       |
| S  | ection 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?  | 1      |         |       |
| 2  | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).  |        |         |       |
| _  |  | 2      |         |       |
| 3  | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax  |        |         |       |
|    | year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.  | 3      |         |       |
| S  | ection E. Type III Functionally-Integrated Supporting Organizations  |        |         |       |
| 1  | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)  | ions): |         |       |
|    | The organization satisfied the Activities Test. Complete line 2 below.   |        |         |       |
|    | b  |        |         |       |
| •  | The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see  | instru | ctions) |       |
| 2  | Activities Test. Answer (a) and (b) below.   | ſ      | Yes     | No    |
| •  | a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.   | 2a     |         |       |
| ı  | 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 Part VI 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  | Parent of Supported Organizations. Answer (a) and (b) below.   |        |         |       |
| •  | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .   | 3a     |         |       |
|    | <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.  | 3h     |         |       |

3b

| 1 | Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying true.   |            |                | . Part VIV See                |
|---|--|------------|----------------|-------------------------------|
|   | Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization                                  |            |                |                               |
|   | Section A - Adjusted Net Income  |            | (A) Prior Year | (B) Current Yea<br>(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 Yea<br>(optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  | 1          |                |                               |
| а | Average monthly value of securities  | 1a         |                |                               |
| b | Average monthly cash balances  | <b>1</b> b |                |                               |
| C | Fair market value of other non-exempt-use assets   | 1c         |                |                               |
| d | Total (add lines 1a, 1b, and 1c)   | 1d         |                |                               |
| e | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):  |            |                |                               |
| 2 | Acquisition indebtedness applicable to non-exempt use assets   | 2          |                |                               |
| 3 | Subtract line 2 from line 1d   | 3          |                |                               |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).  | 4          |                |                               |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5          |                |                               |
| 6 | Multiply line 5 by .035  | 6          |                |                               |
| 7 | Recoveries of prior-year distributions   | 7          |                |                               |
| 8 | Minimum Asset Amount (add line 7 to line 6)  | 8          |                |                               |
|   | Section C - Distributable Amount   |            |                | Current Year                  |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A)  | 1          |                |                               |
| 2 | Enter 85% of line 1  | 2          |                |                               |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A)   | 3          |                |                               |
| 4 | Enter greater of line 2 or line 3  | 4          |                |                               |
| 5 | Income tax imposed in prior year   | 5          |                |                               |
| 6 | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | 6          |                |                               |

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

| _6 | Other distributions (describe in <b>Part VI</b> ). See instruction                                     | ns                              |  |   |
|----|--|---------------------------------|--|---|
| 7  | <b>Total annual distributions.</b> Add lines 1 through 6.  |                                 |  |   |
| 8  | Distributions to attentive supported organizations to wh details in <b>Part VI</b> ). See instructions | ich the organization is respons | sive (provide                          |   |
| 9  | Distributable amount for 2019 from Section C, line 6   |                                 |  |   |
| 10 | Line 8 amount divided by Line 9 amount   |                                 |  |   |
|    | Section E - Distribution Allocations (see instructions)  | (i)<br>Excess Distributions     | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |

| o∨ide                                |   |
|--------------------------------------|---|
|                                      |   |
|                                      |   |
|                                      |   |
| (ii)<br>derdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
| derdistributions                     | Distributable                             |
| 0                                    | vide                                      |

| 8 Distributions to attentive supported organizations to widetails in <b>Part VI</b> ). See instructions                         |                             |  |   |
|---|-----------------------------|--|---|
| 9 Distributable amount for 2019 from Section C, line 6  |                             |  |   |
| 10 Line 8 amount divided by Line 9 amount   |                             |  |   |
| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>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 <b>Part VI</b> ). See instructions. |                             |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2019:   |                             |  |   |
| a From 2014   |                             |  |   |
| <b>b</b> From 2015  |                             |  |   |
| c From 2016   |                             |  |   |
| <b>d</b> From 2017  |                             |  |   |
|   |                             |  |   |

e From 2018. . . . . . f Total of lines 3a through e

instructions)

See instructions.

e Excess from 2019. . . . .

\$

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015. . . . .

**b** Excess from 2016. . . . . c Excess from 2017. . . . . **d** Excess from 2018. . . . .

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

## **Additional Data**

### Software ID: Software Version:

**EIN:** 53-0200001

Name: AMERICAN POLITICAL SCIENCE ASSOCIATION

Page 8

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

Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

# Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

DLN: 93493228029651

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

►Complete if the organization is described below. ►Attach to Form 990 or Form 990-EZ. ►Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

Swered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities) rganizations: Complete Parts I-A and B. Do not complete Part I-C.

| • S<br>• S<br>• S<br>f the<br>• S<br>• S<br>f the | ection 501(c)(3) organizations: Cor<br>Section 501(c) (other than section 5<br>Section 527 organizations: Complet<br>organization answered "Yes" or<br>Section 501(c)(3) organizations that<br>Section 501(c)(3) organizations that | n Form 990, Part IV, Line 4, or Form 99<br>t have filed Form 5768 (election under so<br>t have NOT filed Form 5768 (election un<br>n Form 990, Part IV, Line 5 (Proxy Tax  | Part I-C.<br>I-A and C below.<br>90-EZ, Part VI, Iin<br>ection 501(h)): Co<br>der section 501(h | Do not complete Part I-B.  e 47 (Lobbying Activities mplete Part II-A. Do not co )): Complete Part II-B. Do | s), then<br>omplete Part II-B.<br>not complete Part II-A.  |
|---|---|--|---|---|--|
|   | Section 501(c)(4), (5), or (6) organize   |  |   |   |  |
|   | ne of the organization<br>RICAN POLITICAL SCIENCE ASSOCIATIO  | ON .   |   | <b>Employer ider</b> 53-0200001   | ntification number   |
| Par   | t I-A Complete if the orga  | nization is exempt under section   | n 501(c) or is  | a section 527 organi  | zation.  |
| 1   | Provide a description of the organ "political campaign activities")   | ization's direct and indirect political cam  | paign activities in   | Part IV (see instructions   | for definition of  |
| 2   | Political campaign activity expend  | litures (see instructions)   |   | <b>&gt;</b>   | \$   |
| 3   |   | aign activities (see instructions)   |   |   |  |
| Par   | I_B Complete if the orga  | nization is exempt under sectio  | n 501(c)(3).  |   |  |
| 1   | Enter the amount of any excise ta   | ax incurred by the organization under se   | ction 4955  | <b>&gt;</b>   | \$   |
| 2   | Enter the amount of any excise ta   | ax incurred by organization managers ur  | der section 4955  | <b>&gt;</b>   | \$   |
| 3   | If the organization incurred a sect   | tion 4955 tax, did it file Form 4720 for t   | his year?   |   | ☐ Yes ☐ No   |
| 4a  | Was a correction made?  |  |   |   | ☐ Yes ☐ No   |
| b   | If "Yes," describe in Part IV.  | nization is exempt under section   | = F01/a) avec   | mt costion E01(c)(2)  |  |
|   |   | <u> </u>   |   |   |  |
| 1<br>2  | Enter the amount of the filing org  | ed by the filing organization for section<br>anization's funds contributed to other or   | ganizations for se  | ction 527 exempt  | \$   |
|   |   |  |   |   | <b>&gt;</b>  |
| 3   | ·   | es. Add lines 1 and 2. Enter here and on   |   |   | \$   |
| 4   | Did the filing organization file <b>For</b>   | m 1120-POL for this year?  |   |   | ☐ Yes ☐ No   |
| 5   | organization made payments. For of political contributions received   | employer identification number (EIN) of<br>each organization listed, enter the amo<br>that were promptly and directly delivere<br>ee (PAC). If additional space is needed, | unt paid from the<br>ed to a separate p   | filing organization's funds<br>olitical organization, such  | s. Also enter the amount   |
|   | (a) Name  | (b) Address  | (c) EIN   | (d) Amount paid from filing organization's funds. If none, enter -0   | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 |
| 1   |   |  |   |   |  |
| 2   |   |  |   |   |  |
| 3   |   |  |   |   |  |
| 1   |   |  |   |   |  |
| 5   |   |  |   |   |  |
| 5   |   |  |   |   |  |

18,730

118,192

6.000

126,093

30.167

137,883

81,000

129,816

Schedule C (Form 990 or 990-EZ) 2019

135,897

511,984

767,976

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

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

Grassroots lobbying expenditures

Return Reference

| For e         | ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying  | (  | a)          | (b)                           | )   |
|---------------|---|--|-------------|-------------------------------|-----|
| ctivi         |   | Yes   No                                     |             | Amou                          | ınt |
| 1             | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:   |  |             |                               |     |
| а             | Volunteers?   |  |             |                               |     |
| b             | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  |  |             |                               |     |
| С             | Media advertisements?   |  |             |                               |     |
| d             | Mailings to members, legislators, or the public?  |  |             |                               |     |
| e             | Publications, or published or broadcast statements?   |  |             |                               |     |
| f             | Grants to other organizations for lobbying purposes?  |  |             |                               |     |
| g             | Direct contact with legislators, their staffs, government officials, or a legislative body?   |  |             |                               |     |
| h             | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?   |  |             |                               |     |
| i             | Other activities?   |  |             |                               |     |
| j             | Total. Add lines 1c through 1i  |  |             |                               |     |
| a             | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?   |  |             |                               |     |
| b             | If "Yes," enter the amount of any tax incurred under section 4912   |  |             |                               |     |
| С             | If "Yes," enter the amount of any tax incurred by organization managers under section 4912  |  |             |                               |     |
|               | 76 H = 61   |  |             |                               |     |
| d             | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  |  |             |                               |     |
|               | t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)  | (5), o                                       | r secti     | on                            |     |
|               | ,   | (5), o                                       | r secti     |                               | . N |
| ar            | t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).   |  | r secti     | Yes                           | s N |
| ar            | Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?   |  | r secti     | Yes                           | i N |
| ar            | Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  |  | E           | Yes                           | s N |
| Par           | Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?   |  | <br>[       | Yes 1 2 3                     |     |
| ar            | Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  | <br>(5), o                                   | <br>r secti | Yes<br>1<br>2<br>3<br>on 501( |     |
| ar            | Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  tiii-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part  | <br>(5), o                                   | <br>r secti | Yes<br>1<br>2<br>3<br>on 501( |     |
| ar            | Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  **TIII-B** Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  | (5), o                                       | <br>r secti | Yes<br>1<br>2<br>3<br>on 501( |     |
| ar            | Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  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).  Current year  | (5), o<br>III-A                              | <br>r secti | Yes<br>1<br>2<br>3<br>on 501( |     |
| ar<br>ar<br>b | Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  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).  Current year  Carryover from last year  | (5), o<br>III-A<br>1<br>2a<br>2b             | <br>r secti | Yes<br>1<br>2<br>3<br>on 501( |     |
| ar<br>ar<br>b | Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  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).  Current year  Carryover from last year  Total   | (5), o<br>III-A<br>1<br>2a<br>2b<br>2c       | <br>r secti | Yes<br>1<br>2<br>3<br>on 501( |     |
| ar<br>ar<br>b | Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  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).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .   | (5), o<br>III-A<br>1<br>2a<br>2b             | <br>r secti | Yes<br>1<br>2<br>3<br>on 501( |     |
| Par           | Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  LIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  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).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political | (5), o<br>IIII-A<br>1<br>2a<br>2b<br>2c<br>3 | <br>r secti | Yes<br>1<br>2<br>3<br>on 501( |     |
| ar<br>ar<br>b | Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  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).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does   | (5), o<br>III-A<br>1<br>2a<br>2b<br>2c       | <br>r secti | Yes<br>1<br>2<br>3<br>on 501( |     |

Explanation

DLN: 93493228029651

OMB No. 1545-0047

### **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.

2019

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

Open to Public

| Na         | me of the organization RICAN POLITICAL SCIENCE ASSOCIATION   |                     |                  |                       | Emp      | oloyer identificati                   | on number      |
|------------|--|---------------------|------------------|-----------------------|----------|---------------------------------------|----------------|
| AITIL      |  |                     | 200001           |                       |          |                                       |                |
| Pa         | rt I Organizations Maintaining Donor Advi<br>Complete if the organization answered "Ye   |                     |                  |                       | or Acc   | counts.                               |                |
|            | complete if the organization answered Te   |                     | -                | sed funds             |          | (b) Funds and oth                     | er accounts    |
| 1          | Total number at end of year  | , ,                 |                  |                       |          | • •                                   |                |
| 2          | Aggregate value of contributions to (during year)  |                     |                  |                       |          |                                       |                |
| 3          | Aggregate value of grants from (during year)   |                     |                  |                       |          |                                       |                |
| 4          | Aggregate value at end of year   |                     |                  |                       |          |                                       |                |
| 5          | Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex  |                     |                  |                       |          |                                       | ☐ Yes ☐ No     |
| 6          | Did the organization inform all grantees, donors, and do<br>charitable purposes and not for the benefit of the donor<br>private benefit?   | or donor advisor,   | , or for a       | any other purpose o   |          |                                       | ☐ Yes ☐ No     |
| Pa         | Conservation Easements.  |                     |                  |                       |          |                                       |                |
|            | Complete if the organization answered "Ye  |                     |                  |                       |          |                                       |                |
| 1          | Purpose(s) of conservation easements held by the organ   | •                   | l that ap        |                       |          |                                       |                |
|            | Preservation of land for public use (e.g., recreation  | n or education)     |                  |                       |          | ically important lar                  |                |
|            | ☐ Protection of natural habitat  |                     | <b>✓</b>         | Preservation of a d   | certifie | d historic structure                  |                |
|            | ☐ Preservation of open space   |                     |                  |                       |          |                                       |                |
| 2          | Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.  | qualified conserva  | ation co         | ntribution in the for | rm of a  | conservation  Held at the En          | d of the Vear  |
| а          | Total number of conservation easements   |                     |                  |                       | 2a       | Held at the Lif                       | 1              |
| b          | Total acreage restricted by conservation easements   |                     |                  |                       | 2b       |                                       |                |
| С          | Number of conservation easements on a certified histori  | c structure includ  | ed in (a         | )                     | 2c       |                                       | 1              |
| d          | Number of conservation easements included in (c) acqui   | ired after 7/25/06  | , and n          | ot on a historic      | 2d       |                                       |                |
| 3          | structure listed in the National Register Number of conservation easements modified, transferre tax year ▶   | ed, released, extin | guished          | , or terminated by    | the or   | ganization during t                   | ne             |
| 4          | Number of states where property subject to conservation  | on easement is loc  | ated <b>&gt;</b> |                       |          | 1                                     |                |
| 5          | Does the organization have a written policy regarding the  |                     |                  |                       | of viola | —<br>ations,                          |                |
|            | and enforcement of the conservation easements it holds   |                     |                  |                       |          | Yes                                   |                |
| 6          | Staff and volunteer hours devoted to monitoring, inspect  2.00   | cting, handling of  | violatio         | ns, and enforcing co  | onserv   | ation easements du                    | iring the year |
| 7          | Amount of expenses incurred in monitoring, inspecting,   \$\rightarrow\$\$   | handling of violat  | ions, ar         | nd enforcing conser   | vation   | easements during                      | the year       |
| 8          | Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?  |                     |                  |                       | 70(h)(   | 4)(B)(i) ☐ <b>Yes</b>                 | □ No           |
| 9          | In Part XIII, describe how the organization reports cons<br>balance sheet, and include, if applicable, the text of the<br>the organization's accounting for conservation easemen | footnote to the o   |                  |                       |          | atement, and                          |                |
| Par        | t III Organizations Maintaining Collections Complete if the organization answered "Ye  | of Art, Histori     |                  |                       | er Si    | milar Assets.                         |                |
| <b>1</b> a | If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar | public exhibition,  | educati          | on, or research in f  |          |                                       |                |
| b          | If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items:                    | .6 (ASC 958), to r  | eport in         | its revenue statem    |          |                                       |                |
| (          | i) Revenue included on Form 990, Part VIII, line 1   |                     |                  |                       |          | <b>▶</b> \$                           |                |
|            | i)Assets included in Form 990, Part X  |                     |                  |                       |          |                                       |                |
| 2          | If the organization received or held works of art, historic following amounts required to be reported under SFAS   |                     |                  |                       | ncial g  | ain, provide the                      |                |
| а          | Revenue included on Form 990, Part VIII, line 1  |                     |                  |                       |          | . <b>&gt;</b> \$                      |                |
| b          | Assets included in Form 990, Part X  |                     |                  |                       |          |                                       |                |
|            | 7.55ccs meladed in Form 550, Fare X  |                     |                  |                       |          | · · · · · · · · · · · · · · · · · · · |                |

d Equipment .

| Par        | t III | Organizations M   | aintaining Colle                        | ections of Art, Hi     | stori         | cal Tı   | reasi        | ures, or         | Other S        | Similar As    | ssets (c   | ontinued)           |
|------------|-------|---|---|------------------------|---------------|----------|--------------|------------------|----------------|---------------|------------|---------------------|
| 3          |       | ng the organization's acq<br>ns (check all that apply):   |   | and other records, o   | heck a        | any of   | the fo       | ollowing t       | hat are a      | significant ι | ise of its | collection          |
| а          |       | Public exhibition   |   |                        | d             |          | Loan         | or excha         | ange progi     | rams          |            |                     |
| b          |       | Scholarly research  |   |                        | e             |          | Othe         | er               |                |               |            |                     |
| С          |       | Preservation for future                                   | e generations                           |                        |               |          |              |                  |                |               |            |                     |
| 4          |       | vide a description of the t XIII.                         | organization's colle                    | ections and explain ho | ow the        | y furtl  | her th       | e organiz        | ation's ex     | empt purpo    | se in      |                     |
| 5          |       | ring the year, did the org<br>ets to be sold to raise fur |   |                        |               |          |              |                  |                |               | ☐ Yes      | s 🗆 No              |
| Pa         | rt IV | Complete if the or X, line 21.                            | ganization answe                        | ered "Yes" on Form     |               |          |              |                  | · .            |               | ınt on Fo  | orm 990, Part       |
| 1a         |       | the organization an agent<br>luded on Form 990, Part      |   |                        |               |          |              |                  |                |               | ☐ Yes      | s 🗆 No              |
| b          | If "  | Yes," explain the arrange                                 | ement in Part XIII a                    | and complete the follo | owing         | table:   |              | [                |                | A             | mount      |                     |
| С          |       | ginning balance   |   | ·                      | _             |          |              | l                | 1c             |               |            |                     |
| d          |       | ditions during the year .                                 |   |                        |               |          |              |                  | 1d             |               |            |                     |
| е          |       | tributions during the year                                |   |                        |               |          |              | 1                | 1e             |               |            |                     |
| f          |       | ding balance  |   |                        |               |          |              |                  | 1f             |               |            |                     |
| 2a         | Did   | the organization include                                  | an amount on For                        | m 990. Part X. line 2: | 1. for        | escrow   | v or cu      | ،<br>ustodial a  | ccount lia     | bility?       | Пуе        |                     |
|            |       | Yes," explain the arrange                                 |   |                        |               |          |              |                  |                |               | _          |                     |
|            | rt V  |   |   | Check here it the exp  | ranaci        | 011 1142 | , beer       | Provide          | 4 111 1 41 6 7 |               |            |                     |
|            |       | Complete if the or  |   | ered "Yes" on Form     |               |          |              | ine 10.          |                |               |            |                     |
|            |       |   | -                                       | (a) Current year       | <b>(b)</b> P  | rior yea |              | <b>(c)</b> Two y |                | (d) Three yea |            | (e) Four years back |
|            | _     | nning of year balance .                                   |   | 18,747,961             |               | 18,439   |              | 1                | .6,819,323     | 15,           | 159,620    | 13,852,283          |
|            |       | ributions   |   | 469,164                |               | E04      | 835<br>5,588 |                  | 1,967,823      | າ             | 365,557    | 1,734,026           |
|            |       | nvestment earnings, gair                                  | ·                                       | 409,164                |               | 500      | 5,366        |                  | 1,907,023      | ۷,            | 363,337    | 1,734,026           |
|            |       | its or scholarships                                       | <u> </u>                                |                        |               |          |              |                  |                |               |            |                     |
|            | and   | er expenditures for faciliti<br>programs                  |   | 374,500                |               | 199      | 9,084        |                  | 347,524        |               | 705,854    | 426,689             |
| f          | Adm   | inistrative expenses .                                    |   |                        |               |          |              |                  |                |               |            |                     |
| g          | End   | of year balance   | [                                       | 18,842,625             |               | 18,747   | 7,961        | 1                | .8,439,622     | 16,           | 819,323    | 15,159,620          |
| 2          | Pro   | vide the estimated perce                                  | ntage of the currer                     | nt year end balance (  | line 1g       | g, colu  | mn (a        | ı)) held a       | s:             |               |            |                     |
| а          |       | ard designated or quasi-e                                 | *************************************** |                        |               |          |              |                  |                |               |            |                     |
| b          | Per   | manent endowment 🛌  | 26.540 %                                |                        |               |          |              |                  |                |               |            |                     |
| С          | Ter   | mporarily restricted endo                                 | wment ▶ 73.46                           | 50 %                   |               |          |              |                  |                |               |            |                     |
| <b>3</b> a |       | e percentages on lines 2a<br>there endowment funds        | •                                       | •                      | n that        | t are h  | eld ar       | nd admini        | istered for    | the           |            |                     |
|            | _     | anization by:   |   |                        |               |          |              |                  |                |               | -          | Yes No              |
|            |       | unrelated organizations                                   |   |                        |               | •        |              | • •              |                |               | 3a<br>3a   | <del></del>         |
| b          |       | related organizations    .<br>Yes" on 3a(ii), are the re  |   |                        | Sche          | dule R   | · ·          | • •              |                |               | 3          | <del>  </del>       |
| 4          |       | scribe in Part XIII the inte                              | =                                       | •                      |               |          | . •          |                  |                |               |            |                     |
|            | rt VI |   |   |                        |               |          |              |                  |                |               |            |                     |
|            |       | Complete if the or  |   |                        | 1 <u>9</u> 90 | , Part   | IV,          | ine 11a.         | See For        | m 990, Pa     | rt X, line | e 10.               |
|            | Des   | cription of property                                      | (a) Cost or othe<br>(investmen          |                        | r other       | basis (  | other)       | (c) Acc          | umulated de    | epreciation   | (c         | d) Book value       |
|            |       |   | (mivesurier                             | =/                     |               |          |              |                  |                |               |            |                     |
| <b>1</b> a | Land  |   |   |                        |               | 57       | 72,521       |                  |                |               |            | 572,521             |
| b          | Build | lings   |   |                        |               | 4,85     | 55,040       |                  |                | 2,414,189     |            | 2,440,851           |
| С          | Leas  | ehold improvements  |   |                        |               |          |              |                  |                |               |            |                     |

1,240,160

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

53,328

131,026

48,746

1,109,134

4,582

| (including name of security)  | (b)<br>Book<br>value |         | (c) Metho<br>Cost or end-of |                                |  |
|---|----------------------|---------|-----------------------------|--------------------------------|--|
| (1) Financial derivatives   |                      |         |                             |                                |  |
| (3)Other  |                      |         |                             |                                | _  |
| (A)   |                      |         |                             |                                |  |
| (B)   |                      |         |                             |                                | _  |
| (C)   |                      |         |                             |                                | _  |
| (D)   |                      |         |                             |                                |  |
| (E)   |                      |         |                             |                                |  |
| (F)   |                      |         |                             |                                |  |
| (G)   |                      |         |                             |                                | _  |
| (H)   |                      |         |                             |                                | _  |
|   | •                    |         |                             |                                |  |
| Part VIII Investments—Program Related.  Complete if the organization answered 'Yes' on Form 990,  | Part IV, I           | ine 11c | See Form 990,               | Part X                         | <br>, line 13.   |
| (a) Description of investment   | ·                    |         | (b) Book value              | (c)                            | Method of valuation:<br>or end-of-year market<br>value |
| (1)   |                      |         |                             |                                |  |
| (2)   |                      |         |                             |                                |  |
| (3)   |                      |         |                             |                                | _  |
| (4)   |                      |         |                             |                                |  |
| (5)   |                      |         |                             |                                |  |
| (6)   |                      |         |                             |                                |  |
| (7)   |                      |         |                             |                                |  |
| (8)   |                      |         |                             |                                | _  |
| (A)   |                      |         |                             | 1                              |  |
| (9)   |                      |         |                             |                                |  |
|   |                      | •       |                             |                                |  |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part IX  Other Assets.  Complete if the organization answered 'Yes' on Form 990, F   | Part IV, li          |         | . See Form 990, Pai         | t X, lin                       |  |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part IX  Other Assets.   | Part IV, li          |         | . See Form 990, Pai         | t X, lin                       | e 15. (b) Book value                                   |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, F  (a) Description   | Part IV, li          |         | . See Form 990, Par         | t X, lin                       |  |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, F  (a) Description  (1)  | Part IV, li          |         | . See Form 990, Par         | t X, lin                       |  |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, F  (a) Description  (1)  | Part IV, li          |         | . See Form 990, Pai         | t X, lin                       |  |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, F  (a) Description  (1)  (2)   | Part IV, li          |         | . See Form 990, Pai         | t X, lin                       |  |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, F  (a) Description  (1)  (2)  (3)  | Part IV, li          |         | . See Form 990, Pai         | t X, lin                       |  |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, F  (a) Description  (1)  (2)  (3)  (4)   | Part IV, li          |         | . See Form 990, Pai         | t X, lin                       |  |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, F  (a) Description  (1)  (2)  (3)  (4)  (5)  | Part IV, li          |         | . See Form 990, Par         | t X, lin                       |  |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, F  (a) Description  (1)  (2)  (3)  (4)  (5)  (6)  (7)  | Part IV, li          |         | . See Form 990, Par         | t X, lin                       |  |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, F  (a) Description  (1)  (2)  (3)  (4)  (5)  (6)   | Part IV, li          | ne 11d. | . See Form 990, Par         | t X, lin                       |  |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, F  (a) Description  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities.  |                      | ne 11d. |                             | <b>•</b>                       | (b) Book value   |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, F  (a) Description  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, F  |                      | ne 11d. |                             | 990, F                         | Part X, line 25.                                       |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, F  (a) Description  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F  1. (a) Description of liability   |                      | ne 11d. |                             | 990,                           | Part X, line 25.                                       |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, F  (a) Description  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F  1. (a) Description of liability  (1) Federal income taxes   |                      | ne 11d. |                             | 990, F<br>(b)                  | Part X, line 25.                                       |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, F  (a) Description  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F  1. (a) Description of liability  (1) Federal income taxes (2) FUNDS HELD FOR OTHERS (3) SUBTENANT DEPOSITS  |                      | ne 11d. |                             | 990, F<br>(b)<br>Book<br>value | Part X, line 25.                                       |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, F  (a) Description  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F  1. (a) Description of liability  (1) Federal income taxes (2) FUNDS HELD FOR OTHERS (3) SUBTENANT DEPOSITS (4) GAIN/LOSS ON SWAP                    |                      | ne 11d. |                             | 990, F<br>(b)<br>Book<br>value | Part X, line 25.                                       |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, F  (a) Description  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, F  |                      | ne 11d. |                             | 990, F<br>(b)<br>Book<br>value | Part X, line 25.                                       |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, F  (a) Description  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, F  1. (a) Description of liability  (1) Federal income taxes  (2) FUNDS HELD FOR OTHERS  (3) SUBTENANT DEPOSITS  (4) GAIN/LOSS ON SWAP  (5)          |                      | ne 11d. |                             | 990, F<br>(b)<br>Book<br>value | Part X, line 25.                                       |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, F  (a) Description  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, F  1. (a) Description of liability  (1) Federal income taxes (2) FUNDS HELD FOR OTHERS (3) SUBTENANT DEPOSITS (4) GAIN/LOSS ON SWAP (5)  (6)         |                      | ne 11d. |                             | 990, F<br>(b)<br>Book<br>value | Part X, line 25.                                       |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, F  (a) Description  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F  1. (a) Description of liability  (1) Federal income taxes (2) FUNDS HELD FOR OTHERS (3) SUBTENANT DEPOSITS (4) GAIN/LOSS ON SWAP (5)  (6)  (7)  (8) |                      | ne 11d. |                             | 990, F<br>(b)<br>Book<br>value | Part X, line 25.                                       |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, F  (a) Description  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F  1. (a) Description of liability  (1) Federal income taxes (2) FUNDS HELD FOR OTHERS (3) SUBTENANT DEPOSITS (4) GAIN/LOSS ON SWAP (5)  (6)  (7)  (8)  |                      | ne 11d. |                             | 990, F<br>(b)<br>Book<br>value | Part X, line 25.                                       |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, F  (a) Description  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F  1. (a) Description of liability  (1) Federal income taxes (2) FUNDS HELD FOR OTHERS (3) SUBTENANT DEPOSITS (4) GAIN/LOSS ON SWAP (5)  (6)  (7)  (8) |                      | ne 11d. | or 11f.See Form             | 990, F<br>(b)<br>Book<br>value | Part X, line 25.                                       |

Schedule D (Form 990) 2019

|       | Complete if the organize                        | zation answered 'Yes' on Form 990, Part  | : IV, li | ne 12a.   |           |                         |
|-------|---|--|----------|-----------|-----------|-------------------------|
| 1     | Total revenue, gains, and other su              | upport per audited financial statements  |          |           | 1         |                         |
| 2     | Amounts included on line 1 but no               | ot on Form 990, Part VIII, line 12:  |          |           |           |                         |
| а     | Net unrealized gains (losses) on in             | nvestments   | 2a       |           |           |                         |
| b     | Donated services and use of facilit             | ties   | 2b       |           |           |                         |
| c     | Recoveries of prior year grants .               |  | 2c       |           |           |                         |
| d     | Other (Describe in Part XIII.) .                |  | 2d       |           |           |                         |
| e     | Add lines 2a through 2d                         |  |          |           | 2e        |                         |
| 3     | Subtract line 2e from line 1                    |  |          |           | 3         |                         |
| 4     | Amounts included on Form 990, P                 | art VIII, line 12, but not on line 1:  |          |           |           |                         |
| а     | Investment expenses not included                | on Form 990, Part VIII, line 7b .  | 4a       |           |           |                         |
| b     | Other (Describe in Part XIII.) .                |  | 4b       |           |           |                         |
| c     | Add lines <b>4a</b> and <b>4b</b>               |  |          |           | 4c        |                         |
| 5     | Total revenue. Add lines 3 and 4c               | . (This must equal Form 990, Part I, line 12.)   |          |           | 5         |                         |
| Par   |   | penses per Audited Financial Statem  |          | •         | Retur     | n.                      |
|       | •   | zation answered 'Yes' on Form 990, Part  |          |           | 1 .       |                         |
| 1     | •   | lited financial statements   |          |           | 1         |                         |
| 2     | Amounts included on line 1 but no               | , ,  |          | 1         |           |                         |
| а     |   | cies   | 2a       |           |           |                         |
| b     | Prior year adjustments                          |  | 2b       |           | _         |                         |
| С     | Other losses                                    |  | 2c       |           |           |                         |
| d     | Other (Describe in Part XIII.) .                |  | 2d       |           | ]         |                         |
| е     | Add lines 2a through 2d                         |  |          |           | 2e        |                         |
| 3     | Subtract line <b>2e</b> from line <b>1</b>      |  |          |           | 3         |                         |
| 4     | Amounts included on Form 990, P                 | art IX, line 25, but not on line 1:  |          |           |           |                         |
| а     | Investment expenses not included                | l on Form 990, Part VIII, line 7b 🔒 🔒  | 4a       |           |           |                         |
| b     | Other (Describe in Part XIII.) .                |  | 4b       |           |           |                         |
| C     | Add lines 4a and 4b                             |  |          |           | 4c        |                         |
| 5     | Total expenses. Add lines <b>3</b> and <b>4</b> | c. (This must equal Form 990, Part I, line 18.   | .)       |           | 5         |                         |
| Pai   | t XIII Supplemental Info                        | rmation  |          |           |           |                         |
|       |   | art II, lines 3, 5, and 9; Part III, lines 1a and a<br>2d and 4b. Also complete this part to provide |          |           | t V, line | 4; Part X, line 2; Part |
|       | Return Reference                                |  | Ex       | olanation |           |                         |
| See A | Additional Data Table                           |  |          |           |           |                         |
|       |   |  |          |           |           |                         |
|       |   |  |          |           |           |                         |
|       |   |  |          |           |           |                         |
|       |   |  |          |           |           |                         |
|       |   |  |          |           |           |                         |

Page 4

| chedule D (Form 990) 2019   | Page <b>5</b>        |
|-----------------------------|----------------------|
| Part XIII Supplemental Info | ormation (continued) |
| Return Reference            | Explanation          |
|                             |                      |
|                             |                      |
|                             |                      |
|                             |                      |
|                             |                      |
|                             |                      |
|                             |                      |
|                             |                      |

Schedule D (Form 990) 2019

### **Additional Data**

Software ID:

Software Version: EIN: 53-0200001

Name: AMEDICAN D

Name: AMERICAN POLITICAL SCIENCE ASSOCIATION

## Supplemental Information

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

| Supplemental Information |   |
|--------------------------|---|
| Return Reference         | Explanation   |
| ,                        | THE ENDOWMENT HOLDS FUNDS INTENDED FOR THE LONG-TERM SUPPORT AND GROWTH OF THE CONGRESSION AL FELLOWSHIP PROGRAM. THE PORTFOLIO IS OVERSEEN BY THE INVESTMENT COMMITTEE, UNDER GUIDEL INES ESTABLISHED IN AN AGREEMENT BETWEEN THE ASSOCIATION AND MCI CORPORATION. |

- -

| Supplemental Information |   |
|--------------------------|---|
| Return Reference         | Explanation   |
| PART X, LINE 2:          | APSA HAS A PROCESS IN PLACE TO ENSURE THE MAINTENANCE OF ITS EXEMPT-STATUS; TO IDENTIFY AN D REPORT UNRELATED BUSINESS INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDI CTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONS IDERED TAX POSITIONS. APSA HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. |

| SCHEDULE F   | State                               | ement of A                                      | Activities (   | Outside the Uni  | ited S         | tates   | OMB No. 1545-0047  |
|--|-------------------------------------|---|--|--|----------------|---|--|
| (Form 990)  Department of the Treasury             | ► Comp                              | lete if the organiz<br>► Go to <i>www.irs.g</i> | 2019 Open to Public Inspection   |  |                |   |  |
| Internal Revenue Service  Name of the organization |                                     |   |  |  | 1              | Empleyon ide  | tification number  |
| AMERICAN POLITICAL SCI                             | ENCE ASSOC                          | IATION  |  |  |                | • •   | itilication number   |
|  |                                     |   | <u> </u>   | 1.11.1.01.1  | 1 - 16 11      | 53-0200001  |  |
|  | n <b>rormation</b><br>Part IV, line |   | Outside the U  | Jnited States. Comple  | ete ir the     | organization a  | nswered "Yes" on   |
| other assistance, t                                | he grantees'                        | eligibility for th                              | e grants or assi   | substantiate the amoun<br>stance, and the selection  | _              |   | ☑ Yes ☐ No   |
| 2 For grantmakers outside the United               |                                     | Part V the orga                                 | inization's proce  | dures for monitoring the   | use of it      | s grants and ot   | her assistance   |
| 3 Activites per Region                             | . (The followin                     | ng Part I, line 3 t                             | able can be dupli  | cated if additional space is   | needed.)       | )   |  |
| (a) Region   |                                     | <b>(b)</b> Number of offices in the region      | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | program<br>spe | vity listed in (d) is a<br>service, describe<br>ecific type of<br>(s) in the region | (f) Total expenditures<br>for and investments<br>in the region |
| See Add'l Data                                     |                                     |   |  | ,  |                |   |  |
|  |                                     |   |  |  |                |   |  |
|  |                                     |   |  |  |                |   |  |
|  |                                     |   |  |  |                |   |  |
|  |                                     |   |  |  |                |   |  |
| 3a Sub-total                                       | ion sheets to                       | 0   | 0  |  |                |   | 49,100   |
| Part I   |                                     | 0   |  |  |                |   | 10.100   |
| c Totals (add lines 3a                             | and 3D)                             |   | L  |  |                |   | 49,100   |

Cat. No. 50082W Schedule F (Form 990) 2019

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

| Part III can be du          |                   |                          |                             | (-) M                              | (6) A 6                                | (-) Description                             | (I-) Mathadas   |
|-----------------------------|-------------------|--------------------------|-----------------------------|------------------------------------|--|---|---|
| Гуре of grant or assistance | <b>(b)</b> Region | (c) Number of recipients | (d) Amount of<br>cash grant | (e) Manner of cash<br>disbursement | (f) Amount of<br>noncash<br>assistance | (g) Description<br>of noncash<br>assistance | (h) Method of<br>valuation<br>(book, FMV,<br>appraisal, other |
| See Add'l Data              |                   |                          |                             |                                    |  |   |   |
|                             |                   |                          |                             |                                    |  |   |   |
|                             |                   |                          |                             |                                    |  |   |   |
|                             |                   |                          |                             |                                    |  |   |   |
|                             |                   |                          |                             |                                    |  |   |   |
|                             |                   |                          |                             |                                    |  |   |   |
|                             |                   |                          |                             |                                    |  |   |   |
|                             |                   |                          |                             |                                    |  |   |   |
|                             |                   |                          |                             |                                    |  |   |   |
|                             |                   |                          |                             |                                    |  |   |   |
|                             |                   |                          |                             |                                    |  |   |   |
|                             |                   |                          |                             |                                    |  |   |   |
|                             |                   |                          |                             |                                    |  |   |   |
|                             |                   |                          |                             |                                    |  |   |   |
|                             |                   |                          |                             |                                    |  |   |   |
|                             |                   |                          |                             |                                    |  |   |   |
|                             |                   |                          |                             |                                    |  |   |   |
|                             |                   |                          |                             |                                    |  |   |   |

| Sched | dule F (Form 990) 2019  |       | Page <b>4</b> |
|-------|---|-------|---------------|
| Par   | Toreign Forms   |       |               |
| 1     | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)  | Yes   | <b>☑</b> No   |
| 2     | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) |       |               |
|       |   | ☐ Yes | <b>✓</b> No   |
| 3     | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign  |       |               |
|       | Corporations. (see Instructions for Form 5471)  | ☐Yes  | <b>☑</b> No   |
| 4     | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).   | Yes   | <b>☑</b> No   |
| 5     | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships   |       |               |
|       | (see Instructions for Form 8865)  | ☐Yes  | <b>✓</b> No   |
| 6     | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form  |       |               |
|       | 5713; don't file with Form 990)   | ☐Yes  | <b>✓</b> No   |

Schedule F (Form 990) 2019 Page 5 Part V **Supplemental Information** Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. 990 Schedule F, Supplemental Information Return Explanation Reference PART I. AS PART OF ITS MENA WORKSHOPS, APSA HAS ESTABLISHED A SMALL RESEARCH FUND TO SUPPORT ONGOING WORK BY THE NON-US LINE 2: WORKSHOP FELLOWS WHO COMPLETE THE RESIDENTIAL PROGRAM. TO TAKE ADVANTAGE OF THIS PROGRAM, WHICH PROVIDES UP TO

Reference

PART I,
LINE 2:

AS PART OF ITS MENA WORKSHOPS, APSA HAS ESTABLISHED A SMALL RESEARCH FUND TO SUPPORT ONGOING WORK BY THE NON-US
WORKSHOP FELLOWS WHO COMPLETE THE RESIDENTIAL PROGRAM. TO TAKE ADVANTAGE OF THIS PROGRAM, WHICH PROVIDES UP TO
\$1000 TOTAL PER PERSON, APPLICANTS MUST HAVE: PARTICIPATED IN THE 2017-2018 APSA MENA WORKSHOP WHICH WAS HELD IN
AMMAN, JORDAN AND BEIRUT, LEBANON. SUBMITTED A REQUEST TO APSA WITHIN 1 CALENDAR YEAR OF THE COMPLETION OF THE
WORKSHOP THAT INCLUEDS THE FOLLOWING ELEMENTS: A. A 2-PAGE OVERVIEW OF THE RESEARCH PROJECT WHICH INCLUDES A
DESCRIPTION OF THE RESEARCH DESIGN AND PLAN. B. A BRIEF BUDGET WHICH SHOWS ALL RELEVANT EXPENSES C. A SHORT
OVERVIEW OF HOW THE APPLICANT PLANS TO PUBLISH OR OTHERWISE DISSEMINATE FINAL RESEARCH RESULTS. D. A DESCRIPTION OF
HOW FUNDS CAN BE TRANSFERRED TO THE APPLICANT ELECTRONICALLY E. A BRIEF, 1-2 PAGE REPORT AT THE CONCLUSION OF THE
RESEARCH AWARD DESCRIBING THE PROJECT AND HOW THE FUNDS SUPPORTED THE WORK. APPLICATIONS WILL BE ACCEPTED ON A
ROLLING BASIS BY APSA AND MUST BE SUBMITTED VIA E-MAIL TO MENAWORKSHOPS@APSANET.ORG.

990 Schedule F, Supplemental Information Return Reference Explanation

PART III ACCOUNTING METHOD:

#### **Additional Data**

CAMBODIA,

AFRICA

MIDDLE EAST AND NORTH

#### Software ID: Software Version:

**EIN:** 53-0200001

GRANTS AND TRAVEL

COSTS

13,595

Name: AMERICAN POLITICAL SCIENCE ASSOCIATION

| Form 990 | Schedule F D: | ert T - Activit | ias Outsida Th | a United States |
|----------|---------------|-----------------|----------------|-----------------|

| (a) Region   | (b) Number of offices in the region | (c) Number of<br>employees or<br>agents in<br>region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures<br>for region |
|--|-------------------------------------|--|--|--|--------------------------------------|
| EAST ASIA AND THE PACIFIC -<br>AUSTRALIA, BRUNEI, BURMA, | 0                                   |  | GRANTS AND<br>SCHOLARSHIPS TO  | AWARDS   | 21,900                               |

INDIVIDUALS

INDIVIDUALS

SCHOLARSHIPS TO

0 GRANTS AND

(a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region agents in fundraising, program describe specific type of region services, grants to service(s) in region region recipients located in the region) SUB-SAHARAN AFRICA ISTIPENDS 250 0 IGRANTS AND ISCHOLARSHIPS TO INDIVIDUALS NORTH AMERICA 0 GRANTS AND lawards 8,450 ISCHOLARSHIPS TO INDIVIDUALS

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

(a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region agents in fundraising, program describe specific type of region services, grants to service(s) in region region recipients located in the region) CENTRAL AMERICA AND THE IGRANTS 3,780 0 IGRANTS AND CARIBBEAN ISCHOLARSHIPS TO INDIVIDUALS EUROPE (INCLUDING ICELAND 0 GRANTS AND STIPENDS 1,125 & GREENLAND) ISCHOLARSHIPS TO INDIVIDUALS

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

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (g) Description of (h) Method of (f) Amount of assistance of cash grant disbursement non-cash non-cash valuation (book, recipients FMV, appraisal, assistance assistance other) SCHOLARSHIPS AND 18 20,900 WIRE TRANSFERS lFM∨ MIDDLE EAST STIPENDS FOR IAND FFTS IAND NORTH WORKSHOPS AFRICA -ALGERIA. BAHRAIN, ldjibouti. EGYPT. SCHOLARSHIPS AND 8.000 WIRE TRANSFERS IFMV LEAST ASIA AND STIPENDS FOR IAND FFTS THE PACIFIC WORKSHOPS

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (c)Number (e) Manner of cash (g) Description of (h) Method of (b) Region (d) Amount of (f) Amount of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) STIPENDS FOR WIRE TRANSFERS IFMV ISUB-SAHARAN WORKSHOPS IAND FFTS IAFRICA SECTION AWARDS 8,450 WIRE TRANSFERS IFMV INORTH IAND EFTS IAMERICA

| Form 990 Schedu                    | Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S |                               |                             |                                    |   |  |  |  |  |  |  |
|------------------------------------|---|-------------------------------|-----------------------------|------------------------------------|---|--|--|--|--|--|--|
| (a) Type of grant or<br>assistance | (b) Region  | (c)Number<br>of<br>recipients | (d) Amount of<br>cash grant | (e) Manner of cash<br>disbursement | (f) Amount of<br>non-cash<br>assistance | (g) Description of<br>non-cash<br>assistance | (h) Method of<br>valuation (book,<br>FMV, appraisal,<br>other) |  |  |  |  |
|                                    | CENTRAL<br>AMERICA AND<br>THE CARIBBEAN   | 3                             |                             | WIRE TRANSFERS<br>AND EFTS         |   |  | FMV  |  |  |  |  |
| WORKSHOPS                          | EUROPE<br>(INCLUDING<br>ICELAND &<br>GREENLAND)                                     | 2                             | _,                          | WIRE TRANSFERS<br>AND EFTS         |   |  | FMV  |  |  |  |  |

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I

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

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

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

OMB No. 1545-0047

2019

DLN: 93493228029651

Open to Public Inspection

| nternal Revenue Service  |                       |                                    |                              |  |   |  |                                    |
|--|-----------------------|------------------------------------|------------------------------|--|---|--|------------------------------------|
| ame of the organization MERICAN POLITICAL SCIENCE A                              | ASSOCIATION           |                                    |                              |  |   | Employer identifica                      | ation number                       |
|  |                       |                                    |                              |  |   | 53-0200001                               |                                    |
| Part I General Inform  | ation on Grants       | and Assistance                     |                              |  |   |  |                                    |
| 1 Does the organization main<br>the selection criteria used                      | to award the grants   | or assistance?                     |                              |  |   | ce, and                                  | ☑ Yes ☐ No                         |
| <ul><li>Describe in Part IV the org</li><li>Part II Grants and Other A</li></ul> |                       | _                                  | =                            |  | raanization answered "Ves                                   | " on Form 990 Part IV line               | 21 for any recipient               |
| that received more   | than \$5,000. Part II | can be duplicated if ad            | ditional space is needed.    | ents. Complete if the o                  | rgamzation answered Tes                                     | on Form 990, Part IV, mie                | 21, for any recipient              |
| (a) Name and address of organization or government                               | (b) EIN               | (c) IRC section<br>(if applicable) | (d) Amount of cash<br>grant  | (e) Amount of non-<br>cash<br>assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of<br>noncash assistance | (h) Purpose of grant or assistance |
| 1)   |                       |                                    |                              |  |   |  |                                    |
| 2)   |                       |                                    |                              |  |   |  |                                    |
| 3)   |                       |                                    |                              |  |   |  |                                    |
| 4)   |                       |                                    |                              |  |   |  |                                    |
| 5)   |                       |                                    |                              |  |   |  |                                    |
| 6)   |                       |                                    |                              |  |   |  |                                    |
| 7)   |                       |                                    |                              |  |   |  |                                    |
| 8)   |                       |                                    |                              |  |   |  |                                    |
| 9)   |                       |                                    |                              |  |   |  |                                    |
| 10)  |                       |                                    |                              |  |   |  |                                    |
| 11)  |                       |                                    |                              |  |   |  |                                    |
| 12)  |                       |                                    |                              |  |   |  |                                    |
| 2 Enter total number of secti  | ion 501(c)(3) and g   | overnment organization             | s listed in the line 1 table |  |   | >  | _                                  |
| 3 Enter total number of othe   | r organizations liste | d in the line 1 table .            |                              |  |   | • <u></u>                                |                                    |

(Form 990)

Department of the

| Schedule I (Form 99) | 0) 2019<br>and Other Assistance   | to Domestic Individ   | <b>luals.</b> Complete if t  | the organization   | on answered "Yes" o  | on Form   | m 990. Part IV. line 22.   |  | Page <b>2</b>  |
|----------------------|---|---|--|--|--|---|--|--|--|
| Part III             | can be duplicated if addi   |   | d.<br>of <b>(c)</b>  | Amount of  | (d) Amount   | of  | (e) Method of valuation FMV, appraisal, oth  |  | (f) Description of noncash assistance  |
| See Additional Data  | Table   | recipients  |  | asir grant   | Horicasii assisa   | arrec   | TTTV, appraisal, our   |  |  |
| (1)                  |   |   |  |  |  |   |  |  |  |
| (2)                  |   |   |  |  |  |   |  |  |  |
| (3)                  |   |   |  |  |  |   |  |  |  |
| (4)                  |   |   |  |  |  |   |  |  | _  |
| (5)                  |   |   |  |  |  |   |  |  |  |
| (6)                  |   |   |  |  |  |   |  |  |  |
| (7)                  |   |   |  |  |  |   |  |  |  |
| Part IV Sup          | plemental Informa   | <b>tion.</b> Provide the ii   | nformation requi   | red in Part I,   | line 2; Part III,  | colum   | nn (b); and any other  | additiona  | al information.  |
| Return Reference     | Explana   | tion  |  |  |  |   |  |  |  |
| PART I, LINE 2:      | STUDENT ARE IN T ONE OF T INDIANS US CITIZ UNDER T CANDIDA TEN YEAR MAY BE I OR TELEV WITH BA PERMANE | S FROM HISTORICAL HEIR FIRST TWO YEA THE FOLLOWING UND OR ALASKA NATIVES EN, US NATIONAL, US HE DEFERRED ACTION TES MUST BE U.S. CI RS OF CONTINUOUS, N REPORTING OR ED: CISION AT THE TIME OF CKGROUND IN POLITI ENT U.S. RESIDENT W | LY UNDERREPRESE RS OF THEIR POLITER PERSENTED RESENTED RE | ENTED STUDEN FICAL SCIENCE FACIAL OR ETH FOREN F | NTS APPLYING TO E E PHD PROGRAM AI INIC MINORITY GRO ONSTRATE AN INTE ER OF A PERMANEN' OGRAM (DACA) AT SIDENTS AND HOLE RIENCE IN NEWSPA S MUST HAVE TWO MAY BE IN REPORT T EXTENSIVE WASH THE LAST 15 YEAR | ENTER ODITIC<br>OUPS:<br>EREST<br>TRESI<br>THE T<br>DABA<br>APER O<br>TO TE<br>TING, F<br>INGTO | A DOCTORAL PROGRAM DNAL ELIGIBILITY CRITE AFRICAN AMERICANS, A IN TEACHING AND POTE IDENT CARD), OR AN INITIME OF APPLICATION. CACHELOR'S DEGREE. ADE OR MAGAZINE AT THE TINE TY YEARS OF CONTINUO PRODUCING, DIRECTING DN EXPERIENCE. POLITIC A DISSERTATION NEAR ( | IN POLITION PACE IN PACE INTIAL FOR INTIAL FOR INTIAL FOR INTIAL FOR INTIONAL INTION | ROGRAM) IS DESIGNED PRIMARILY FOR CAL SCIENCE FOR THE FIRST TIME OR WHO IDE: APPLICANTS MUST BE A MEMBER OF IFIC AMERICANS, LATINOS/AS, AMERICAN R RESEARCH IN POLITICAL SCIENCE; BE A GRANTED DEFERRED ACTION STATUS IONAL FELLOWSHIP PROGRAM: ALL Y: PRINT JOURNALISTS MUST HAVE TWO TO LICATION. APPLICANTS' BACKGROUNDS TIME PROFESSIONAL EXPERIENCE IN RADIO ING. PREFERICE IS GIVEN TO CANDIDATES TISTS MUST BE A U.S. CITIZEN OR BE A ON (ABD); AND A SCHOLARLY INTEREST IN DE COMPETITION. CANDIDATES MUST FIRST |

SUBMIT THEIR APPLICATIONS FOR A PAPER REVIEW BEFORE BEING INVITED BEFORE AN OUTSIDE SELECTION PANEL. INTERVIEWS TAKE PLACE AT THE APSA OFFICES IN WASHINGTON, DC. COMMUNICATIONS SCHOLARS AND JOURNALIST CANDIDATES MUST BE U.S. CITIZENS OR PERMANENT U.S. RESIDENTS AND DEMONSTRATE AN INTEREST IN COMMUNICATIONS AND THE POLICYMAKING PROCESS. SMALL RESEARCH GRANTS: THE PRINCIPAL INVESTIGATOR AND ANY CO-AUTHOR MUST BE ONE OF THE FOLLOWING: A FACULTY MEMBER IN AN ACADEMIC DEPARTMENT THAT DOES NOT AWARD A PHD IN POLITICAL SCIENCE, PUBLIC ADMINSTRATION, PUBLIC POLICY, INTERNATIONAL RELATIONS, GOVERNMENT, OR POLITICS AND WHOSE PRIMARY APPOINTMENT IS IN ONE OF THESE DEPARTMENTS; OR A POLITICAL SCIENTIST NOT AFFILIATED WITH AN ACADEMIC INSTITUTION AND IS EITHER (A) UNEMPLOYED OR (B) WORKING IN A RESEARCH ORGANIZATION SUCH AS A THINK TANK. RALPHE BUNCHE SUMMER INSTITUTE PROGRAM: PARTICIPANTS IN THE RALPH BUNCHE SUMMER INSTITUTE ARE DRAWN FROM A COMPETITIVE NATIONAL APPLICANT POOL. THE RBSI SELECTION COMMITTEE REVIEWS APPLICATIONS AND MAKES DECISIONS DURING THE MONTH OF MARCH. APPLICANTS WILL BE INFORMED OF THEIR STATUS VIA EMAIL. APPLICANTS MUST BE A MEMBER OF ONE OF THE FOLLOWING UNDERREPRESENTED RACIAL OR ETHNIC MINORITY GROUPS: AFRICAN AMERICANS, ASIAN PACIFIC AMERICANS, LATINOS/AS, AMERICAN INDIANS OR ALASKA NATIVES, AND NATIVE HAWAIIANS, OR AN INDIVIDUAL WHO IS INTERESTED IN BROADENING PARTICIPATION IN POLITICAL SCIENCE BY STUDENTS FROM UNDERREPRESENTED MINORITY POPULATIONS AND PURSUING SCHOLARSHIP ON ISSUES AFFECTING UNDERREPRESENTED GROUPS OR ISSUES OF TRIBAL SOVEREIGNTY AND GOVERNANCE; COLLEGE/UNIVERSITY JUNIORS. APPLICANTS MUST DEMONSTRATE AN INTEREST IN TEACHING AND POTENTIAL FOR RESEARCH IN POLITICAL SCIENCE. APPLICANTS MUST BE A US CITIZEN, US NATIONAL, US PERMANENT RESIDENT (HOLDER OF A PERMANENT RESIDENT CARD), OR AN INDIVIDUAL GRANTED DEFERRED ACTION STATUS UNDER THE DEFERRED ACTION FOR CHILDHOOD ARRIVALS PROGRAM (DACA) AT TIME OF APPLICATION. TRAVEL GRANTS: APSA MEMBERS WHO ARE U.S. GRADUATE STUDENTS, INTERNATIONAL GRADUATE STUDENTS STUDYING IN THE U.S., UNEMPLOYED, OR INTERNATIONAL SCHOLARS, COMMUNITY COLLEGE FACULTY, CONTINGENT FACULTY, UNEMPLOYED FACULTY, APSA STATUS COMMITTEE MEMBERS, AND ANY FACULTY MEMBER WHO HAS BEEN FURLOUGHED OR EXPERIENCED A REDUCTION IN AVAILABLE RESEARCH FUNDS FROM THEIR COLLEGE OR UNIVERSITY ARE ELIGIBLE TO APPLY. ONLY APSA MEMBERS WHO ARE PRE-REGISTERED FOR THE APSA ANNUAL MEETING MAY APPLY TO RECEIVE TRAVEL GRANTS. APPLICANTS WHO HAVE PRE-REGISTERED FOR THE ANNUAL MEETING WILL RECEIVE PRIORITY. PRIORITY WILL ALSO BE GIVEN TO ANNUAL MEETING PRESENTERS, FIRST-TIME APPLICANTS, AND THOSE WHO HAVE NOT RECEIVED A TRAVEL GRANT SINCE 2008. AWARDS: DEPARTMENTS ARE REQUESTED TO SUBMIT A LETTER OF NOMINATION AND A COPY OF THE DISSERTATION TO EACH AWARD COMMITTEE MEMBER, BOOKS MAY BE NOMINATED FOR MORE THAT ONE PRIZE, SHOULD THEY MEET THE SELECTED CRITERIA. Schedule I (Form 990) 2019

#### **Additional Data**

MENA PROJECT

MENA PROJECT

DEMOCRACY FUND

CFP AMERICAN AUST STIPENDS

NSF DISSERTATION IMPROVEMENT GRANTS

SMALL RESEARCH GRANTS

Software ID: Software Version:

87

10

**EIN:** 53-0200001

11,949

11,949

374,500

34,317 315,475

21,870

Name: AMERICAN POLITICAL SCIENCE ASSOCIATION

| Form 990   | Schedule I  | Dart III  | Grants and Othe | r Assistance to | Domestic Individuals.  |
|------------|-------------|-----------|-----------------|-----------------|------------------------|
| FULLI 330, | Schedule 1, | rait III, | Grants and Othe | i Assistance to | Donnestic Individuals. |

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals. MINORITY FELLOWSHIPS 116,900 MINORITY FELLOWSHIPS 116.900 APGC HEWLETT GRANT 1,250 ASIA PROJECT 4,000

141,900

167,005

142

SPECIAL PROJECTS GRANTS

SECTION AWARDS

| form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals. |    |         |  |  |  |
|--|----|---------|--|--|--|
| RALPH BUNCHE SUMMER INSTITUTE  | 40 | 25,400  |  |  |  |
| RALPH BUNCHE SUMMER INSTITUTE  | 40 | 25,400  |  |  |  |
| 1ST GENERATION SCHOLARS  | 7  | 1,750   |  |  |  |
| STATUS COMMITTEE AWARDS  | 5  | 1,675   |  |  |  |
| CENTENNIAL CENTER AWARDS   | 61 | 167,293 |  |  |  |

6,700

ACADEMIC & PROFESSIONAL DEVELOPMENT

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals. R. SMITH PRESIDENTIAL TF GRANTS 122,316 R. SMITH PRESIDENTIAL TF GRANTS 122,316 APSA AWARDS 21.075 EWING MARION KAUFMAN FND 1,0001

3,600 1,670

ETHICS OMBUDS AWARDS

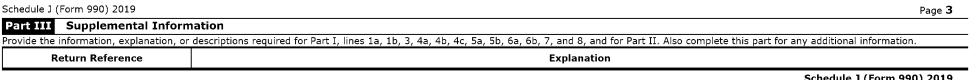
P. MCCLAIN TF

| efil       | e GRAPHIC pr   | int - DO NOT PROCESS   | As Filed Data             | a -   | DLN: 93                 | 49322        | 28029  | 651  |
|------------|--|--|---------------------------|---|-------------------------|--------------|--------|------|
| Sch        | nedule J   | Co   | mpensati                  | on Information  | 0                       | MB No.       | 1545-0 | 0047 |
| (Form 990) |  | For certain Office   |                           | rustees, Key Employees, and Hig   | hest                    |              |        |      |
|            |  | ► Complete if the orga   | Compensa<br>nization answ | ited Employees<br>ered "Yes" on Form 990, Part IV,                              | , line 23.              | 2019         |        |      |
| D          | ▶ Attach to Form 990.  |  |                           |   |                         | Openi        |        |      |
| •          | tment of the Treasury<br>al Revenue Service  | P Go to <u>www.ms.gov</u>  | 77 07111990 101           | mistractions and the latest mion  | nation.                 |              | ectio  |      |
|            | ne of the organiza   | ation<br>CIENCE ASSOCIATION  |                           |   | Employer identifica     | tion nu      | ımber  |      |
|            |  |  |                           |   | 53-0200001              |              |        |      |
| Pa         | rt I Questi  | ons Regarding Compensat  | ion                       |   |                         |              | I      |      |
| <b>1</b> a | Check the appro  | opiate box(es) if the organization                                   | provided any of           | the following to or for a person liste  | d on Form               |              | Yes    | No   |
|            |  |  |                           | y relevant information regarding the  |                         |              |        |      |
|            | First-class  | or charter travel  |                           | Housing allowance or residence for  | personal use            |              |        |      |
|            | _  | companions   |                           | Payments for business use of person   | nal residence           |              |        |      |
|            |  | nification and gross-up payments                                     | 님                         | Health or social club dues or initiation  |                         |              |        | 1    |
|            | ☐ Discretion   | ary spending account   | Ш                         | Personal services (e.g., maid, chauf  | feur, chef)             |              |        |      |
| b          |  |  |                           | follow a written policy regarding pay<br>ve? If "No," complete Part III to expl |                         | 1b           |        |      |
| 2          |  |  |                           | or allowing expenses incurred by all  |                         | 2            |        |      |
|            | directors, truste  | es, officers, including the CEO/E                                    | recutive Director         | r, regarding the items checked on Lir   | ne 1a? .     .          |              |        |      |
| 3          |  |  |                           | d to establish the compensation of th   | ne                      |              |        |      |
|            |  | EO/Executive Director. Check all<br>d organization to establish comp |                           | not check any boxes for methods<br>CEO/Executive Director, but explain i        | n Part III.             |              |        |      |
|            | ☑ Compensa   | ation committee  | П                         | Written employment contract   |                         |              |        |      |
|            |  | ent compensation consultant  | <u> </u>                  | Compensation survey or study  |                         |              |        |      |
|            |  | of other organizations   | $\checkmark$              | Approval by the board or compensa   | tion committee          |              |        |      |
| 4          | During the year, related organiza  |  | 90, Part VII, Se          | ction A, line 1a, with respect to the fi  | iling organization or a |              |        |      |
| а          | Receive a sever  | ance payment or change-of-cont                                       | rol payment? .            |   |                         | 4a           |        | No   |
| b          |  | • • •  |                           | fied retirement plan?   |                         | 4b           |        | No   |
| c          | c Participate in, or receive payment from, an equity-based compensation arrangement? |  |                           |   |                         | No           |        |      |
|            | If "Yes" to any o  | of lines 4a-c, list the persons and                                  | provide the app           | licable amounts for each item in Part   | : III.                  |              |        |      |
|            | Only 501(c)(3  | ), 501(c)(4), and 501(c)(29)   | organizations             | must complete lines 5-9.  |                         |              |        |      |
| 5          |  |  | _                         | the organization pay or accrue any  |                         |              |        |      |
|            | compensation co  | ontingent on the revenues of:  |                           |   |                         |              |        |      |
| а          |  | 1?   |                           |   |                         | 5a           |        | No   |
| b          |  | anization?   |                           |   |                         | 5b           |        | No   |
| 6          | For persons liste  | ,  |                           | the organization pay or accrue any  |                         |              |        |      |
| а          | The organization   | 1?   |                           |   |                         | 6a           |        | No   |
| b          | -  |  |                           |   |                         | 6b           |        | No   |
|            |  | 6a or 6b, describe in Part III.                                      |                           |   |                         |              |        |      |
| 7          |  |  |                           | the organization provide any nonfixed<br>rt III                                 |                         | 7            |        | No   |
| 8          | subject to the in  | nitial contract exception described                                  | l in Regulations          | red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de       |                         |              |        |      |
| 9          | If "Yes" on line   | 8, did the organization also follow                                  | the rebuttable            | presumption procedure described in  | Regulations section     | 8            |        | No   |
| For F      | <u>``</u>  | iction Act Notice, see the Inst                                      |                           |   |                         | 9<br>I (Forn | 1 990) | 2019 |

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

| (A) Name and Title                          |      | (B) Breakdown            | of W-2 and/or 1099-MIS              | C compensation                      | (C) Retirement and          | ( <b>D)</b> Nontaxable | (E) Total of columns | (F) Compensation in                                     |
|---|------|--------------------------|-------------------------------------|-------------------------------------|-----------------------------|------------------------|----------------------|---|
| . ,   |      | (i) Base<br>compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits               | (B)(i)-(D)           | column (B) reported<br>as deferred on prior<br>Form 990 |
| 1 STEVEN RATHGEB SMITH EXECUTIVE DIRECTOR   | (i)  | 207,275                  | 0                                   | 25,000                              | 0                           | 40,097                 | 272,372              | 0   |
|   | (ii) | 0                        | 0                                   | 0                                   | 0                           | 0                      | 0                    | 0   |
| 2 LARRY D BURNER<br>DIRECTOR OF FINANCE &   | (i)  | 123,428                  | 0                                   | 25,000                              | 0                           | 29,494                 | 177,922              | 0   |
| ADMINISTRATION                              | (ii) | 0                        | 0                                   | 0                                   | 0                           | 0                      | 0                    | 0   |
| 3 ELIZABETH SUPER<br>DEPUTY DIRECTOR        | (i)  | 162,483                  | 0                                   | 0                                   | 0                           | 25,688                 | 188,171              | 0   |
| DEFOTT DIRECTOR                             | (ii) | 0                        | 0                                   | 0                                   | 0                           | 0                      | 0                    | 0   |
| 4 KIMBERLY A MEALY<br>SR. DIRECTOR MINORITY | (i)  | 128,438                  | 0                                   | 3,600                               | 0                           | 20,702                 | 152,740              | 0   |
| PROGRAMS                                    | (ii) | 0                        | 0                                   | 0                                   | 0                           | 0                      | 0                    | 0   |
| <b>5</b> DANIEL R GIBSON<br>SR. DIRECTOR    | (i)  | 135,548                  | 0                                   | 1,399                               | 0                           | 31,198                 | 168,145              | 0   |
| COMMUNICATIONS                              | (ii) | 0                        | 0                                   | 0                                   | 0                           | 0                      | 0                    | 0   |
|   |      |                          |                                     |                                     |                             |                        |                      |   |
|   |      |                          |                                     |                                     |                             |                        |                      |   |
|   |      |                          |                                     |                                     |                             |                        |                      |   |
|   |      |                          |                                     |                                     |                             |                        |                      |   |
|   |      |                          |                                     |                                     |                             |                        |                      |   |
|   |      |                          |                                     |                                     |                             |                        |                      |   |
|   |      |                          |                                     |                                     |                             |                        |                      |   |
|   |      |                          |                                     |                                     |                             |                        |                      |   |
|   |      |                          |                                     |                                     |                             |                        |                      |   |
|   |      |                          |                                     |                                     |                             |                        |                      |   |
|   |      |                          |                                     |                                     |                             |                        |                      |   |
|   |      |                          |                                     |                                     |                             |                        |                      |   |
|   |      |                          |                                     |                                     |                             |                        |                      |   |
|   |      |                          |                                     |                                     |                             |                        |                      |   |
|   |      |                          |                                     |                                     |                             |                        |                      |   |
|   |      |                          |                                     |                                     |                             |                        |                      |   |
|   |      |                          |                                     |                                     |                             |                        |                      | J (Form 990) 2019                                       |



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|--|--|---|---|--|
| SCHEDUL<br>(Form 990 or<br>EZ)   | 990- Complete to provide information for responses to spe Form 990 or 990-EZ or to provide any additional Attach to Form 990 or 990-EZ.  | plemental Information to Form 990 or 990-EZ uplete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. |   |  |
| Namel & the of game ation AMERICAN POLITICAL SCIENCE ASSOCIATION  990 Schedule O, Supplemental Information |  | <b>Employer io</b> 53-0200001   | Employer identification number                |  |
| Return<br>Reference  | Explanation  |   |   |  |
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 6  | RESIDING IN OVER 80 COUNTRIES WORLDWIDE, THE AMERICAN POLITION OF THE AMERICAN POLITICAL SCIENTISTS FOR INDIVIONS, THE ASSOCIATION BRINGS TOGETHER POLITICAL SCIENTISTS FOR INDIVIONS, AND OCCUPATIONAL ENDEAVORS TO EXPAND OUR AWARENES FE. | E STUDY OF POLITICS. T<br>IDUALS, DEPARTMENTS<br>ROM ALL FIELDS OF IN   | THROUGH APSA<br>S, AND INSTITUT<br>QUIRY, REG |  |

| Return<br>Reference                            | Explanation  |
|--|--|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 7A | SELECTION PROCESS A. NOMINEES FOR OFFICERS AND AT-LARGE MEMBERS OF THE COUNCIL ARE NAMED B Y THE NOMINATING COMMITTEE, OR BY PETITION OF 50 MEMBERS SUBMITTED AT LEAST 60 DAY'S PRIOR TO THE DATE OF VOTING AS SET IN THIS SECTION. B. IN SELECTING THE NOMINEES, THE NOMINATING COMMITTEE SHALL MAKE RECOMMENDATIONS WITH DUE REGARD FOR GEOGRAPHIC DISTRIBUTION, FIELD O F PROFESSIONAL INTEREST, METHODOLOGICAL ORIENTATION, TYPES OF INSTITUTIONS WHERE MEMBERS A RE EMPLOYED, RACE, ETHNICITY, GENDER AND GENDER IDENTITY, SEXUALITY, DISABILITY, AND OTHER IMPORTANT FORMS OF DIVERSITY. C. INDIVIDUAL MEMBERS OF THE ASSOCIATION ELECT COUNCIL MEMB ERS AND OFFICERS BY ELECTRONIC BALLOT AS PRESCRIBED BY ARTICLE III SECTION 2 AND IN THE POLICIES MANUAL. D. THE NAMES OF THE NOMINEES BEING PROPOSED BY THE NOMINATING COMMITTEE WILL BE ANNOUNCED TO THE MEMBERSHIP AS PRESCRIBED IN THE POLICIES MANUAL NO LESS THAN 120 DAY S BEFORE THE VOTE TAKES PLACE. THE NAMES OF NOMINEES PROPOSED BY MEMBERS THROUGH PETITION WILL BE ANNOUNCED TO THE MEMBERSHIP AS PRESCRIBED IN THE POLICIES MANUAL NO LESS THAN 30 D AYS BEFORE THE VOTE TAKES PLACE. THE VOTE FOR COUNCIL MEMBERS AND OFFICERS TAKES PLACE AT THE TIME ANNOUNCED ON THE ASSOCIATION'S WEBSITE AND IN COMMUNICATIONS WITH MEMBERS. E. FOR EACH POSITION ON THE BALLOT, MEMBERS MAY VOTE "FOR" (YES), "AGAINST" (NO), OR ABSTAIN. B. IN THE EVENT THAT A MEMBER VOTES "FOR" MORE CANDIDATES THAN CAN BE ELECTED TO A POSITION, THE BALLOT IS SPOILED AND NOT COUNTED. A BALLOT RETURNED WITH NO VOTES FOR A POSITION, THE BALLOT THERE ARE MORE CANDIDATES THAN OPEN POSITIONS, CANDIDATES RECEIVING THE LARG EST NUMBER OF POSITIVE VOTES WILL BE DEEMED ELECTED, FOLLOWED BY THE CANDIDATE RECEIVING THE LARG EST NUMBER OF POSITIVE VOTES, AND SO ON, UNTIL ALL POSITIONS ARE FILLED. NEWLY ELECTED OFFICERS AND MEMBERS OF THE COUNCIL TAKE OFFICE IMMEDIATELY FOLLOWING THE CONCLUS ION OF THE ANNUAL BUSINESS MEETING WHICH FOLLOWS THE DATE OF THEIR ELECTION AND SERVE FOR THE TERM PROVIDED IN THESE BYLAWS AND UNTIL A SUCCESSOR IS SELECTE |

| Return<br>Reference                            | Explanation  |
|--|--|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 7B | THE ANNUAL BUSINESS MEETING OF THE MEMBERS WILL NORMALLY BE HELD AT THE TIME OF THE ANNUAL MEETING OF THE ASSOCIATION. NOTICE OF THE TIME AND PLACE OF THE ANNUAL BUSINESS MEETING W ILL NORMALLY BE GIVEN ALONG WITH THE ANNOUNCEMENT OF THE ANNUAL MEETING OF THE ASSOCIATION DURING THE PRECEDING ANNUAL BUSINESS. IF CIRCUMSTANCES PREVENT PROVIDING NOTICE IN THIS WAYOR REQUIRE A CHANGE IN THE TIME AND PLACE OF A PENDING ANNUAL BUSINESS MEETING, THE COUNCIL WILL PROVIDE FOR NOTICE TO BE TRANSMITTED TO ALL MEMBERS NO MORE THAN 60 DAYS AND NO LESS THAN 21 DAYS PRIOR TO NEW DATE OF THE MEETING. THE PUPPOSES OF THE ANNUAL BUSINESS MEETING, THE COUNCIL WILL PROVIDE FOR NOTICE TO BE TRANSMITTED TO ALL MEMBERS NO MORE THAN 60 DAYS AND NO LESS THAN 21 DAYS PRIOR TO NEW DATE OF THE MEETING. THE PUPPOSES OF THE ANNUAL BUSINESS MEETING, THE COUNCIL AND MEMBERS ARE TO HEAR REPORTS FROM THE OFFICERS OF THE ASSOCIATION, AND TO PROPOSE, DISCUSS, AND VOTE ON MATTERS OF IMPORTANCE TO THE ASSOCIATION, WHICH MAY INCLUDE RESOLUTION NS TO BE VOTED ON BY A BALLOT OF THE MEMBERSHIP AS PROVIDED IN THE POLICIES MANUAL. THE AN NUAL BUSINESS MEETING MAY VOTE ON RESOLUTIONS TO PUT BEFORE COUNCIL AND MEMBERSHIP AS FOLLOWS. 1. A QUORUM FOR VOTING AT THE ANNUAL BUSINESS MEETING IS 1% OF THE MEMBERSHIP AS OF THE RECORD DATE. 2. ALL RESOLUTIONS TO BE PUT TO A VOTE AT THE ANNUAL BUSINESS MEETING MUST BE PRESENTED TO THE PRESIDENT AND PUBLICLY ANNOUNCED NO MORE THAN 60 DAYS AND NO LESS THA N 21 DAYS PRIOR TO THE DATE OF THE MEETING. 3. PROVIDED A QUORUM HAS BEEN ACHIEVED, A RESOLUTION TO SEND TO COUNCIL RESOLUTIONS TO BE PUT TO A VOTE AT THE AMNUAL BUSINESS MEETING MUST BE PRESENTED TO THE BRIEF BY A SPROVIDED OF THE MEETING. 3. PROVIDED A QUORUM HAS BEEN ACHIEVED. A RESOLUTION TO SEND TO COUNCIL RESOLUTIONS TO BE PUT TO BEFORE THE MEMBERSHIP, AS DESCRIBED IN ART ICLE III SECTION 3(C) OF THE BYLAWS, IS APPROVED WHEN A SIMPLE MAJORITY OF THOSE MEMBERS AT THE ANNUAL BUSINESS MEETING HAS VOTED TO APPROVE. A IF COUNCIL SUBSEQUENTLY DECIDES NOT TO PUT THE R |

990 Schedule O, Supplemental Information

Return

| Reference  |  |
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| FORM 990,  | AFTER A FIRST REVIEW BY CORPORATE OFFICERS, A COPY OF THE FORM 990 IS MADE AVAILABLE TO TH |
| PART VI,   | E COUNCIL FOR THEIR REVIEW PRIOR TO FILING. THE COUNCIL MEMBERS ARE INSTRUCTED TO CONTACT  |
| SECTION B, | THE EXECUTIVE DIRECTOR OR DEPUTY DIRECTOR IF THEY HAVE ANY QUESTIONS REGARDING THE RETURN. |
| LINE 11B   | AFTER A REASONABLE PERIOD, THE FORMS ARE FILED IF THERE ARE NO FURTHER QUESTIONS.          |

Explanation

| Return<br>Reference                             | Explanation  |
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| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 12C | THE ORGANIZATION'S CONFLICT OF INTEREST POLICY REQUIRES KEY EMPLOYEES AND ALL MEMBERS OF T HE COUNCIL INCLUDING THE EDITORS AND PROGRAM CHAIRS TO COMPLETE AN ANNUAL QUESTIONNAIRE AT THE SPRING MEETING TO MONITOR AND ENFORCE COMPLIANCE WITH THE POLICY. LIST OF THE TAXPAYE R'S COUNCIL MEMBERS, KEY EMPLOYEES, AND VENDORS IS PROVIDED TO ASSIST THOSE COMPLETING THE QUESTIONNAIRE IN IDENTIFYING POTENTIAL CONFLICTS. OVERSIGHT OF THE PROCESS IS PERFORMED B Y THE STAFF LIAISON TO THE COUNCIL THE PROGRAM ASSISTANT FOR GOVERNANCE) UNDER THE DIRECTI ON OF THE EXECUTIVE DIRECTOR. IN MATTERS INVOLVING OFFICERS, REPORTS OF CONFLICTS SHALL BE MADE TO THE APSA EXECUTIVE COMMITTEE WHO WILL MAKE THE DETERMINATION AS TO WHETHER A CONFLICT EXISTS AND WHAT SUBSEQUENT ACTION IS APPROPRIATE. THE INVOLVED PARTY SHALL BE RECUSED FROM PARTICIPATING IN DEBATES AND VOTING ON THE MATTER. MATTERS INVOLVING EMPLOYEES SHALL BE RESOLVED BY THE EXECUTIVE DIRECTOR IN CONSULTATION WITH THE EXECUTIVE COMMITTEE. MATTE RS INVOLVING COMMITTEE MEMBERS AND COMMITTEE CHAIRS ARE REPORTED TO THE EXECUTIVE DIRECTOR AND RESOLVED IN CONSULTATION WITH THE EXECUTIVE COMMITTEE. |

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| Return<br>Reference                            | Explanation  |
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| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 15 | A WRITTEN EMPLOYMENT CONTRACT WAS ESTABLISHED UPON THE HIRING OF THE EXECUTIVE DIRECTOR. I T IS REVIEWED ON A FIVE-YEAR BASIS BY THE PRESIDENT AND THE EXECUTIVE COMMITTEE. THE COMPE NSATION OF THE PERSON IS REVIEWED AND APPROVED BY THE PRESIDENT AND THE EXECUTIVE COMMITTE E, IF PERSONS WITH CONFLICTS OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT AT I SSUE ARE NOT INVOLVED IN THIS REVIEW AND APPROVAL. THE COMPENSATION OF THE PERSON IS REVIE WED AND APPROVED USING COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTION ALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS TO ENSURE EXECUTIVE COMPENSATION REMAINS WITHIN FAIR MARKET RANGE FOR THE INDUSTRY. THERE IS CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT. |

Return Explanation
Reference

FORM 990, THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AMERICAN POLITICA L SCIENCE ASSOCIATION'S TAX RETURN 990 AND FINANCIAL STATEMENTS ARE POSTED ON THE APSA WEB SECTION C, LINE 19

| Return<br>Reference               | <b>Explanation</b>   |
|-----------------------------------|--|
| FORM 990,<br>PART IX,<br>LINE 11G | OUTSIDE SERVICES: PROGRAM SERVICE EXPENSES 33,739. MANAGEMENT AND GENERAL EXPENSES 33,224. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 66,963. PROFESSIONAL DEVELOPMENT: PROGRAM SERVICE EXPENSES 3,631. MANAGEMENT AND GENERAL EXPENSES 749. FUNDRAISING EXPENSES 1,390. TOTAL EXPENSES 5,770. HONORARIA: PROGRAM SERVICE EXPENSES 658,189. MANAGEMENT AND GENERAL EXPENSES 1,670. FUNDRAISING EXPENSES 1,000. TOTAL EXPENSES 660,859. CONSULTING & PROFESSIONAL SERVICES: PROGRAM SERVICE EXPENSES 369,878. MANAGEMENT AND GENERAL EXPENSES 217,184. FUNDRAISING EXPENSES 3,300. TOTAL EXPENSES 590,362. STAFF RECRUITMENT: PROGRAM SERVICE EXPENSES 444. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 444. DESIGN: PROGRAM SERVICE EXPENSES 938. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 0. TOTAL EXPENSES 0. TOTAL EXPENSES 938. |

Return Explanation

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| FORM 990,<br>PART XII, | APSA HAS AN AUDIT COMMITTEE COMPRISED OF APSA COUNCIL MEMBERS AND NON-COUNCIL MEMBERS THAT OVERSEES THE AUDIT |
| LINE 2C                |   |