

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2016)

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

THE AMERICAN PSYCHOLOGICAL ASSOCIATION (APA) IS A NATIONAL MEMBERSHIP ORGANIZATION CREATED TO ADVANCE PSYCHOLOGY AS A MEANS OF PROMOTING HEALTH, EDUCATION, AND HUMAN WELFARE. APA FULFILLS THESE OBJECTIVES BY SUPPORTING A NUMBER OF PROGRAMS AND ACTIVITIES FOR ITS MEMBERS AND THE GENERAL PUBLIC. THESE ACTIVITIES INCLUDE: PROMOTION OF RESEARCH IN PSYCHOLOGY, DISSEMINATION OF RESEARCH RESULTS AND PSYCHOLOGICAL KNOWLEDGE TO BOTH PSYCHOLOGISTS AND THE PUBLIC, PROGRAMS DESIGNED TO SUPPORT THE USE OF PSYCHOLOGICAL KNOW-HOW IN EDUCATION, AND PROGRAMS DESIGNED TO ENSURE QUALITY EDUCATIONAL OPPORTUNITIES FOR STUDENTS INTERESTED IN PURSUING A CAREER IN PSYCHOLOGY.

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

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

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

If "Yes," describe these changes on Schedule O

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

|                     |                                                                                   |
|---------------------|-----------------------------------------------------------------------------------|
| <b>4a</b>           | (Code ) (Expenses \$ 41,338,051 including grants of \$ ) (Revenue \$ 93,218,440 ) |
| See Additional Data |                                                                                   |

|                     |                                                                                          |
|---------------------|------------------------------------------------------------------------------------------|
| <b>4b</b>           | (Code ) (Expenses \$ 10,033,089 including grants of \$ 263,154 ) (Revenue \$ 5,235,904 ) |
| See Additional Data |                                                                                          |

|                     |                                                                                         |
|---------------------|-----------------------------------------------------------------------------------------|
| <b>4c</b>           | (Code ) (Expenses \$ 8,989,891 including grants of \$ 1,238,913 ) (Revenue \$ 224,928 ) |
| See Additional Data |                                                                                         |

|                                                                                   |                                                  |
|-----------------------------------------------------------------------------------|--------------------------------------------------|
| <b>4d</b>                                                                         | Other program services (Describe in Schedule O ) |
| (Expenses \$ 28,853,865 including grants of \$ 607,468 ) (Revenue \$ 13,256,342 ) |                                                  |

|           |                                                    |
|-----------|----------------------------------------------------|
| <b>4e</b> | <b>Total program service expenses</b> ▶ 89,214,896 |
|-----------|----------------------------------------------------|

**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                                                                    | Yes            | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A                                                                                                                                                                         | <b>1</b> Yes   |    |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?                                                                                                                                                                                                         | <b>2</b> Yes   |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I                                                                                                                      | <b>3</b>       | No |
| <b>4 Section 501(c)(3) organizations.</b><br>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                                                                                                           | <b>4</b> Yes   |    |
| <b>5</b> 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                                                                               | <b>5</b>       | No |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I                                                    | <b>6</b>       | No |
| <b>7</b> 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                                                                                            | <b>7</b>       | No |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III                                                                                                                                                         | <b>8</b>       | No |
| <b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV             | <b>9</b> Yes   |    |
| <b>10</b> 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                                                                                                     | <b>10</b>      | No |
| <b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable                                                                                                                                                           |                |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI                                                                                                                                                                       | <b>11a</b> Yes |    |
| <b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII                                                                                                     | <b>11b</b>     | No |
| <b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII                                                                                                     | <b>11c</b>     | No |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX                                                                                                                      | <b>11d</b> Yes |    |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                                                                                                                                                                                     | <b>11e</b> Yes |    |
| <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X                                                            | <b>11f</b> Yes |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII                                                                                                                                                        | <b>12a</b>     | No |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                                                                           | <b>12b</b> Yes |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                                                                                                                        | <b>13</b>      | No |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                             | <b>14a</b>     | No |
| <b>b</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 | <b>14b</b>     | No |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV                                                                                                           | <b>15</b> Yes  |    |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV                                                                                                     | <b>16</b>      | No |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)                                                                                            | <b>17</b>      | No |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II                                                                                                                           | <b>18</b>      | No |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III                                                                                                                                                     | <b>19</b>      | No |

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

|                                                                                                                                                                                                                                                                                                                                      | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>                                                                                                                                                                                                              |     | No |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                                                |     |    |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>                                                                                             | Yes |    |
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>                                                                                                                 | Yes |    |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>                                                      | Yes |    |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>                           | Yes |    |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .                                                                                                                                                                                                                 |     | No |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                                                        |     | No |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .                                                                                                                                                                                                           |     | No |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b><br>Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>                                                                                            |     | No |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>                                        |     | No |
| <b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>                                 |     | No |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i> |     | No |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)                                                                                                                               |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>                                                                                                                                                                                                    |     | No |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>                                                                                                                                                                                 |     | No |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>                                                                                     |     | No |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>                                                                                                                                                                                                  |     | No |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>                                                                                                                                  |     | No |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>                                                                                                                                                                                        |     | No |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>                                                                                                                                                                      |     | No |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>                                                                                                                      | Yes |    |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>                                                                                                                                                                  | Yes |    |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                   | Yes |    |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>                                                                                          |     | No |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>                                                                                                                                  | Yes |    |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>                                                                             |     | No |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .                                                                                                                              | Yes |    |

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

|            |                                                                                                                                                                                                                                                      | Yes        | No    |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . .                                                                                                                                                                | <b>1a</b>  | 1,538 |
| <b>b</b>   | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . .                                                                                                                                                             | <b>1b</b>  | 0     |
| <b>c</b>   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .                                                                                   | <b>1c</b>  |       |
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .                                                              | <b>2a</b>  | 697   |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                   | <b>2b</b>  | Yes   |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .                                                                                                                                              | <b>3a</b>  | Yes   |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .                                                                                                                                | <b>3b</b>  | Yes   |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . | <b>4a</b>  | No    |
| <b>b</b>   | If "Yes," enter the name of the foreign country <b>▶</b> _____<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)                                                                 |            |       |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .                                                                                                                                      | <b>5a</b>  | No    |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .                                                                                                                           | <b>5b</b>  | No    |
| <b>c</b>   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .                                                                                                                                                                         | <b>5c</b>  |       |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .                                    | <b>6a</b>  | No    |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .                                                                                              | <b>6b</b>  |       |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                 |            |       |
| <b>a</b>   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .                                                                                            | <b>7a</b>  | No    |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .                                                                                                                                            | <b>7b</b>  |       |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .                                                                                                       | <b>7c</b>  | No    |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year . . . . .                                                                                                                                                                          | <b>7d</b>  |       |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .                                                                                                                            | <b>7e</b>  | No    |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .                                                                                                                               | <b>7f</b>  | No    |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .                                                                                                           | <b>7g</b>  |       |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .                                                                                                         | <b>7h</b>  |       |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b><br>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .                                          | <b>8</b>   |       |
| <b>9a</b>  | Did the sponsoring organization make any taxable distributions under section 4966? . . . . .                                                                                                                                                         | <b>9a</b>  |       |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .                                                                                                                                          | <b>9b</b>  |       |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter                                                                                                                                                                                                        |            |       |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12 . . . . .                                                                                                                                                                   | <b>10a</b> |       |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .                                                                                                                                                | <b>10b</b> |       |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter                                                                                                                                                                                                       |            |       |
| <b>a</b>   | Gross income from members or shareholders . . . . .                                                                                                                                                                                                  | <b>11a</b> |       |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .                                                                                                               | <b>11b</b> |       |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .                                                                                                                          | <b>12a</b> |       |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .                                                                                                                                                      | <b>12b</b> |       |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                              |            |       |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O . . . . .                                               | <b>13a</b> |       |
| <b>b</b>   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .                                                                                  | <b>13b</b> |       |
| <b>c</b>   | Enter the amount of reserves on hand . . . . .                                                                                                                                                                                                       | <b>13c</b> |       |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year? . . . . .                                                                                                                                                 | <b>14a</b> | No    |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .                                                                                                                                  | <b>14b</b> |       |

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

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

**Section A. Governing Body and Management**

|           |                                                                                                                                                                                                                     | Yes | No |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year                                                                                                                                 |     |    |
|           | 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>1b</b> | Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                  |     |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?                                               | Yes |    |
| <b>3</b>  | 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? |     | No |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                    |     | No |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                          |     | No |
| <b>6</b>  | Did the organization have members or stockholders?                                                                                                                                                                  | Yes |    |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?                                                                  | Yes |    |
| <b>7b</b> | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?                                                           | Yes |    |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                   |     |    |
| <b>8a</b> | The governing body?                                                                                                                                                                                                 | Yes |    |
| <b>8b</b> | Each committee with authority to act on behalf of the governing body?                                                                                                                                               | Yes |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.       |     | No |

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

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

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
**►**NANCY PINA 750 FIRST STREET NE WASHINGTON, DC 20002 (202) 336-5827

Check if Schedule O contains a response or note to any line in this Part VII ☒

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

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

[illegible]

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

| (A)<br>Name and Title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| See Additional Data Table                                      |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>1b Sub-Total</b>                                            |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                            |                                                                                                           |                       |         |              |                              |        | 6,532,541                                                            | 0                                                                         | 685,445                                                                                       |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 127**

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address                                      | (B)<br>Description of services | (C)<br>Compensation |
|-----------------------------------------------------------------------|--------------------------------|---------------------|
| CENVEO PUBLISHER SERVICES,<br>PO BOX 822934<br>PHILADELPHIA, PA 19182 | PUBLISHING                     | 6,051,022           |
| WILMERHALE,<br>POBOX 0642<br>CHICAGO, IL 60673                        | LEGAL SERVICES                 | 1,037,421           |
| INNODATA ISOGEN INC,<br>3 UNIVERSITY PLAZA<br>HACKENSACK, NJ 07601    | DIGITAL CONTENT SVCS           | 1,030,258           |
| VIRTUSA CORPORATION,<br>25512 NETWORK PLACE<br>CHICAGO, IL 60673      | ITS SERVICES                   | 838,984             |
| BRIGHTKEY INC,<br>9050 JUNCTION DRIVE<br>ANNAPOLIS, MD 20701          | FULFILLMENT SERVICES           | 804,536             |

**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 **▶ 72**



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

|                                                                   |                                                                                                                                                      |                           | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512-514 |
|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------|----------------------------------------------------|-----------------------------------------|------------------------------------------------------------------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b> | <b>1a</b> Federated campaigns . . .                                                                                                                  | <b>1a</b>                 |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>b</b> Membership dues . . .                                                                                                                       | <b>1b</b>                 |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>c</b> Fundraising events . . .                                                                                                                    | <b>1c</b>                 |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>d</b> Related organizations                                                                                                                       | <b>1d</b>                 |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>e</b> Government grants (contributions)                                                                                                           | <b>1e</b>                 | 2,060,892            |                                                    |                                         |                                                                  |
|                                                                   | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included<br>above                                                        | <b>1f</b>                 | 203,671              |                                                    |                                         |                                                                  |
|                                                                   | <b>g</b> Noncash contributions included<br>in lines 1a-1f \$ _____                                                                                   |                           |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>h Total.</b> Add lines 1a-1f . . . . .                                                                                                            |                           | 2,264,563            |                                                    |                                         |                                                                  |
| <b>Program Service Revenue</b>                                    |                                                                                                                                                      | Business Code             |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>2a</b> LICENSING FEES                                                                                                                             | 541900                    | 70,071,867           | 70,071,867                                         |                                         |                                                                  |
|                                                                   | <b>b</b> JOURNAL SUBSCRIPTIONS                                                                                                                       | 111000                    | 11,994,031           | 9,642,000                                          | 2,352,031                               |                                                                  |
|                                                                   | <b>c</b> MEMBERSHIP DUES                                                                                                                             | 900099                    | 9,302,378            | 9,302,378                                          |                                         |                                                                  |
|                                                                   | <b>d</b> PUBLICATION SALES                                                                                                                           | 511120                    | 13,726,702           | 13,726,702                                         |                                         |                                                                  |
|                                                                   | <b>e</b> CONVENTION AND CONFERENCE FEES                                                                                                              | 611600                    | 2,499,866            | 2,499,866                                          |                                         |                                                                  |
|                                                                   | <b>f</b> All other program service revenue                                                                                                           |                           | 4,340,770            | 4,340,770                                          |                                         |                                                                  |
|                                                                   | <b>g Total.</b> Add lines 2a-2f . . . . .                                                                                                            |                           | 111,935,614          |                                                    |                                         |                                                                  |
| <b>Other Revenue</b>                                              | <b>3</b> Investment income (including dividends, interest, and other<br>similar amounts) . . . . .                                                   |                           | 1,379,577            |                                                    |                                         | 1,379,577                                                        |
|                                                                   | <b>4</b> Income from investment of tax-exempt bond proceeds                                                                                          |                           | 0                    |                                                    |                                         |                                                                  |
|                                                                   | <b>5</b> Royalties . . . . .                                                                                                                         |                           | 641,313              |                                                    |                                         | 641,313                                                          |
|                                                                   | <b>6a</b> Gross rents                                                                                                                                | (i) Real (ii) Personal    |                      |                                                    |                                         |                                                                  |
|                                                                   |                                                                                                                                                      | 26,906,983                |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>b</b> Less rental expenses                                                                                                                        | 21,287,341                |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>c</b> Rental income or<br>(loss)                                                                                                                  | 5,619,642 0               |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>d</b> Net rental income or (loss) . . . . .                                                                                                       |                           | 5,619,642            |                                                    | 1,797,574                               | 3,822,068                                                        |
|                                                                   | <b>7a</b> Gross amount<br>from sales of<br>assets other<br>than inventory                                                                            | (i) Securities (ii) Other |                      |                                                    |                                         |                                                                  |
|                                                                   |                                                                                                                                                      | 36,337,611                |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>b</b> Less cost or<br>other basis and<br>sales expenses                                                                                           | 35,148,419                |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>c</b> Gain or (loss)                                                                                                                              | 1,189,192                 |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>d</b> Net gain or (loss) . . . . .                                                                                                                |                           | 1,189,120            |                                                    |                                         | 1,189,120                                                        |
|                                                                   | <b>8a</b> Gross income from fundraising events<br>(not including \$ _____ of<br>contributions reported on line 1c)<br>See Part IV, line 18 . . . . . | <b>a</b> 0                |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>b</b> Less direct expenses . . . . .                                                                                                              | <b>b</b> 0                |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>c</b> Net income or (loss) from fundraising events . . . . .                                                                                      |                           | 0                    |                                                    |                                         |                                                                  |
|                                                                   | <b>9a</b> Gross income from gaming activities<br>See Part IV, line 19 . . . . .                                                                      | <b>a</b> 0                |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>b</b> Less direct expenses . . . . .                                                                                                              | <b>b</b> 0                |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>c</b> Net income or (loss) from gaming activities . . . . .                                                                                       |                           | 0                    |                                                    |                                         |                                                                  |
|                                                                   | <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . .                                                                        | <b>a</b> 0                |                      |                                                    |                                         |                                                                  |
| <b>b</b> Less cost of goods sold . . . . .                        | <b>b</b> 0                                                                                                                                           |                           |                      |                                                    |                                         |                                                                  |
| <b>c</b> Net income or (loss) from sales of inventory . . . . .   |                                                                                                                                                      | 0                         |                      |                                                    |                                         |                                                                  |
| Miscellaneous Revenue                                             |                                                                                                                                                      | Business Code             |                      |                                                    |                                         |                                                                  |
| <b>11a</b> APA OTHER REVENUE                                      | 900099                                                                                                                                               | 1,245,605                 |                      |                                                    | 1,245,605                               |                                                                  |
| <b>b</b> MAILING LIST RENTAL                                      | 533110                                                                                                                                               | 71,526                    |                      | 71,526                                             |                                         |                                                                  |
| <b>c</b> MISCELLANEOUS                                            | 900099                                                                                                                                               | 52,426                    |                      |                                                    | 52,426                                  |                                                                  |
| <b>d</b> All other revenue . . . . .                              |                                                                                                                                                      |                           |                      |                                                    |                                         |                                                                  |
| <b>e Total.</b> Add lines 11a-11d . . . . .                       |                                                                                                                                                      | 1,369,557                 |                      |                                                    |                                         |                                                                  |
| <b>12 Total revenue.</b> See Instructions . . . . .               |                                                                                                                                                      | 124,399,386               | 109,583,583          | 4,221,131                                          | 8,330,109                               |                                                                  |

**Part IX Statement of Functional Expenses**

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

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

|                                                                                                                                                                                                                                                   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.                                                                                                                                    | 761,121               | 761,121                         |                                        |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.                                                                                                                                                               | 1,348,414             | 1,348,414                       |                                        |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.                                                                                                         | 0                     | 0                               |                                        |                             |
| <b>4</b> Benefits paid to or for members.                                                                                                                                                                                                         | 0                     |                                 |                                        |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees.                                                                                                                                                                | 5,117,503             | 3,600,160                       | 1,517,343                              |                             |
| <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).                                                                                           | 0                     |                                 |                                        |                             |
| <b>7</b> Other salaries and wages.                                                                                                                                                                                                                | 45,051,153            | 31,408,132                      | 13,643,021                             |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).                                                                                                                                     | 2,480,626             |                                 | 2,480,626                              |                             |
| <b>9</b> Other employee benefits.                                                                                                                                                                                                                 | 6,259,903             |                                 | 6,259,903                              |                             |
| <b>10</b> Payroll taxes.                                                                                                                                                                                                                          | 3,507,489             |                                 | 3,507,489                              |                             |
| <b>11</b> Fees for services (non-employees):                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| <b>a</b> Management.                                                                                                                                                                                                                              | 0                     |                                 |                                        |                             |
| <b>b</b> Legal.                                                                                                                                                                                                                                   | 847,823               | 60,724                          | 787,099                                |                             |
| <b>c</b> Accounting.                                                                                                                                                                                                                              | 173,865               |                                 | 173,865                                |                             |
| <b>d</b> Lobbying.                                                                                                                                                                                                                                | 284,798               | 284,798                         |                                        |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17.                                                                                                                                                                                 | 0                     |                                 |                                        |                             |
| <b>f</b> Investment management fees.                                                                                                                                                                                                              | 387,737               |                                 | 387,737                                |                             |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).                                                                                                                              | 11,367,311            | 8,287,309                       | 3,080,002                              |                             |
| <b>12</b> Advertising and promotion.                                                                                                                                                                                                              | 3,695,286             | 3,561,685                       | 133,601                                |                             |
| <b>13</b> Office expenses.                                                                                                                                                                                                                        | 12,503,026            | 11,933,938                      | 569,088                                |                             |
| <b>14</b> Information technology.                                                                                                                                                                                                                 | 4,463,829             | 971,087                         | 3,492,742                              |                             |
| <b>15</b> Royalties.                                                                                                                                                                                                                              | 3,524,087             | 3,524,087                       |                                        |                             |
| <b>16</b> Occupancy.                                                                                                                                                                                                                              | 8,155,362             |                                 | 8,155,362                              |                             |
| <b>17</b> Travel.                                                                                                                                                                                                                                 | 3,772,617             | 3,455,972                       | 316,645                                |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.                                                                                                                                         | 0                     |                                 |                                        |                             |
| <b>19</b> Conferences, conventions, and meetings.                                                                                                                                                                                                 | 4,738,866             | 2,425,119                       | 2,313,747                              |                             |
| <b>20</b> Interest.                                                                                                                                                                                                                               | 1,087,266             |                                 | 1,087,266                              |                             |
| <b>21</b> Payments to affiliates.                                                                                                                                                                                                                 | 0                     |                                 |                                        |                             |
| <b>22</b> Depreciation, depletion, and amortization.                                                                                                                                                                                              | 2,109,989             |                                 | 2,109,989                              |                             |
| <b>23</b> Insurance.                                                                                                                                                                                                                              | 889,560               |                                 | 889,560                                |                             |
| <b>24</b> 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.)                                       |                       |                                 |                                        |                             |
| <b>a</b> INCOME TAX EXPENSE                                                                                                                                                                                                                       | 799,554               |                                 | 799,554                                |                             |
| <b>b</b> OVERHEAD RECOVERY                                                                                                                                                                                                                        | -6,734,646            | -2,665,102                      | -4,069,544                             |                             |
| <b>c</b> ALLOCATED COSTS                                                                                                                                                                                                                          | 2,885,073             | 16,914,439                      | -14,029,366                            |                             |
| <b>d</b> HONORARIA/STIPENDS                                                                                                                                                                                                                       | 2,973,808             | 2,878,942                       | 94,866                                 | 0                           |
| <b>e</b> All other expenses                                                                                                                                                                                                                       | 890,876               | 464,071                         | 426,805                                |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e.                                                                                                                                                                                     | 123,342,296           | 89,214,896                      | 34,127,400                             | 0                           |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |                                        |                             |

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

|                                    |                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                |             | (A)<br>Beginning of year |             | (B)<br>End of year |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------|-------------|--------------------|
| <b>Assets</b>                      | <b>1</b>                                                                                                                                                     | Cash—non-interest-bearing . . . . .                                                                                                                                                                                                                                                                                            |             | 750                      | <b>1</b>    | 750                |
|                                    | <b>2</b>                                                                                                                                                     | Savings and temporary cash investments . . . . .                                                                                                                                                                                                                                                                               |             | 45,703,425               | <b>2</b>    | 53,041,278         |
|                                    | <b>3</b>                                                                                                                                                     | Pledges and grants receivable, net . . . . .                                                                                                                                                                                                                                                                                   |             | 0                        | <b>3</b>    | 0                  |
|                                    | <b>4</b>                                                                                                                                                     | Accounts receivable, net . . . . .                                                                                                                                                                                                                                                                                             |             | 19,186,705               | <b>4</b>    | 19,118,848         |
|                                    | <b>5</b>                                                                                                                                                     | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.                                                                                                                                                           |             | 0                        | <b>5</b>    | 0                  |
|                                    | <b>6</b>                                                                                                                                                     | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. |             | 0                        | <b>6</b>    | 0                  |
|                                    | <b>7</b>                                                                                                                                                     | Notes and loans receivable, net . . . . .                                                                                                                                                                                                                                                                                      |             | 0                        | <b>7</b>    | 0                  |
|                                    | <b>8</b>                                                                                                                                                     | Inventories for sale or use . . . . .                                                                                                                                                                                                                                                                                          |             | 4,045,314                | <b>8</b>    | 3,633,203          |
|                                    | <b>9</b>                                                                                                                                                     | Prepaid expenses and deferred charges . . . . .                                                                                                                                                                                                                                                                                |             | 1,422,709                | <b>9</b>    | 1,188,153          |
|                                    | <b>10a</b>                                                                                                                                                   | Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.                                                                                                                                                                                                                                            | <b>10a</b>  | 173,060,819              |             |                    |
|                                    | <b>b</b>                                                                                                                                                     | Less: accumulated depreciation                                                                                                                                                                                                                                                                                                 | <b>10b</b>  | 91,152,484               |             |                    |
|                                    |                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                |             | 83,990,263               | <b>10c</b>  | 81,908,335         |
|                                    | <b>11</b>                                                                                                                                                    | Investments—publicly traded securities . . . . .                                                                                                                                                                                                                                                                               |             | 58,736,873               | <b>11</b>   | 55,806,286         |
|                                    | <b>12</b>                                                                                                                                                    | Investments—other securities. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                   |             | 0                        | <b>12</b>   | 0                  |
|                                    | <b>13</b>                                                                                                                                                    | Investments—program-related. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                    |             | 0                        | <b>13</b>   | 0                  |
|                                    | <b>14</b>                                                                                                                                                    | Intangible assets . . . . .                                                                                                                                                                                                                                                                                                    |             | 0                        | <b>14</b>   | 0                  |
| <b>15</b>                          | Other assets. See Part IV, line 11 . . . . .                                                                                                                 |                                                                                                                                                                                                                                                                                                                                | 17,335,478  | <b>15</b>                | 16,609,230  |                    |
| <b>16</b>                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .                                                                                   |                                                                                                                                                                                                                                                                                                                                | 230,421,517 | <b>16</b>                | 231,306,083 |                    |
| <b>Liabilities</b>                 | <b>17</b>                                                                                                                                                    | Accounts payable and accrued expenses . . . . .                                                                                                                                                                                                                                                                                |             | 18,695,509               | <b>17</b>   | 17,617,471         |
|                                    | <b>18</b>                                                                                                                                                    | Grants payable . . . . .                                                                                                                                                                                                                                                                                                       |             | 0                        | <b>18</b>   | 0                  |
|                                    | <b>19</b>                                                                                                                                                    | Deferred revenue . . . . .                                                                                                                                                                                                                                                                                                     |             | 52,233,889               | <b>19</b>   | 52,394,464         |
|                                    | <b>20</b>                                                                                                                                                    | Tax-exempt bond liabilities . . . . .                                                                                                                                                                                                                                                                                          |             | 12,950,000               | <b>20</b>   | 12,115,000         |
|                                    | <b>21</b>                                                                                                                                                    | Escrow or custodial account liability. Complete Part IV of Schedule D.                                                                                                                                                                                                                                                         |             | 10,037,641               | <b>21</b>   | 10,466,299         |
|                                    | <b>22</b>                                                                                                                                                    | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .                                                                                                                                 |             | 0                        | <b>22</b>   | 0                  |
|                                    | <b>23</b>                                                                                                                                                    | Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                                                                                                                                                                       |             | 77,440,136               | <b>23</b>   | 74,064,831         |
|                                    | <b>24</b>                                                                                                                                                    | Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                                                                                                                                                                         |             | 0                        | <b>24</b>   | 0                  |
|                                    | <b>25</b>                                                                                                                                                    | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.                                                                                                                                                         |             | 16,975,067               | <b>25</b>   | 14,929,954         |
|                                    | <b>26</b>                                                                                                                                                    | <b>Total liabilities.</b> Add lines 17 through 25 . . . . .                                                                                                                                                                                                                                                                    |             | 188,332,242              | <b>26</b>   | 181,588,019        |
| <b>Net Assets or Fund Balances</b> | <b>Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> |                                                                                                                                                                                                                                                                                                                                |             |                          |             |                    |
|                                    | <b>27</b>                                                                                                                                                    | Unrestricted net assets                                                                                                                                                                                                                                                                                                        |             | 42,089,275               | <b>27</b>   | 49,718,064         |
|                                    | <b>28</b>                                                                                                                                                    | Temporarily restricted net assets . . . . .                                                                                                                                                                                                                                                                                    |             | 0                        | <b>28</b>   | 0                  |
|                                    | <b>29</b>                                                                                                                                                    | Permanently restricted net assets                                                                                                                                                                                                                                                                                              |             | 0                        | <b>29</b>   | 0                  |
|                                    | <b>Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.</b>                          |                                                                                                                                                                                                                                                                                                                                |             |                          |             |                    |
|                                    | <b>30</b>                                                                                                                                                    | Capital stock or trust principal, or current funds . . . . .                                                                                                                                                                                                                                                                   |             |                          | <b>30</b>   |                    |
|                                    | <b>31</b>                                                                                                                                                    | Paid-in or capital surplus, or land, building or equipment fund . . . . .                                                                                                                                                                                                                                                      |             |                          | <b>31</b>   |                    |
|                                    | <b>32</b>                                                                                                                                                    | Retained earnings, endowment, accumulated income, or other funds                                                                                                                                                                                                                                                               |             |                          | <b>32</b>   |                    |
| <b>33</b>                          | <b>Total net assets or fund balances . . . . .</b>                                                                                                           |                                                                                                                                                                                                                                                                                                                                | 42,089,275  | <b>33</b>                | 49,718,064  |                    |
| <b>34</b>                          | <b>Total liabilities and net assets/fund balances . . . . .</b>                                                                                              |                                                                                                                                                                                                                                                                                                                                | 230,421,517 | <b>34</b>                | 231,306,083 |                    |

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

|           |                                                                                                               |           |             |
|-----------|---------------------------------------------------------------------------------------------------------------|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)                                                     | <b>1</b>  | 124,399,386 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)                                                      | <b>2</b>  | 123,342,296 |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1                                                             | <b>3</b>  | 1,057,090   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b>  | 42,089,275  |
| <b>5</b>  | Net unrealized gains (losses) on investments                                                                  | <b>5</b>  | 4,617,379   |
| <b>6</b>  | Donated services and use of facilities                                                                        | <b>6</b>  |             |
| <b>7</b>  | Investment expenses                                                                                           | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments                                                                                      | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)                                          | <b>9</b>  | 1,954,320   |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 49,718,064  |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O                                                                                                                                         |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| <b>b</b> Were the organization's financial statements audited by an independent accountant?<br>If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | Yes |    |
| <b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O                                                                     | Yes |    |
| <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?                                                                                                                                                                                                                                                                 | Yes |    |
| <b>b</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                                                                                                                                                                                                      | Yes |    |

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 53-0205890  
**Name:** AMERICAN PSYCHOLOGICAL ASSOCIATION INC

Form 990 (2016)

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

The APA Publications and Databases Office is responsible for the dissemination of psychological information worldwide. Information dissemination projects include 90 scholarly journals, a book and video publishing program, and seven electronic database products. In 2016, the APA journals program published more than 4,700 articles in 48 journal issues. By the end of 2016, PsycARTICLES, the electronic database product containing full-text journal content contained over 348,000 article records, dating back to 1894. During 2016, APA released 56 book titles in a variety of formats. APAs self-help imprint, released the 2 new titles in 2016. Magination Press, APAs childrens book imprint, released 17 new titles, several of which won multiple awards and honors. The reference division of APAs books program published the APA Handbook of Clinical Psychology (5-volume set), APA Handbook of Community Psychology (2-volume set), and APA College Dictionary of Psychology, Second Edition (5,500 entries). APA also released 18 new video titles on DVD and 35 titles into APAs database of streaming psychotherapy videos, PsycTHERAPY. At the end of 2016, the PsycBOOKS database contained 4,330 books and 64,864 chapters. 206,092 records were released into the PsycINFO database in 2016, bringing the total number of records in the database to 4,216,121. In addition, 7,179,987 cited references were released, bringing the total number of cited references in the database to 93,865,286. The number of journals covered by PsycINFO at the end of 2016 was nearly 2,500. PsycINFO also includes the metadata records for the PsycARTICLES, PsycBOOKS, and PsycCRITIQUES databases. PsycTESTS, the research database on psychological tests, measures, scales, surveys and other assessments, had a total of 42,548 records. PsycEXTRA, the gray literature database that includes both bibliographic records and full text content, increased by 2,560 in 2016 and totaled 357,796 records. 520 book and film reviews were added to PsycCRITIQUES, the database of book and film reviews, as of 2016 there were 42,529 total reviews.

## **Form 990, Part III, Line 4b:**

The APA Education directorate plays a strong role in the area of quality assurance for 1075 accredited programs in professional psychology. There are currently 803 approved sponsors of continuing education. The directorate also plays an important role in shaping the educational experience of tomorrow's psychologists and in providing continuing professional education for today's practitioner. Continuing education is offered through 288 web delivered programs, and 235 book-based and journal article-based programs. 386 continuing education opportunities were offered before and during the 2016 APA convention in Denver, CO.

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

The APA Public Interest directorate applies the science and practice of psychology to the fundamental problems of human welfare and social justice and the promotion of equitable and just treatment of all segments of society through education, training, and public policy. In 2016 the directorate managed over \$2.5 million in federal and foundation grants addressing HIV/AIDS research, prevention, and care, lesbian, gay, bisexual, and transgender adult and adolescent health, well-being, and human rights, health disparities and smoking cessation in health priority groups, and ethnic minority training. Among 2016 APA-funded programs and activities were advocacy related to public interest issues, and activities addressing psychological issues related to women, children, youth, and families, sexual orientation and gender diversity, racial and ethnic minorities, HIV/aids, socioeconomic status, violence prevention, disability, aging, work, stress, and health, health disparities, and human rights.

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| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| (A)<br>Name and Title                                                                                                                         | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|                                                                                                                                               |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| Susan H McDaniel PhD<br>.....<br>President                                                                                                    | 18 0<br>.....<br>1 0                                                                       | X                                                                                                         |                       |         |              |                              |        | 43,100                                                                | 0                                                                          | 0                                                                                             |
| Bonnie Markham PhD<br>.....<br>Treasurer                                                                                                      | 16 0<br>.....<br>1 0                                                                       | X                                                                                                         |                       |         |              |                              |        | 23,100                                                                | 0                                                                          | 0                                                                                             |
| Barry S Anton PhD<br>.....<br>Past President                                                                                                  | 11 0<br>.....<br>1 0                                                                       | X                                                                                                         |                       |         |              |                              |        | 18,600                                                                | 0                                                                          | 0                                                                                             |
| Jennifer F Kelly PhD<br>.....<br>Recording Secretary                                                                                          | 11 0<br>.....<br>1 0                                                                       | X                                                                                                         |                       |         |              |                              |        | 18,600                                                                | 0                                                                          | 0                                                                                             |
| Antonio E Puente PhD<br>.....<br>President-Elect                                                                                              | 11 0<br>.....<br>1 0                                                                       | X                                                                                                         |                       |         |              |                              |        | 18,600                                                                | 0                                                                          | 0                                                                                             |
| Christine Jehu PhD<br>.....<br>APAGS Member                                                                                                   | 9 0<br>.....<br>1 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 14,600                                                                | 0                                                                          | 0                                                                                             |
| Linda F Campbell PhD<br>.....<br>Member-at-Large                                                                                              | 9 0<br>.....<br>1 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 14,600                                                                | 0                                                                          | 0                                                                                             |
| Helen L Coons PhD<br>.....<br>Member-at-Large                                                                                                 | 9 0<br>.....<br>1 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 14,600                                                                | 0                                                                          | 0                                                                                             |
| Richard M McGraw PhD<br>.....<br>Member-at-Large                                                                                              | 9 0<br>.....<br>1 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 14,600                                                                | 0                                                                          | 0                                                                                             |
| Diana L Prescott PhD<br>.....<br>Member-at-Large                                                                                              | 9 0<br>.....<br>1 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 14,600                                                                | 0                                                                          | 0                                                                                             |



| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| (A)<br>Name and Title                                                                                                                         | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|                                                                                                                                               |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| Sandra L Shullman PhD<br>.....<br>Member-at-Large                                                                                             | 9 0<br>.....<br>1 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 14,600                                                                | 0                                                                          | 0                                                                                             |
| Frank C Worrell PhD<br>.....<br>Member-at-Large                                                                                               | 9 0<br>.....<br>1 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 14,600                                                                | 0                                                                          | 0                                                                                             |
| Anne E Kazak PhD<br>.....<br>COR MEMBER                                                                                                       | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 25,000                                                                | 0                                                                          | 0                                                                                             |
| Danny Wedding PhD<br>.....<br>COR MEMBER                                                                                                      | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 23,600                                                                | 0                                                                          | 0                                                                                             |
| Paula R Pietromonaco PhD<br>.....<br>COR MEMBER                                                                                               | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 10,400                                                                | 0                                                                          | 0                                                                                             |
| Bernard C Beins PhD<br>.....<br>COR MEMBER                                                                                                    | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 10,000                                                                | 0                                                                          | 0                                                                                             |
| Steven Neal Gold PhD<br>.....<br>COR MEMBER                                                                                                   | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 10,000                                                                | 0                                                                          | 0                                                                                             |
| Elizabeth A Klonoff PhD<br>.....<br>COR MEMBER                                                                                                | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 6,250                                                                 | 0                                                                          | 0                                                                                             |
| Mark B Sobell PhD<br>.....<br>COR MEMBER                                                                                                      | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 3,750                                                                 | 0                                                                          | 0                                                                                             |
| Marianne Celano PhD<br>.....<br>COR MEMBER                                                                                                    | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 2,500                                                                 | 0                                                                          | 0                                                                                             |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |                                                                                     |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| (A)<br>Name and Title                                                                                                                         | Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|                                                                                                                                               |                                                                                     | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| Tammy L Hughes PhD<br>.....<br>COR MEMBER                                                                                                     | 1 0<br>.....<br>0 0                                                                 | X                                                                                                         |                       |         |              |                              |        | 1,500                                                                 | 0                                                                          | 0                                                                                             |
| Mary A Fristad PhD<br>.....<br>COR MEMBER                                                                                                     | 1 0<br>.....<br>0 0                                                                 | X                                                                                                         |                       |         |              |                              |        | 1,225                                                                 | 0                                                                          | 0                                                                                             |
| Lisa M Osbeck PhD<br>.....<br>COR MEMBER                                                                                                      | 1 0<br>.....<br>0 0                                                                 | X                                                                                                         |                       |         |              |                              |        | 1,000                                                                 | 0                                                                          | 0                                                                                             |
| John C Norcross PhD<br>.....<br>COR MEMBER                                                                                                    | 1 0<br>.....<br>0 0                                                                 | X                                                                                                         |                       |         |              |                              |        | 500                                                                   | 0                                                                          | 0                                                                                             |
| James H Bray PhD<br>.....<br>COR MEMBER                                                                                                       | 1 0<br>.....<br>0 0                                                                 | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| William B Gunn PhD<br>.....<br>COR MEMBER                                                                                                     | 1 0<br>.....<br>0 0                                                                 | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| William L Hathaway PhD<br>.....<br>COR MEMBER                                                                                                 | 1 0<br>.....<br>0 0                                                                 | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Larry C James PhD<br>.....<br>COR MEMBER                                                                                                      | 1 0<br>.....<br>0 0                                                                 | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Joel D Lieberman PhD<br>.....<br>COR MEMBER                                                                                                   | 1 0<br>.....<br>0 0                                                                 | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Robert E Mcgrath PhD<br>.....<br>COR MEMBER                                                                                                   | 1 0<br>.....<br>0 0                                                                 | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |

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

| (A)<br>Name and Title                              | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                    |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| Robert J Resnick PhD<br>.....<br>COR MEMBER        | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Norman Abeles PhD<br>.....<br>COR MEMBER           | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Kenneth M Adams PhD<br>.....<br>COR MEMBER         | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Luisa Alvarez-Dominguez PhD<br>.....<br>COR MEMBER | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Martin J Amerikaner PhD<br>.....<br>COR MEMBER     | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Jean Maria Arrigo PhD<br>.....<br>COR MEMBER       | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Laura H Barbanel PhD<br>.....<br>COR MEMBER        | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Sally H Barlow PhD<br>.....<br>COR MEMBER          | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Heather Belanger PhD<br>.....<br>COR MEMBER        | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Stacey Lynn Benson PhD<br>.....<br>COR MEMBER      | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |

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

(A)

(B)

(C)

(D)

(E)

(F)

| 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) |                       |         |              |                              |        | Reportable compensation from the organization (W- 2/1099-MISC) | Reportable compensation from related organizations (W- 2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------|
|                                                  |                                                                                     | Individual trustee or director                                                                     | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                |                                                                     |                                                                                        |
| Guillermo Bernal PhD<br>.....<br>COR MEMBER      | 1 0<br>.....<br>0 0                                                                 | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |
| Dina Birman PhD<br>.....<br>COR MEMBER           | 1 0<br>.....<br>0 0                                                                 | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |
| Sandra J Bishop-Josef PhD<br>.....<br>COR MEMBER | 1 0<br>.....<br>0 0                                                                 | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |
| Judith S Blanton PhD<br>.....<br>COR MEMBER      | 1 0<br>.....<br>0 0                                                                 | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |
| Kenneth H Bohm PhD<br>.....<br>COR MEMBER        | 1 0<br>.....<br>0 0                                                                 | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |
| Thomas J Boll PhD<br>.....<br>COR MEMBER         | 1 0<br>.....<br>0 0                                                                 | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |
| Linda F Brown PhD<br>.....<br>COR MEMBER         | 1 0<br>.....<br>0 0                                                                 | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |
| Sarah Estes Burgamy PhD<br>.....<br>COR MEMBER   | 1 0<br>.....<br>0 0                                                                 | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |
| Eric M Butter PhD<br>.....<br>COR MEMBER         | 1 0<br>.....<br>0 0                                                                 | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |
| Elizabeth K Carll PhD<br>.....<br>COR MEMBER     | 1 0<br>.....<br>0 0                                                                 | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |

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

(A)

(B)

(C)

(D)

(E)

(F)

| 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) |                       |         |              |                              |        | Reportable compensation from the organization (W- 2/1099-MISC) | Reportable compensation from related organizations (W- 2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations |
|-------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------|
|                                                 |                                                                                     | Individual trustee or director                                                                     | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                |                                                                     |                                                                                        |
| Jean A Carter PhD<br>.....<br>COR MEMBER        | 1 0<br>.....<br>0 0                                                                 | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |
| Kim A Case PhD<br>.....<br>COR MEMBER           | 1 0<br>.....<br>0 0                                                                 | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |
| Armand R Cerbone PhD<br>.....<br>COR MEMBER     | 1 0<br>.....<br>0 0                                                                 | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |
| Georgia T Chao PhD<br>.....<br>COR MEMBER       | 1 0<br>.....<br>0 0                                                                 | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |
| Nicolas Luc Chevrier PhD<br>.....<br>COR MEMBER | 1 0<br>.....<br>0 0                                                                 | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |
| Jean Lau Chin PhD<br>.....<br>COR MEMBER        | 1 0<br>.....<br>0 0                                                                 | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |
| June W J Ching PhD<br>.....<br>COR MEMBER       | 1 0<br>.....<br>0 0                                                                 | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |
| Y Barry Chung PhD<br>.....<br>COR MEMBER        | 1 0<br>.....<br>0 0                                                                 | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |
| Scott D Churchill PhD<br>.....<br>COR MEMBER    | 1 0<br>.....<br>0 0                                                                 | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |
| Susan D Clayton PhD<br>.....<br>COR MEMBER      | 1 0<br>.....<br>0 0                                                                 | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |

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

| (A)<br>Name and Title                               | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                     |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| Annabel J Cohen PhD<br>.....<br>COR MEMBER          | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Ester Cole PhD<br>.....<br>COR MEMBER               | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Regina C Colonia-Willner PhD<br>.....<br>COR MEMBER | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| J Travis Colwell PhD<br>.....<br>COR MEMBER         | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Chester D Copemann PhD<br>.....<br>COR MEMBER       | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Joseph J Coyne PhD<br>.....<br>COR MEMBER           | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Marybeth M Cresci PhD<br>.....<br>COR MEMBER        | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Timothy W Curby PhD<br>.....<br>COR MEMBER          | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Eugene Joseph D'angelo PhD<br>.....<br>COR MEMBER   | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Eduardo I Diaz PhD<br>.....<br>COR MEMBER           | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |

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

| (A)<br>Name and Title                                | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                      |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| David L Downing PhD<br>.....<br>COR MEMBER           | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Changming Duan PhD<br>.....<br>COR MEMBER            | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Frank Farley PhD<br>.....<br>COR MEMBER              | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Cathy Lee Faye PhD<br>.....<br>COR MEMBER            | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| June E Feder PhD<br>.....<br>COR MEMBER              | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Charles R Figley PhD<br>.....<br>COR MEMBER          | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Sarah Landau Friedman PhD<br>.....<br>COR MEMBER     | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Bravada Garrett-Akinsanya PhD<br>.....<br>COR MEMBER | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Courtney Osmus Ghormley PhD<br>.....<br>COR MEMBER   | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Elisabeth N Gibbings PhD<br>.....<br>COR MEMBER      | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |

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

| (A)<br>Name and Title                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| Kimberly A Gorgens PhD<br>.....<br>COR MEMBER  | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Barney Greenspan PhD<br>.....<br>COR MEMBER    | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Thomas Grisso PhD<br>.....<br>COR MEMBER       | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Lisa R Grossman PhD<br>.....<br>COR MEMBER     | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Michele Harway PhD<br>.....<br>COR MEMBER      | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| David L Hayes PhD<br>.....<br>COR MEMBER       | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Michael L Hendricks PhD<br>.....<br>COR MEMBER | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Angela O Herzog PhD<br>.....<br>COR MEMBER     | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Walter J Hillabrant PhD<br>.....<br>COR MEMBER | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Laura W Hughes PhD<br>.....<br>COR MEMBER      | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |





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

| (A)<br>Name and Title                           | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                 |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| Deirdre J Knapp PhD<br>.....<br>COR MEMBER      | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Linda K Knauss PhD<br>.....<br>COR MEMBER       | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Gerald P Koocher PhD<br>.....<br>COR MEMBER     | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Mark A Krause PhD<br>.....<br>COR MEMBER        | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Gary P Latham PhD<br>.....<br>COR MEMBER        | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Jeanne Marie Leblanc PhD<br>.....<br>COR MEMBER | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Ronald F Levant PhD<br>.....<br>COR MEMBER      | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Anthony Liguori PhD<br>.....<br>COR MEMBER      | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Harry C Linneman PhD<br>.....<br>COR MEMBER     | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Lisa Marie Linning PhD<br>.....<br>COR MEMBER   | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |

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

| (A)<br>Name and Title                           | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                 |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| Elizabeth Lonning PhD<br>.....<br>COR MEMBER    | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Caleb Loring PhD<br>.....<br>COR MEMBER         | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Suniya S Luthar PhD<br>.....<br>COR MEMBER      | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Milton J Marasch PhD<br>.....<br>COR MEMBER     | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| M Jackson Marr PhD<br>.....<br>COR MEMBER       | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Marsha Dingle Mccary PhD<br>.....<br>COR MEMBER | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Nancy A Mcgarrah PhD<br>.....<br>COR MEMBER     | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| John G Mehm PhD<br>.....<br>COR MEMBER          | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| David Harlow Mills PhD<br>.....<br>COR MEMBER   | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Marta Miranda PhD<br>.....<br>COR MEMBER        | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |

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

| (A)<br>Name and Title                             | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                   |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| Nancy S Molitor PhD<br>.....<br>COR MEMBER        | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Linda R Mona PhD<br>.....<br>COR MEMBER           | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Eduardo S Morales PhD<br>.....<br>COR MEMBER      | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Donald P Moss PhD<br>.....<br>COR MEMBER          | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Shane M Murphy PhD<br>.....<br>COR MEMBER         | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Bonnie K Nastasi PhD<br>.....<br>COR MEMBER       | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Darlyne G Nemeth PhD<br>.....<br>COR MEMBER       | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Christopher J Nicholls PhD<br>.....<br>COR MEMBER | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Amy Owen Nieberding PhD<br>.....<br>COR MEMBER    | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Roberta L Nutt PhD<br>.....<br>COR MEMBER         | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |

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

(A)

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| 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) |                       |         |              |                              |        | Reportable compensation from the organization (W- 2/1099-MISC) | Reportable compensation from related organizations (W- 2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------|
|                                                  |                                                                                     | Individual trustee or director                                                                     | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                |                                                                     |                                                                                        |
| Bruce D Nystrom PhD<br>.....<br>COR MEMBER       | 1 0<br>.....<br>0 0                                                                 | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |
| Patrick O'neill PhD<br>.....<br>COR MEMBER       | 1 0<br>.....<br>0 0                                                                 | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |
| J Bruce Overmier PhD<br>.....<br>COR MEMBER      | 1 0<br>.....<br>0 0                                                                 | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |
| Nicky Ozbek PhD<br>.....<br>COR MEMBER           | 1 0<br>.....<br>0 0                                                                 | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |
| Patricia A Parmelee PhD<br>.....<br>COR MEMBER   | 1 0<br>.....<br>0 0                                                                 | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |
| Lawrence Mark Perlman PhD<br>.....<br>COR MEMBER | 1 0<br>.....<br>0 0                                                                 | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |
| Clare K Porac PhD<br>.....<br>COR MEMBER         | 1 0<br>.....<br>0 0                                                                 | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |
| Natalie Porter PhD<br>.....<br>COR MEMBER        | 1 0<br>.....<br>0 0                                                                 | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |
| Steven J Reisner PhD<br>.....<br>COR MEMBER      | 1 0<br>.....<br>0 0                                                                 | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |
| William Revelle PhD<br>.....<br>COR MEMBER       | 1 0<br>.....<br>0 0                                                                 | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |

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

(A)

(B)

(C)

(D)

(E)

(F)

| 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) |                       |         |              |                              |        | Reportable compensation from the organization (W- 2/1099-MISC) | Reportable compensation from related organizations (W- 2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------|
|                                                   |                                                                                     | Individual trustee or director                                                                     | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                |                                                                     |                                                                                        |
| Celiane M Rey-Casserly PhD<br>.....<br>COR MEMBER | 1 0<br>.....<br>0 0                                                                 | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |
| Cheri Smith Reynolds PhD<br>.....<br>COR MEMBER   | 1 0<br>.....<br>0 0                                                                 | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |
| Lisa M Rocchio PhD<br>.....<br>COR MEMBER         | 1 0<br>.....<br>0 0                                                                 | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |
| Ronald H Rozensky PhD<br>.....<br>COR MEMBER      | 1 0<br>.....<br>0 0                                                                 | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |
| Neal S Rubin PhD<br>.....<br>COR MEMBER           | 1 0<br>.....<br>0 0                                                                 | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |
| Dolly C Sadow PhD<br>.....<br>COR MEMBER          | 1 0<br>.....<br>0 0                                                                 | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |
| Dianne S Salter PhD<br>.....<br>COR MEMBER        | 1 0<br>.....<br>0 0                                                                 | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |
| Edward Lee Santos PhD<br>.....<br>COR MEMBER      | 1 0<br>.....<br>0 0                                                                 | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |
| Clifton J Saper PhD<br>.....<br>COR MEMBER        | 1 0<br>.....<br>0 0                                                                 | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |
| K Warner Schaie PhD<br>.....<br>COR MEMBER        | 1 0<br>.....<br>0 0                                                                 | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |

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

| (A)<br>Name and Title                            | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                  |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| Stephen D Scott PhD<br>.....<br>COR MEMBER       | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Kenneth J Sher PhD<br>.....<br>COR MEMBER        | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Peter L Sheras PhD<br>.....<br>COR MEMBER        | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Cheryl H Silver PhD<br>.....<br>COR MEMBER       | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Bruce Nairn Smith PhD<br>.....<br>COR MEMBER     | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Linda C Sobell PhD<br>.....<br>COR MEMBER        | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Samuel Y Song PhD<br>.....<br>COR MEMBER         | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Brian Hunting Stagner PhD<br>.....<br>COR MEMBER | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Bonnie R Strickland PhD<br>.....<br>COR MEMBER   | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| David T Susman PhD<br>.....<br>COR MEMBER        | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |

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

| (A)<br>Name and Title                              | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                    |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| Gyda Swaney PhD<br>.....<br>COR MEMBER             | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Lori Foster Thompson PhD<br>.....<br>COR MEMBER    | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Daniel L Ullman PhD<br>.....<br>COR MEMBER         | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Susana P Urbina PhD<br>.....<br>COR MEMBER         | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Rodney Dirk Vanderploeg PhD<br>.....<br>COR MEMBER | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Luis A Vazquez PhD<br>.....<br>COR MEMBER          | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Lenore E Walker PhD<br>.....<br>COR MEMBER         | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Randall Phillip White PhD<br>.....<br>COR MEMBER   | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Wendy Rose Williams PhD<br>.....<br>COR MEMBER     | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| Robert H Woody PhD<br>.....<br>COR MEMBER          | 1 0<br>.....<br>0 0                                                                        | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |



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

(A)

(B)

(C)

(D)

(E)

(F)

| 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) |                       |         |              |                              |        | Reportable compensation from the organization (W- 2/1099-MISC) | Reportable compensation from related organizations (W- 2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------|
|                                                             |                                                                                     | Individual trustee or director                                                                     | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                |                                                                     |                                                                                        |
| Jeffrey N Younggren PhD<br>.....<br>COR MEMBER              | 1 0<br>.....<br>0 0                                                                 | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |
| Barbara L Ziegler PhD<br>.....<br>COR MEMBER                | 1 0<br>.....<br>0 0                                                                 | X                                                                                                  |                       |         |              |                              |        | 0                                                              | 0                                                                   | 0                                                                                      |
| CYNTHIA D BELAR PHD<br>.....<br>INTERIM, EVP/CEO            | 37 0<br>.....<br>1 0                                                                |                                                                                                    |                       | X       |              |                              |        | 614,424                                                        | 0                                                                   | 23,587                                                                                 |
| ARCHIE L TURNER<br>.....<br>CFO/COO                         | 38 0<br>.....<br>0 0                                                                |                                                                                                    |                       | X       |              |                              |        | 476,357                                                        | 0                                                                   | 101,477                                                                                |
| TONY F HABASH DSC<br>.....<br>CIO                           | 38 0<br>.....<br>0 0                                                                |                                                                                                    |                       |         | X            |                              |        | 453,236                                                        | 0                                                                   | 108,841                                                                                |
| KATHERINE C NORDAL PHD<br>.....<br>ED,PROF PRAC & INTRM DIR | 32 0<br>.....<br>6 0                                                                |                                                                                                    |                       |         | X            |                              |        | 350,088                                                        | 0                                                                   | 65,266                                                                                 |
| JAIME DIAZ-GRANADOS PHD<br>.....<br>ED, EDUCATION           | 38 0<br>.....<br>0 0                                                                |                                                                                                    |                       |         | X            |                              |        | 289,581                                                        | 0                                                                   | 48,181                                                                                 |
| NATHALIE P GILFOYLE JD<br>.....<br>GENERAL COUNSEL          | 38 0<br>.....<br>0 0                                                                |                                                                                                    |                       |         | X            |                              |        | 268,062                                                        | 0                                                                   | 24,017                                                                                 |
| DEANNE OTTAVIANO<br>.....<br>GENERAL COUNSEL                | 38 0<br>.....<br>0 0                                                                |                                                                                                    |                       |         | X            |                              |        | 193,701                                                        | 0                                                                   | 14,170                                                                                 |
| JASPER SIMONS MA<br>.....<br>ED, PUBS & COMM PUBLISHER      | 38 0<br>.....<br>0 0                                                                |                                                                                                    |                       |         | X            |                              |        | 312,552                                                        | 0                                                                   | 48,351                                                                                 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| (A)<br>Name and Title                                                                                                                         | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|                                                                                                                                               |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| IAN D KING MBA<br>.....<br>ED, MEMBER RECRUIT & ENGMT                                                                                         | 38 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         | X            |                              |        | 296,578                                                               | 0                                                                          | 39,491                                                                                        |
| GWENDOLYN P KEITAPHD<br>.....<br>ED,PUBLIC INTEREST                                                                                           | 38 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         |              | X                            |        | 296,567                                                               | 0                                                                          | 39,705                                                                                        |
| NANCY MOORE PHD MBA<br>.....<br>ED, GOVERNANCE AFFAIRS                                                                                        | 38 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         |              | X                            |        | 382,654                                                               | 0                                                                          | 60,068                                                                                        |
| HAROLD KURTZMAN PHD<br>.....<br>ED, SCIENCE (ACTING)                                                                                          | 38 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         |              | X                            |        | 263,246                                                               | 0                                                                          | 24,543                                                                                        |
| ANN SPRINGER<br>.....<br>DEPUTY GENERAL COUNSEL                                                                                               | 38 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         |              | X                            |        | 261,310                                                               | 0                                                                          | 45,460                                                                                        |
| ELISABETH R STRAUS<br>.....<br>EXEC VP/EXEC DIR, APF                                                                                          | 38 0<br>.....<br>0 0                                                                       |                                                                                                           |                       |         |              | X                            |        | 291,284                                                               | 0                                                                          | 29,495                                                                                        |
| NORMAN B ANDERSON PHD<br>.....<br>FORMER - EVP/CEO                                                                                            | 0 0<br>.....<br>0 0                                                                        |                                                                                                           |                       |         |              |                              | X      | 858,815                                                               | 0                                                                          | 12,033                                                                                        |
| RHEA K FARBERMAN<br>.....<br>FORMER ED,PUBLIC & MEMBER COMM                                                                                   | 0 0<br>.....<br>0 0                                                                        |                                                                                                           |                       |         |              |                              | X      | 449,190                                                               | 0                                                                          | 0                                                                                             |
| GARY R VANDENBOS PHD<br>.....<br>FORMER ED,PUBS & COMM PUBLISH                                                                                | 0 0<br>.....<br>0 0                                                                        |                                                                                                           |                       |         |              |                              | X      | 154,971                                                               | 0                                                                          | 760                                                                                           |

|                                           |                                                                                                                                                                                                                                                                                                                                                                  |                                                                     |
|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>SCHEDULE A</b><br>(Form 990 or 990-EZ) | <b>Public Charity Status and Public Support</b><br>Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.<br>▶ Attach to Form 990 or Form 990-EZ.<br>▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> . | OMB No 1545-0047<br><b>2016</b><br><b>Open to Public Inspection</b> |
|                                           | Department of the Treasury<br>Internal Revenue Service<br><b>Name of the organization</b><br>AMERICAN PSYCHOLOGICAL ASSOCIATION INC                                                                                                                                                                                                                              | <b>Employer identification number</b><br>53-0205890                 |

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

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

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

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

Part II

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |         |         |         |         |           |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|---------|-----------|----------|
| Section A. Public Support                                                                                                                                                                                                                                                                                                                                                                                                             |         |         |         |         |           |          |
| <div>Calendar year<br/>(or fiscal year beginning in) ▶</div>                                                                                                                                                                                                                                                                                                                                                                          | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016   | (f)Total |
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")                                                                                                                                                                                                                                                                                                                             |         |         |         |         |           |          |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                                                                                                                                                                                                                                                                              |         |         |         |         |           |          |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                                                                                                                                                                                                                                                                      |         |         |         |         |           |          |
| <b>4 Total.</b> Add lines 1 through 3                                                                                                                                                                                                                                                                                                                                                                                                 |         |         |         |         |           |          |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)                                                                                                                                                                                                                          |         |         |         |         |           |          |
| <b>6 Public support.</b> Subtract line 5 from line 4                                                                                                                                                                                                                                                                                                                                                                                  |         |         |         |         |           |          |
| Section B. Total Support                                                                                                                                                                                                                                                                                                                                                                                                              |         |         |         |         |           |          |
| <div>Calendar year<br/>(or fiscal year beginning in) ▶</div>                                                                                                                                                                                                                                                                                                                                                                          | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016   | (f)Total |
| <b>7</b> Amounts from line 4                                                                                                                                                                                                                                                                                                                                                                                                          |         |         |         |         |           |          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                                                                                                                                                                                                                                                               |         |         |         |         |           |          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on                                                                                                                                                                                                                                                                                                                           |         |         |         |         |           |          |
| <b>10</b> Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI.))                                                                                                                                                                                                                                                                                                                            |         |         |         |         |           |          |
| <b>11 Total support.</b> Add lines 7 through 10                                                                                                                                                                                                                                                                                                                                                                                       |         |         |         |         |           |          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions)                                                                                                                                                                                                                                                                                                                                                             |         |         |         |         | <b>12</b> |          |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>                                                                                                                                                                                                   |         |         |         |         |           |          |
| Section C. Computation of Public Support Percentage                                                                                                                                                                                                                                                                                                                                                                                   |         |         |         |         |           |          |
| <b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))                                                                                                                                                                                                                                                                                                                                      |         |         |         |         | <b>14</b> |          |
| <b>15</b> Public support percentage for 2015 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                                                             |         |         |         |         | <b>15</b> |          |
| <b>16a 33 1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>                                                                                                                                                                           |         |         |         |         |           |          |
| <b>b 33 1/3% support test—2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>                                                                                                                                                                        |         |         |         |         |           |          |
| <b>17a 10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>    |         |         |         |         |           |          |
| <b>b 10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> |         |         |         |         |           |          |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                               |         |         |         |         |           |          |

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

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

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ►                                                                                                                                  | (a)2012     | (b)2013     | (c)2014     | (d)2015     | (e)2016     | (f)Total    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                        | 2,785,859   | 2,534,834   | 1,798,443   | 1,948,661   | 2,264,563   | 11,332,360  |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 99,412,066  | 105,117,603 | 106,620,013 | 105,438,717 | 109,583,583 | 526,171,982 |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |             |             |             |             |             | 0           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |             |             |             |             |             | 0           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |             |             |             |             |             | 0           |
| <b>6 Total.</b> Add lines 1 through 5                                                                                                                                             | 102,197,925 | 107,652,437 | 108,418,456 | 107,387,378 | 111,848,146 | 537,504,342 |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                | 0           | 0           |             |             |             | 0           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |             |             |             |             |             | 0           |
| <b>c</b> Add lines 7a and 7b                                                                                                                                                      | 0           | 0           |             |             |             | 0           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)                                                                                                                          |             |             |             |             |             | 537,504,342 |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►                                                                                                                                                                          | (a)2012     | (b)2013     | (c)2014     | (d)2015     | (e)2016     | (f)Total    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|
| <b>9</b> Amounts from line 6                                                                                                                                                                                              | 102,197,925 | 107,652,437 | 108,418,456 | 107,387,378 | 111,848,146 | 537,504,342 |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                                                 | 3,844,556   | 12,809,286  | 7,433,201   | 6,708,648   | 5,842,958   | 36,638,649  |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                                                                                                          | 1,745,961   | 1,685,235   | 1,543,455   | 1,353,853   | 1,030,372   | 7,358,876   |
| <b>c</b> Add lines 10a and 10b                                                                                                                                                                                            | 5,590,517   | 14,494,521  | 8,976,656   | 8,062,501   | 6,873,330   | 43,997,525  |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                                                                                     |             |             |             |             |             | 0           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                                                                                                 | 1,268,355   | 1,118,296   | 1,079,011   | 1,328,084   | 1,298,031   | 6,091,777   |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)                                                                                                                                                                  | 109,056,797 | 123,265,254 | 118,474,123 | 116,777,963 | 120,019,507 | 587,593,644 |
| <b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/> |             |             |             |             |             |             |

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

|                                                                                                  |           |          |
|--------------------------------------------------------------------------------------------------|-----------|----------|
| <b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> | 91.475 % |
| <b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15                      | <b>16</b> | 89.576 % |

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

|                                                                                                              |           |          |
|--------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>17</b> Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> | 7.488 %  |
| <b>18</b> Investment income percentage from <b>2015</b> Schedule A, Part III, line 17                        | <b>18</b> | 10.424 % |

**19a 33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ► ☒

**b 33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ► ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ► ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes        | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>                                                                                                                                                                                                                | <b>1</b>   |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>                                                                                                                                                                                                                                             | <b>2</b>   |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>                                                                                                                                                                                                                                                                                                                                                                                              | <b>3a</b>  |    |
| <b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>                                                                                                                                                                                                                                                           | <b>3b</b>  |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>                                                                                                                                                                                                                                                                                                    | <b>3c</b>  |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>                                                                                                                                                                                                                                                                                                                                                | <b>4a</b>  |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>                                                                                                                                                                                                        | <b>4b</b>  |    |
| <b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>                                                                                                                                                                           | <b>4c</b>  |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | <b>5a</b>  |    |
| <b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?                                                                                                                                                                                                                                                                                                                                                                         | <b>5b</b>  |    |
| <b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>5c</b>  |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                          | <b>6</b>   |    |
| <b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>                                                                                                                                                                                              | <b>7</b>   |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>                                                                                                                                                                                                                                                                                                                                                     | <b>8</b>   |    |
| <b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                                                                                                                                                                                                      | <b>9a</b>  |    |
| <b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                                                                                                                                                                                                                                                                                          | <b>9b</b>  |    |
| <b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>                                                                                                                                                                                                                                                                                               | <b>9c</b>  |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>                                                                                                                                                                                                                                                     | <b>10a</b> |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>                                                                                                                                                                                                                                                                                                                                                          | <b>10b</b> |    |

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI 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.</i> |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>                                                                                                                                                                                                                                                                              |     |    |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |    |

**Section C. Type II Supporting Organizations**

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>                                                                                                                       |     |    |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>                                                                                          |     |    |
| <b>3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)                                                                                                                                                                                                                                                                                                                                                                                               |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).                                                                                                                                                                                                                                                                                                                                                                       |  |  |
| <b>2</b> Activities Test <b>Answer (a) and (b) below.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> |  |  |
| <b>2a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |
| <b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>                                                                                                                              |  |  |
| <b>2b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |
| <b>3</b> Parent of Supported Organizations <b>Answer (a) and (b) below.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>                                                                                                                                                                                                                                                                                                                                |  |  |
| <b>3a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>                                                                                                                                                                                                                                                                                    |  |  |
| <b>3b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |

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

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

**Section A - Adjusted Net Income**

|                                                                                                                                                                                                                   | (A) Prior Year | (B) Current Year<br>(optional) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------|
| <b>1</b> Net short-term capital gain                                                                                                                                                                              | <b>1</b>       |                                |
| <b>2</b> Recoveries of prior-year distributions                                                                                                                                                                   | <b>2</b>       |                                |
| <b>3</b> Other gross income (see instructions)                                                                                                                                                                    | <b>3</b>       |                                |
| <b>4</b> Add lines 1 through 3                                                                                                                                                                                    | <b>4</b>       |                                |
| <b>5</b> Depreciation and depletion                                                                                                                                                                               | <b>5</b>       |                                |
| <b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | <b>6</b>       |                                |
| <b>7</b> Other expenses (see instructions)                                                                                                                                                                        | <b>7</b>       |                                |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)                                                                                                                                              | <b>8</b>       |                                |

**Section B - Minimum Asset Amount**

|                                                                                                                                         | (A) Prior Year | (B) Current Year<br>(optional) |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------|
| <b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | <b>1</b>       |                                |
| <b>a</b> Average monthly value of securities                                                                                            | <b>1a</b>      |                                |
| <b>b</b> Average monthly cash balances                                                                                                  | <b>1b</b>      |                                |
| <b>c</b> Fair market value of other non-exempt-use assets                                                                               | <b>1c</b>      |                                |
| <b>d Total</b> (add lines 1a, 1b, and 1c)                                                                                               | <b>1d</b>      |                                |
| <b>e Discount</b> claimed for blockage or other factors (explain in detail in Part VI)                                                  |                |                                |
| <b>2</b> Acquisition indebtedness applicable to non-exempt use assets                                                                   | <b>2</b>       |                                |
| <b>3</b> Subtract line 2 from line 1d                                                                                                   | <b>3</b>       |                                |
| <b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)                                 | <b>4</b>       |                                |
| <b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)                                                               | <b>5</b>       |                                |
| <b>6</b> Multiply line 5 by .035                                                                                                        | <b>6</b>       |                                |
| <b>7</b> Recoveries of prior-year distributions                                                                                         | <b>7</b>       |                                |
| <b>8 Minimum Asset Amount</b> (add line 7 to line 6)                                                                                    | <b>8</b>       |                                |

**Section C - Distributable Amount**

|                                                                                                                                                                                   |          | Current Year |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------|
| <b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)                                                                                                    | <b>1</b> |              |
| <b>2</b> Enter 85% of line 1                                                                                                                                                      | <b>2</b> |              |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)                                                                                                   | <b>3</b> |              |
| <b>4</b> Enter greater of line 2 or line 3                                                                                                                                        | <b>4</b> |              |
| <b>5</b> Income tax imposed in prior year                                                                                                                                         | <b>5</b> |              |
| <b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)                                                    | <b>6</b> |              |
| <b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) |          |              |



Part V

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

| Section D - Distributions                                                                                                                  | Current Year |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes                                                                    |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity    |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations                                                    |              |
| 4 Amounts paid to acquire exempt-use assets                                                                                                |              |
| 5 Qualified set-aside amounts (prior IRS approval required)                                                                                |              |
| 6 Other distributions (describe in Part VI) See instructions                                                                               |              |
| 7 Total annual distributions. Add lines 1 through 6                                                                                        |              |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions |              |
| 9 Distributable amount for 2016 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-2016 | (iii)<br>Distributable<br>Amount for 2016 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| 1 Distributable amount for 2016 from Section C, line 6                                                                                              |                             |                                        |                                           |
| 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)                                                 |                             |                                        |                                           |
| 3 Excess distributions carryover, if any, to 2016                                                                                                   |                             |                                        |                                           |
| a                                                                                                                                                   |                             |                                        |                                           |
| b                                                                                                                                                   |                             |                                        |                                           |
| c From 2013. . . . .                                                                                                                                |                             |                                        |                                           |
| d From 2014. . . . .                                                                                                                                |                             |                                        |                                           |
| e From 2015. . . . .                                                                                                                                |                             |                                        |                                           |
| f Total of lines 3a through e                                                                                                                       |                             |                                        |                                           |
| g Applied to underdistributions of prior years                                                                                                      |                             |                                        |                                           |
| h Applied to 2016 distributable amount                                                                                                              |                             |                                        |                                           |
| i Carryover from 2011 not applied (see instructions)                                                                                                |                             |                                        |                                           |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f                                                                                                   |                             |                                        |                                           |
| 4 Distributions for 2016 from Section D, line 7 \$                                                                                                  |                             |                                        |                                           |
| a Applied to underdistributions of prior years                                                                                                      |                             |                                        |                                           |
| b Applied to 2016 distributable amount                                                                                                              |                             |                                        |                                           |
| c Remainder Subtract lines 4a and 4b from 4                                                                                                         |                             |                                        |                                           |
| 5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) |                             |                                        |                                           |
| 6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)                        |                             |                                        |                                           |
| 7 Excess distributions carryover to 2017. Add lines 3j and 4c                                                                                       |                             |                                        |                                           |
| 8 Breakdown of line 7                                                                                                                               |                             |                                        |                                           |
| a                                                                                                                                                   |                             |                                        |                                           |
| b Excess from 2013. . . . .                                                                                                                         |                             |                                        |                                           |
| c Excess from 2014. . . . .                                                                                                                         |                             |                                        |                                           |
| d Excess from 2015. . . . .                                                                                                                         |                             |                                        |                                           |
| e Excess from 2016. . . . .                                                                                                                         |                             |                                        |                                           |

**Part VI**   **Supplemental Information.**

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

| Facts And Circumstances Test |
|------------------------------|
|                              |

|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                             |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <b>SCHEDULE C</b><br>(Form 990 or 990-EZ)              | <b>Political Campaign and Lobbying Activities</b><br><br>For Organizations Exempt From Income Tax Under section 501(c) and section 527<br>▶ <b>Complete if the organization is described below.</b> ▶ <b>Attach to Form 990 or Form 990-EZ.</b><br>▶ <b>Information about Schedule C (Form 990 or 990-EZ) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</b> | OMB No 1545-0047<br><br><b>2016</b><br><br><b>Open to Public Inspection</b> |
| Department of the Treasury<br>Internal Revenue Service |                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                             |

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

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

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

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

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

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

|                                                                    |                                                     |
|--------------------------------------------------------------------|-----------------------------------------------------|
| Name of the organization<br>AMERICAN PSYCHOLOGICAL ASSOCIATION INC | <b>Employer identification number</b><br>53-0205890 |
|--------------------------------------------------------------------|-----------------------------------------------------|

|                 |                                                                                                          |
|-----------------|----------------------------------------------------------------------------------------------------------|
| <b>Part I-A</b> | <b>Complete if the organization is exempt under section 501(c) or is a section 527 organization.</b>     |
| <b>1</b>        | Provide a description of the organization's direct and indirect political campaign activities in Part IV |
| <b>2</b>        | Political expenditures ▶ \$                                                                              |
| <b>3</b>        | Volunteer hours                                                                                          |

|                 |                                                                                                                                                |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I-B</b> | <b>Complete if the organization is exempt under section 501(c)(3).</b>                                                                         |
| <b>1</b>        | Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$                                                        |
| <b>2</b>        | Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$                                                   |
| <b>3</b>        | If the organization incurred a section 4955 tax, did it file Form 4720 for this year? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>4a</b>       | Was a correction made? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                |
| <b>b</b>        | If "Yes," describe in Part IV                                                                                                                  |

|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I-C</b> | <b>Complete if the organization is exempt under section 501(c), except section 501(c)(3).</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>1</b>        | Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>2</b>        | Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>3</b>        | Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>4</b>        | Did the filing organization file <b>Form 1120-POL</b> for this year? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>5</b>        | Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV |

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

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (a) Filing organization's totals                         | (b) Affiliated group totals        |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------|--------------------|------------------------------|-----------------------------------------|-------------------------------------------------|-------------------------------------------|---------------------------------------------------|--------------------------------------------|--------------------------------------------------|-------------------|-------------|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 55,278                                                   |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 832,434                                                  |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 887,712                                                  |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <b>d</b> Other exempt purpose expenditures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 88,327,184                                               |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 89,214,896                                               |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1,000,000                                                |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></tbody></table> | If the amount on line 1e, column (a) or (b) is:          | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 |  |  |
| If the amount on line 1e, column (a) or (b) is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | The lobbying nontaxable amount is:                       |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Not over \$500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 20% of the amount on line 1e                             |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$500,000 but not over \$1,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$100,000 plus 15% of the excess over \$500,000          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$1,000,000 but not over \$1,500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$175,000 plus 10% of the excess over \$1,000,000        |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$1,500,000 but not over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$225,000 plus 5% of the excess over \$1,500,000         |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$1,000,000                                              |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 250,000                                                  |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |

**4-Year Averaging Period Under section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period             |           |           |           |           |           |
|------------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|
| Calendar year (or fiscal year beginning in)                      | (a) 2013  | (b) 2014  | (c) 2015  | (d) 2016  | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                             | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 4,000,000 |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))    |           |           |           |           | 6,000,000 |
| <b>c</b> Total lobbying expenditures                             | 596,037   | 573,836   | 731,796   | 887,712   | 2,789,381 |
| <b>d</b> Grassroots nontaxable amount                            | 250,000   | 250,000   | 250,000   | 250,000   | 1,000,000 |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |           |           |           |           | 1,500,000 |
| <b>f</b> Grassroots lobbying expenditures                        | 9,297     | 8,209     | 15,164    | 55,278    | 87,948    |

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

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

|           |                                                                                                                                                                                                                              | (a) |    | (b)    |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
|           |                                                                                                                                                                                                                              | Yes | No | Amount |
| <b>1</b>  | 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 |     |    |        |
| <b>a</b>  | Volunteers?                                                                                                                                                                                                                  |     |    |        |
| <b>b</b>  | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?                                                                                                                                 |     |    |        |
| <b>c</b>  | Media advertisements?                                                                                                                                                                                                        |     |    |        |
| <b>d</b>  | Mailings to members, legislators, or the public?                                                                                                                                                                             |     |    |        |
| <b>e</b>  | Publications, or published or broadcast statements?                                                                                                                                                                          |     |    |        |
| <b>f</b>  | Grants to other organizations for lobbying purposes?                                                                                                                                                                         |     |    |        |
| <b>g</b>  | Direct contact with legislators, their staffs, government officials, or a legislative body?                                                                                                                                  |     |    |        |
| <b>h</b>  | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?                                                                                                                                    |     |    |        |
| <b>i</b>  | Other activities?                                                                                                                                                                                                            |     |    |        |
| <b>j</b>  | Total. Add lines 1c through 1i                                                                                                                                                                                               |     |    |        |
| <b>2a</b> | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?                                                                                                                                |     |    |        |
| <b>b</b>  | If "Yes," enter the amount of any tax incurred under section 4912                                                                                                                                                            |     |    |        |
| <b>c</b>  | If "Yes," enter the amount of any tax incurred by organization managers under section 4912                                                                                                                                   |     |    |        |
| <b>d</b>  | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?                                                                                                                                 |     |    |        |

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

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

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

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

**Part IV Supplemental Information**

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

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

OMB No 1545-0047

**2016**

**Open to Public Inspection**

|                                                                           |                                                     |
|---------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Name of the organization</b><br>AMERICAN PSYCHOLOGICAL ASSOCIATION INC | <b>Employer identification number</b><br>53-0205890 |
|---------------------------------------------------------------------------|-----------------------------------------------------|

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|                                                            | (a) Donor advised funds | (b) Funds and other accounts |
|------------------------------------------------------------|-------------------------|------------------------------|
| <b>1</b> Total number at end of year                       |                         |                              |
| <b>2</b> Aggregate value of contributions to (during year) |                         |                              |
| <b>3</b> Aggregate value of grants from (during year)      |                         |                              |
| <b>4</b> Aggregate value at end of year                    |                         |                              |

**5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

**6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

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

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

|                                                                                                                                                   | Held at the End of the Year |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| <b>a</b> Total number of conservation easements                                                                                                   | <b>2a</b>                   |
| <b>b</b> Total acreage restricted by conservation easements                                                                                       | <b>2b</b>                   |
| <b>c</b> Number of conservation easements on a certified historic structure included in (a)                                                       | <b>2c</b>                   |
| <b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | <b>2d</b>                   |

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

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

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

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

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

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

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

**a** Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☒ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☒

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

|                                                  | (a)Current year | (b)Prior year | (c)Two years back | (d)Three years back | (e)Four years back |
|--------------------------------------------------|-----------------|---------------|-------------------|---------------------|--------------------|
| 1a Beginning of year balance                     |                 |               |                   |                     |                    |
| b Contributions                                  |                 |               |                   |                     |                    |
| c Net investment earnings, gains, and losses     |                 |               |                   |                     |                    |
| d Grants or scholarships                         |                 |               |                   |                     |                    |
| e Other expenditures for facilities and programs |                 |               |                   |                     |                    |
| f Administrative expenses                        |                 |               |                   |                     |                    |
| g End of year balance                            |                 |               |                   |                     |                    |

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

| Description of property                                                                         | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|-------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land                                                                                         |                                      | 9,705,321                       |                              | 9,705,321      |
| b Buildings                                                                                     |                                      | 131,175,535                     | 69,795,281                   | 61,380,254     |
| c Leasehold improvements                                                                        |                                      | 2,545,498                       | 1,924,154                    | 621,344        |
| d Equipment                                                                                     |                                      | 23,329,101                      | 14,290,591                   | 9,038,510      |
| e Other                                                                                         |                                      | 6,305,364                       | 5,142,458                    | 1,162,906      |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) |                                      |                                 |                              | 81,908,335     |

Part VII

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

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

Part VIII

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

| (a) Description of investment                                     | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|-------------------------------------------------------------------|----------------|-------------------------------------------------------------|
| (1)                                                               |                |                                                             |
| (2)                                                               |                |                                                             |
| (3)                                                               |                |                                                             |
| (4)                                                               |                |                                                             |
| (5)                                                               |                |                                                             |
| (6)                                                               |                |                                                             |
| (7)                                                               |                |                                                             |
| (8)                                                               |                |                                                             |
| (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, Part IV, line 11d See Form 990, Part X, line 15

| (a) Description                                                             | (b) Book value |
|-----------------------------------------------------------------------------|----------------|
| (1) DEPOSITS AND ADVANCES                                                   | 944,595        |
| (2) OTHER ASSETS                                                            | 3,399,471      |
| (3) RENT ABATEMENTS                                                         | 7,651,570      |
| (4) DEFERRED LEASING                                                        | 4,485,349      |
| (5) OTHER INTANGIBLE ASSETS                                                 | 128,245        |
| (5)                                                                         |                |
| (6)                                                                         |                |
| (7)                                                                         |                |
| (8)                                                                         |                |
| (9)                                                                         |                |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . | 16,609,230     |

Part X

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

| (a) Description of liability                                      | (b) Book value |
|-------------------------------------------------------------------|----------------|
| 1. Federal income taxes                                           | 0              |
| INTEREST RATE SWAP                                                | 10,693,233     |
| DEFERRED COMPENSATION                                             | 4,264,240      |
| INTERCOMPANY ACCOUNTS                                             | -27,519        |
| (4)                                                               |                |
| (5)                                                               |                |
| (6)                                                               |                |
| (7)                                                               |                |
| (8)                                                               |                |
| (9)                                                               |                |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) | 14,929,954     |

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

☒



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

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

|          |                                                                                                          |           |             |
|----------|----------------------------------------------------------------------------------------------------------|-----------|-------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       | <b>1</b>  | 145,680,254 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12                                       |           |             |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .                                                   | <b>2a</b> | 4,617,379   |
| <b>b</b> | Donated services and use of facilities . . . . .                                                         | <b>2b</b> |             |
| <b>c</b> | Recoveries of prior year grants . . . . .                                                                | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .                                                                 | <b>2d</b> | -4,236,115  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                          | <b>2e</b> | 381,264     |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                     | <b>3</b>  | 145,298,990 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>                               |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> | 387,737     |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .                                                                 | <b>4b</b> | -21,287,341 |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                              | <b>4c</b> | -20,899,604 |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . . | <b>5</b>  | 124,399,386 |

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

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

|          |                                                                                                           |           |             |
|----------|-----------------------------------------------------------------------------------------------------------|-----------|-------------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                      | <b>1</b>  | 139,220,259 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25                                          |           |             |
| <b>a</b> | Donated services and use of facilities . . . . .                                                          | <b>2a</b> |             |
| <b>b</b> | Prior year adjustments . . . . .                                                                          | <b>2b</b> |             |
| <b>c</b> | Other losses . . . . .                                                                                    | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .                                                                  | <b>2d</b> | -6,321,641  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                           | <b>2e</b> | -6,321,641  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                      | <b>3</b>  | 145,541,900 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                                |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> | 387,737     |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .                                                                  | <b>4b</b> | -22,587,341 |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                               | <b>4c</b> | -22,199,604 |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . . | <b>5</b>  | 123,342,296 |

**Part XIII Supplemental Information**

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

| Return Reference          | Explanation |
|---------------------------|-------------|
| See Additional Data Table |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |

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

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 53-0205890  
**Name:** AMERICAN PSYCHOLOGICAL ASSOCIATION INC

**Supplemental Information**

| Return Reference             | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE D, PART IV, LINE 2B | APA IS AFFILIATED WITH 54 DIVISIONS THAT REPRESENT MAJOR SCIENTIFIC AND PROFESSIONAL INTERESTS THE DIVISIONS OPERATE INDEPENDENTLY FROM APA UPON REQUEST, APA WILL ACT AS A COLLECTION AGENT FOR DUES AND ASSESSMENTS PAID BY THE DIVISIONS' MEMBERS AMOUNTS COLLECTED AND HELD BY APA ON BEHALF OF THE DIVISIONS ARE INCLUDED IN CURRENT ASSETS AND CURRENT LIABILITIES IN THE ACCOMPANYING CONSOLIDATED STATEMENTS OF FINANCIAL POSITION CASH AND CASH EQUIVALENTS AND INVESTMENTS HELD ON BEHALF OF THE DIVISIONS TOTALED \$10,383,062 AND \$9,965,353 AS OF DECEMBER 31, 2016 AND 2015, RESPECTIVELY |

**Supplemental Information**

| Return Reference           | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE D, PART X, LINE 2 | <p>FIN 48 FOOTNOTE In accordance with authoritative guidance issued by the FASB, APA recognizes tax liabilities when, despite the management's belief that tax return positions are sustainable, APA believes that certain positions may not be fully sustained upon review by tax authorities. Benefits from tax positions are measured at the largest amount of benefit that is greater than 50% likely of being realized upon settlement. To the extent that the final tax outcome of these matters is different than the amounts recorded, such differences impact income tax expense in the period in which such determination is made. Interest and penalties, if any, related to accrued liabilities for potential tax assessments are included in income tax expense. APA is generally no longer subject to income tax examinations by the U.S. federal, state or local tax authorities for years ended December 31, 2012 and prior. Management has evaluated APA's tax positions and has concluded that APA has taken no material uncertain tax positions that require adjustment to the consolidated financial statements to comply with the provisions of this guidance.</p> |

| Supplemental Information     |                                                                                                                                                                              |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Return Reference             | Explanation                                                                                                                                                                  |
| SCHEDULE D, PART XI, LINE 2D | OTHER REVENUE ON BOOKS BUT NOT ON RETURN REVENUE OF AFFILIATES 3,590,147 INTERCOMPANY ELIMINATIONS (15,289,414) INTEREST IN LLC ADJUSTMENT 7,463,152 ----- TOTAL (4,236,115) |

| Supplemental Information     |                                                                                           |
|------------------------------|-------------------------------------------------------------------------------------------|
| Return Reference             | Explanation                                                                               |
| SCHEDULE D, PART XI, LINE 4B | OTHER REVENUE ON RETURN BUT NOT ON BOOKS RENTAL EXPENSES INCLUDED IN REVENUE (21,287,341) |
|                              | ----- TOTAL (21,287,341)                                                                  |

| Supplemental Information      |                                                                                                                                                                                              |
|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Return Reference              | Explanation                                                                                                                                                                                  |
| SCHEDULE D, PART XII, LINE 2D | OTHER EXPENSES ON BOOKS BUT NOT ON RETURN EXPENSES OF AFFILIATES 3,458,941 INTERCOMPANY ELIMINATIONS (7,826,262) UNREALIZED LOSS ON INTEREST RATE SWAPS (1,954,320) ----- TO TAL (6,321,641) |

| Supplemental Information      |                                                                                                                                                                   |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Return Reference              | Explanation                                                                                                                                                       |
| SCHEDULE D, PART XII, LINE 4B | OTHER EXPENSES ON RETURN BUT NOT ON BOOKS RENTAL EXPENSES INCLUDED IN REVENUE (21,287,341)<br>LEGAL SETTLEMENT REIMBURSEMENT (1,300,000) ----- TOTAL (22,587,341) |



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

► Attach to Form 990. ► See separate instructions.

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

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization  
AMERICAN PSYCHOLOGICAL ASSOCIATION INC

**Employer identification number**

53-0205890

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

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

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

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

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| <b>1</b>     | <b>(a)</b> Name of organization | <b>(b)</b> IRS code section and EIN (if applicable) | <b>(c)</b> Region                 | <b>(d)</b> Purpose of grant | <b>(e)</b> Amount of cash grant | <b>(f)</b> Manner of cash disbursement | <b>(g)</b> Amount of non-cash assistance | <b>(h)</b> Description of non-cash assistance | <b>(i)</b> Method of valuation (book, FMV, appraisal, other) |
|--------------|---------------------------------|-----------------------------------------------------|-----------------------------------|-----------------------------|---------------------------------|----------------------------------------|------------------------------------------|-----------------------------------------------|--------------------------------------------------------------|
| <b>( 1 )</b> |                                 |                                                     | Central America and the Caribbean | CEMRRAT2                    | 7,500                           | CHECK                                  |                                          |                                               |                                                              |
| <b>( 2 )</b> |                                 |                                                     |                                   |                             |                                 |                                        |                                          |                                               |                                                              |
| <b>( 3 )</b> |                                 |                                                     |                                   |                             |                                 |                                        |                                          |                                               |                                                              |
| <b>( 4 )</b> |                                 |                                                     |                                   |                             |                                 |                                        |                                          |                                               |                                                              |

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . **1**
- 3 Enter total number of other organizations or entities . . . . . **1**

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☐ Yes ☒ No

**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).

| Return Reference                                     | Explanation                                                                                                                                                                                                                                                                     |
|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PROCESS FOR<br>MONITORING GRANT<br>FUNDS OUTSIDE USA | ORGANIZATIONS RECEIVING DISBURSEMENTS FROM THE ORGANIZATION IN FURTHERANCE OF ITS<br>EXEMPT PROGRAMS ARE ADEQUATELY INVESTIGATED TO ENSURE THAT THEY ARE QUALIFYING<br>RECIPIENTS PROCEDURES ARE FOLLOWED TO CONFIRM THAT DISCRIMINATION DOES NOT FACTOR IN<br>ASSIGNING GRANTS |

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As Filed Data -

DLN: 93493318074977

Schedule I  
(Form 990)

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States  
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
**2016**  
Open to Public  
Inspection

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
AMERICAN PSYCHOLOGICAL ASSOCIATION INC

Employer identification number  
53-0205890

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No
- 2

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

Part II

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------|---------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| See Additional Data Table                          |         |                               |                          |                                   |                                                       |                                        |                                    |
| (1)                                                |         |                               |                          |                                   |                                                       |                                        |                                    |
| (2)                                                |         |                               |                          |                                   |                                                       |                                        |                                    |
| (3)                                                |         |                               |                          |                                   |                                                       |                                        |                                    |
| (4)                                                |         |                               |                          |                                   |                                                       |                                        |                                    |
| (5)                                                |         |                               |                          |                                   |                                                       |                                        |                                    |
| (6)                                                |         |                               |                          |                                   |                                                       |                                        |                                    |
| (7)                                                |         |                               |                          |                                   |                                                       |                                        |                                    |
| (8)                                                |         |                               |                          |                                   |                                                       |                                        |                                    |
| (9)                                                |         |                               |                          |                                   |                                                       |                                        |                                    |
| (10)                                               |         |                               |                          |                                   |                                                       |                                        |                                    |
| (11)                                               |         |                               |                          |                                   |                                                       |                                        |                                    |
| (12)                                               |         |                               |                          |                                   |                                                       |                                        |                                    |

2

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

32

3

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

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

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

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

| Return Reference              | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE I, PART I, LINE 2    | PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INDIVIDUALS AND/OR ORGANIZATIONS RECEIVING DISBURSEMENTS FROM THE ORGANIZATION IN FURTHERANCE OF ITS EXEMPT PROGRAMS ARE ADEQUATELY INVESTIGATED TO ENSURE THAT THEY ARE QUALIFYING RECIPIENTS PROCEDURES ARE FOLLOWED TO CONFIRM THAT DISCRIMINATION DOES NOT FACTOR IN ASSIGNING GRANTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Schedule I, Part II, Column H | PURPOSE OF GRANT OR ASSISTANCE 1 Support for Archives of the History of Amer Psych 2 2016 APA Summer Undergraduate Research Opp Grant 3 2016 APA Summer Undergraduate Research Opp Grant 4 2016 APA Summer Undergraduate Research Opp Grant 5 2016 APA Summer Undergraduate Research Opp Grant 6 2016 APA Summer Undergraduate Research Opp Grant 7 2016 APA Summer Undergraduate Research Opp Grant 8 2016 APA Summer Undergraduate Research Opp Grant 9 2016 APA Summer Undergraduate Research Opp Grant 10 2016 CEMRRAT2 Implementation Grant 11 2016 CEMRRAT2 Implementation Grant 12 2016 CEMRRAT2 Implementation Grant 13 2016 CEMRRAT2 Implementation Grant 14 2016 ProDIGs Grant Award 15 2016 ProDIGs Grant Award 16 Internship Stimulus Grant 17 Internship Stimulus Grant 18 Internship Stimulus Grant 19 Internship Stimulus Grant 20 Internship Stimulus Grant 21 Internship Stimulus Grant 22 Internship Stimulus Grant 23 Internship Stimulus Grant 24 Internship Stimulus Grant 25 Internship Stimulus Grant 26 Internship Stimulus Grant 27 Internship Stimulus Grant 28 Internship Stimulus Grant 29 Internship Stimulus Grant 30 Public Interest Leadership Conf Health Equity Award 31 Public Interest Leadership Conf Health Equity Award 32 Public Interest Leadership Conf Health Equity Award |

Additional Data

Software ID:  
Software Version:  
EIN: 53-0205890  
Name: AMERICAN PSYCHOLOGICAL ASSOCIATION INC

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

| (a) Name and address of organization or government                           | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Archives of the History of American Psych<br>Uni of Akron<br>Akron, OH 44325 | 34-6002924 | 501(C)(3)                     | 60,000                   |                                   |                                                       |                                        | SEE PART IV                        |
| Carnegie Mellon University<br>5000 Forbes Ave<br>Pittsburgh, PA 15213        | 25-0969449 | 501(C)(3)                     | 10,800                   |                                   |                                                       |                                        | SEE PART IV                        |



| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
|----------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (a) Name and address of organization or government                                                             | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Davidson College<br>PO Box 7149<br>Davidson, NC 28035                                                          | 56-0529961 | 501(C)(3)                     | 12,800                   |                                   |                                                       |                                        | SEE PART IV                        |
| Occidental College<br>1600 Campus Road<br>Los Angeles, CA 90041                                                | 95-1667177 | 501(C)(3)                     | 15,360                   |                                   |                                                       |                                        | SEE PART IV                        |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
|----------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (a) Name and address of organization or government                                                             | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Tennessee State Univ<br>3500 John A Merritt<br>NV, TN 37209                                                    | 23-7105693 | 501(C)(3)                     | 15,360                   |                                   |                                                       |                                        | SEE PART IV                        |
| Texas A&M University<br>PO Box 30016<br>College Station, TX 77845                                              | 74-2515406 | 501(C)(3)                     | 15,360                   |                                   |                                                       |                                        | SEE PART IV                        |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
|----------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (a) Name and address of organization or government                                                             | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Auxillary & Research Svcs Corp<br>at CA State Univ<br>435 Carmel Street<br>San Marcos, CA 92078                | 33-0397688 | 501(C)(3)                     | 20,070                   |                                   |                                                       |                                        | SEE PART IV                        |
| Washington University<br>700 Rosedale Ave<br>St Louis, MO 63112                                                | 43-0653611 | 501(C)(3)                     | 18,000                   |                                   |                                                       |                                        | SEE PART IV                        |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
|----------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (a) Name and address of organization or government                                                             | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Wayne State University<br>5057 Woodward Ave<br>Detroit, MI 48202                                               | 38-3555142 | 501(C)(3)                     | 15,360                   |                                   |                                                       |                                        | SEE PART IV                        |
| Duquesne Univ of the Holy Spirit<br>600 Forbes Ave<br>Pittsburgh, PA 15282                                     | 25-1035663 | 501(C)(3)                     | 7,741                    |                                   |                                                       |                                        | SEE PART IV                        |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
|----------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (a) Name and address of organization or government                                                             | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Edward Waters College<br>1658 Kings Road<br>Jacksonville, FL 32209                                             | 59-1146751 | 501(C)(3)                     | 5,188                    |                                   |                                                       |                                        | SEE PART IV                        |
| Northern Illinois University<br>203 Lowden Hall<br>DeKalb, IL 60115                                            | 36-6008480 | 501(C)(3)                     | 8,212                    |                                   |                                                       |                                        | SEE PART IV                        |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
|----------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (a) Name and address of organization or government                                                             | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| William James College<br>One Wells Ave<br>Newton Center, MA 02459                                              | 04-2620216 | 501(C)(3)                     | 7,500                    |                                   |                                                       |                                        | SEE PART IV                        |
| Ponce Medical Sch Foundation<br>Inc<br>PO Box 7004<br>Ponce, PR 00732                                          | 66-0379122 | 501(C)(3)                     | 6,200                    |                                   |                                                       |                                        | SEE PART IV                        |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
|----------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (a) Name and address of organization or government                                                             | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| The University Corporation<br>18111 Nordhoff Street<br>Northridge, CA 91330                                    | 95-1992732 | 501(C)(3)                     | 6,200                    |                                   |                                                       |                                        | SEE PART IV                        |
| Child Guidance Ctr of Southern Connecticut<br>196 Greyrock Place<br>Stamford, CT 06901                         | 06-0712058 | 501(C)(3)                     | 20,000                   |                                   |                                                       |                                        | SEE PART IV                        |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
|----------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (a) Name and address of organization or government                                                             | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Clifford W Beers Clinic Inc<br>5 Science Park<br>New Haven, CT 06511                                           | 06-0646757 | 501(C)(3)                     | 20,000                   |                                   |                                                       |                                        | SEE PART IV                        |
| Good Samaritan Hospital<br>Corvallis<br>3600 NW Samaritan Drive<br>Corvallis, OR 97330                         | 93-0391573 | 501(C)(3)                     | 20,000                   |                                   |                                                       |                                        | SEE PART IV                        |



| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
|----------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (a) Name and address of organization or government                                                             | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Green Chimneys Children Svcs Inc<br>400 Doanburg Road<br>Brewster, NY 10509                                    | 14-1568025 | 501(C)(3)                     | 14,650                   |                                   |                                                       |                                        | SEE PART IV                        |
| Guilford County Board of Education<br>712 N Eugene St<br>Greensboro, NC 27401                                  | 56-6000522 | 501(C)(3)                     | 19,900                   |                                   |                                                       |                                        | SEE PART IV                        |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
|----------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (a) Name and address of organization or government                                                             | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| IL Psych Assoc Predoctoral INTSHP ConsortM<br>2835 NSheffield Ave<br>Chicago, IL 60657                         | 80-1841534 | 501(C)(3)                     | 20,000                   |                                   |                                                       |                                        | SEE PART IV                        |
| Intercommunity Action Inc<br>6012 Ridge Avenue<br>Philadelphia, PA 19128                                       | 23-1875249 | 501(C)(3)                     | 20,000                   |                                   |                                                       |                                        | SEE PART IV                        |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
|----------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (a) Name and address of organization or government                                                             | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Northern Arizona University<br>PO Box 4080<br>Flagstaff, AZ 86011                                              | 74-2579628 | 501(C)(3)                     | 20,000                   |                                   |                                                       |                                        | SEE PART IV                        |
| Central NY State Office of Mental Health<br>PO Box 30016<br>Marcy, NY 13403                                    | 14-6013200 | State of NY                   | 10,900                   |                                   |                                                       |                                        | SEE PART IV                        |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
|----------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (a) Name and address of organization or government                                                             | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Research Foundation of the State<br>101 Hlth Wellness Ctr<br>Oneonta, NY 13820                                 | 14-1368361 | 501(C)(3)                     | 20,000                   |                                   |                                                       |                                        | SEE PART IV                        |
| Rochester Institute of Technology<br>7 Lomb Memorial Drive<br>Rochester, NY 14623                              | 16-0743140 | 501(C)(3)                     | 20,000                   |                                   |                                                       |                                        | SEE PART IV                        |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
|----------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (a) Name and address of organization or government                                                             | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Univ of Wisconsin-Whitewater<br>800 West Main Street<br>Whitewater, WI 53190                                   | 39-1805963 | 501(C)(3)                     | 20,000                   |                                   |                                                       |                                        | SEE PART IV                        |
| Wake Forest Univ Health Sciences<br>Med CTR Blvd<br>Winston Salem, NC 27157                                    | 22-3849199 | 501(C)(3)                     | 19,993                   |                                   |                                                       |                                        | SEE PART IV                        |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
|----------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (a) Name and address of organization or government                                                             | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Western Interstate Commission for Higher Education<br>3035 Ctr Green DrSte 200<br>Boulder, CO 80301            | 84-6008945 | 501(C)(3)                     | 19,850                   |                                   |                                                       |                                        | SEE PART IV                        |
| Society for the Psychological Study of LGBT Issues<br>728 23th Ave Apt 205<br>Seattle, WA 98122                | 52-1563968 | 501(C)(3)                     | 6,000                    |                                   |                                                       |                                        | SEE PART IV                        |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                    |
|----------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (a) Name and address of organization or government                                                             | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Duquesne Univ of the Holy Spirit<br>600 Forbes Ave<br>Pittsburgh, PA 15282                                     | 25-1035663 | 501(C)(3)                     | 6,000                    |                                   |                                                       |                                        | SEE PART IV                        |
| Society of Indian Psychologists<br>707 Broadway NE 401<br>Albuquerque, NM 87102                                | 84-1649120 | 501(C)(3)                     | 6,000                    |                                   |                                                       |                                        | SEE PART IV                        |

| Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals. |                         |                         |                                  |                                                      |                                       |
|--------------------------------------------------------------------------------------|-------------------------|-------------------------|----------------------------------|------------------------------------------------------|---------------------------------------|
| (a)Type of grant or assistance                                                       | (b)Number of recipients | (c)Amount of cash grant | (d)Amount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
| TRAVEL SUPPORT FOR GRADUATE STUDENTS                                                 | 96                      | 28,800                  |                                  |                                                      |                                       |
| DOCTORAL DISSERTATION RESEARCH SUPPORT                                               | 51                      | 51,000                  |                                  |                                                      |                                       |
| ACADEMIC ENHANCEMENT INITIATIVE                                                      | 42                      | 112,368                 |                                  |                                                      |                                       |
| CEMRRAT2 STUDENT TRAVEL AND PUBLICATION GRANT                                        | 10                      | 12,800                  |                                  |                                                      |                                       |
| PUBLIC INTEREST HEALTH EQUITY DISSEMINATION AWARD                                    | 2                       | 8,000                   |                                  |                                                      |                                       |



| Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals. |                         |                         |                                  |                                                      |                                       |
|--------------------------------------------------------------------------------------|-------------------------|-------------------------|----------------------------------|------------------------------------------------------|---------------------------------------|
| (a)Type of grant or assistance                                                       | (b)Number of recipients | (c)Amount of cash grant | (d)Amount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
| MINORITY FELLOWSHIP PROGRAM<br>DISSERTATION SUPPORT                                  | 175                     | 1,084,088               |                                  |                                                      |                                       |
| APF HIGHSCHOOL OUTREACH GRANT                                                        | 15                      | 9,000                   |                                  |                                                      |                                       |
| TRAVEL SUPPORT FOR STDNTS INTL<br>CONGRESS OF PSYCH                                  | 27                      | 7,357                   |                                  |                                                      |                                       |
| BASIC PSYCHOLOGY SCIENCE RESEARCH<br>GRANT                                           | 12                      | 12,000                  |                                  |                                                      |                                       |
| APA EDUCATIONAL GRANT AWARDS                                                         | 9                       | 9,000                   |                                  |                                                      |                                       |

| Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals. |                         |                         |                                  |                                                      |                                       |
|--------------------------------------------------------------------------------------|-------------------------|-------------------------|----------------------------------|------------------------------------------------------|---------------------------------------|
| (a)Type of grant or assistance                                                       | (b)Number of recipients | (c)Amount of cash grant | (d)Amount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
| APAGS JUNIOR SCIENTIST FELLOWSHIP                                                    | 14                      | 14,000                  |                                  |                                                      |                                       |

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

|                                                                    |                                              |
|--------------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>AMERICAN PSYCHOLOGICAL ASSOCIATION INC | Employer identification number<br>53-0205890 |
|--------------------------------------------------------------------|----------------------------------------------|

Part I

Questions Regarding Compensation

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.<br><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div> |     |    |
| <b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes |    |
| <b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Yes |    |
| <b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.<br><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>                                                                                                    |     |    |
| <b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:<br><b>a</b> Receive a severance payment or change-of-control payment?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes |    |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes |    |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?<br>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     | No |
| <b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |    |
| <b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:<br><b>a</b> The organization?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     | No |
| <b>b</b> Any related organization?<br>If "Yes," on line 5a or 5b, describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     | No |
| <b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:<br><b>a</b> The organization?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     | No |
| <b>b</b> Any related organization?<br>If "Yes," on line 6a or 6b, describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     | No |
| <b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     | No |
| <b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     | No |
| <b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |    |

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title        | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column(B) reported as deferred on prior Form 990 |
|---------------------------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|----------------------------------------------------------------------|
|                           | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                      |
| See Additional Data Table |                                                    |                                     |                                     |                                                |                         |                                 |                                                                      |

**Part III Supplemental Information**

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

| Return Reference                                                        | Explanation                                                                                                                                                                                                        |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE J, PART I, LINE 1A                                             | TRAVEL FOR COMPANIONS CYNTHIA BELAR, HUSBAND TRAVEL HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE CYNTHIA BELAR, MONTHLY HOUSING PAYMENT DIRECTLY TO MANGEMENT COMPANY                                           |
| SCHEDULE J, PART I, LINE 4A - SEVERANCE                                 | \$570,413 - NORMAN B ANDERSON PHD \$308,799 - RHEA K FARBERMAN                                                                                                                                                     |
| SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN | APA PROVIDES AN EXECUTIVE SUPPLEMENTAL COMPENSATION AND TERMINATION BENEFIT ALLOWANCE TO ELIGIBLE EMPLOYEES \$52,000 - ARCHIE L TURNER \$59,497 - TONY F HABASH \$31,559 - Nancy Moore \$36,495 - Katherine Nordal |

Additional Data

Software ID:

Software Version:

EIN: 53-0205890

Name: AMERICAN PSYCHOLOGICAL ASSOCIATION INC

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

| (A) Name and Title                                         |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|------------------------------------------------------------|------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
|                                                            |      | (i) Base Compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                       |
| 1NORMAN B ANDERSON PHD<br>FORMER - EVP/CEO                 | (i)  | 17,360                                             | 266,953                             | 574,502                             | 1,369                                          | 10,664                  | 870,848                         | 266,953                                                               |
|                                                            | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | -<br>0                  | -<br>0                          | 0                                                                     |
| 1CYNTHIA D BELAR PHD<br>INTERIM, EVP/CEO                   | (i)  | 599,558                                            | 0                                   | 14,866                              | 15,900                                         | 7,687                   | 638,011                         | 0                                                                     |
|                                                            | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | -<br>0                  | -<br>0                          | 0                                                                     |
| 2ARCHIE L TURNERCFO/COO                                    | (i)  | 469,546                                            | 0                                   | 6,811                               | 67,900                                         | 33,577                  | 577,834                         | 0                                                                     |
|                                                            | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | -<br>0                  | -<br>0                          | 0                                                                     |
| 3TONY F HABASH DSCCIO                                      | (i)  | 452,187                                            | 0                                   | 1,049                               | 75,397                                         | 33,444                  | 562,077                         | 0                                                                     |
|                                                            | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | -<br>0                  | -<br>0                          | 0                                                                     |
| 4KATHERINE C NORDAL PHD<br>ED,PROF PRAC & INTRM DIR        | (i)  | 311,852                                            | 31,577                              | 6,659                               | 52,395                                         | 12,871                  | 415,354                         | 0                                                                     |
|                                                            | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | -<br>0                  | -<br>0                          | 0                                                                     |
| 5GWENDOLYN P KEITAPHD<br>ED,PUBLIC INTEREST                | (i)  | 282,769                                            | 7,139                               | 6,659                               | 15,900                                         | 23,805                  | 336,272                         | 0                                                                     |
|                                                            | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | -<br>0                  | -<br>0                          | 0                                                                     |
| 6JAIME DIAZ-GRANADOS PHD<br>ED, EDUCATION                  | (i)  | 287,595                                            | 0                                   | 1,986                               | 15,900                                         | 32,281                  | 337,762                         | 0                                                                     |
|                                                            | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | -<br>0                  | -<br>0                          | 0                                                                     |
| 7RHEA K FARBERMAN<br>FORMER ED,PUBLIC &<br>MEMBER COMM     | (i)  | 0                                                  | 0                                   | 449,190                             | 0                                              | 0                       | 449,190                         | 140,391                                                               |
|                                                            | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | -<br>0                  | -<br>0                          | 0                                                                     |
| 8NANCY MOORE PHD MBA<br>ED, GOVERNANCE AFFAIRS             | (i)  | 286,447                                            | 93,277                              | 2,930                               | 47,389                                         | 12,679                  | 442,722                         | 0                                                                     |
|                                                            | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | -<br>0                  | -<br>0                          | 0                                                                     |
| 9HAROLD KURTZMAN PHD<br>ED, SCIENCE (ACTING)               | (i)  | 209,815                                            | 51,625                              | 1,806                               | 12,420                                         | 12,123                  | 287,789                         | 0                                                                     |
|                                                            | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | -<br>0                  | -<br>0                          | 0                                                                     |
| 10NATHALIE P GILFOYLE JD<br>GENERAL COUNSEL                | (i)  | 263,280                                            | 0                                   | 4,782                               | 15,900                                         | 8,117                   | 292,079                         | 0                                                                     |
|                                                            | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | -<br>0                  | -<br>0                          | 0                                                                     |
| 11DEANNE OTTAVIANO<br>GENERAL COUNSEL                      | (i)  | 187,594                                            | 5,000                               | 1,107                               | 0                                              | 14,170                  | 207,871                         | 0                                                                     |
|                                                            | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | -<br>0                  | -<br>0                          | 0                                                                     |
| 12GARY R VANDENBOS PHD<br>FORMER ED,PUBS & COMM<br>PUBLISH | (i)  | 12,418                                             | 0                                   | 142,553                             | 760                                            | 0                       | 155,731                         | 0                                                                     |
|                                                            | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | -<br>0                  | -<br>0                          | 0                                                                     |
| 13JASPER SIMONS MA<br>ED, PUBS & COMM<br>PUBLISHER         | (i)  | 312,096                                            | 0                                   | 456                                 | 15,900                                         | 32,451                  | 360,903                         | 0                                                                     |
|                                                            | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | -<br>0                  | -<br>0                          | 0                                                                     |
| 14IAN D KING MBA<br>ED, MEMBER RECRUIT &<br>ENGMT          | (i)  | 295,558                                            | 0                                   | 1,020                               | 7,171                                          | 32,320                  | 336,069                         | 0                                                                     |
|                                                            | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | -<br>0                  | -<br>0                          | 0                                                                     |
| 15ANN SPRINGER<br>DEPUTY GENERAL COUNSEL                   | (i)  | 215,683                                            | 44,943                              | 684                                 | 13,706                                         | 31,754                  | 306,770                         | 0                                                                     |
|                                                            | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | -<br>0                  | -<br>0                          | 0                                                                     |
| 16ELISABETH R STRAUS<br>EXEC VP/EXEC DIR, APF              | (i)  | 257,558                                            | 29,696                              | 4,030                               | 15,815                                         | 13,680                  | 320,779                         | 0                                                                     |
|                                                            | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | -<br>0                  | -<br>0                          | 0                                                                     |

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
AMERICAN PSYCHOLOGICAL ASSOCIATION INC

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
▶ Attach to Form 990.  
▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number  
53-0205890

| Part I Bond Issues     |                |             |                 |                 |                            |              |    |                         |    |                    |    |
|------------------------|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|--------------------|----|
| (a) Issuer name        | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased |    | (h) On behalf of issuer |    | (i) Pool financing |    |
|                        |                |             |                 |                 |                            | Yes          | No | Yes                     | No | Yes                | No |
| A DISTRICT OF COLUMBIA | 53-6001131     | 254839E66   | 03-27-2003      | 21,100,000      | LOAN REFINANCING           |              | X  |                         | X  |                    | X  |

| Part II |                                                                                                                  | Proceeds   |    |     |    |     |    |     |    |  |  |
|---------|------------------------------------------------------------------------------------------------------------------|------------|----|-----|----|-----|----|-----|----|--|--|
|         |                                                                                                                  | A          |    | B   |    | C   |    | D   |    |  |  |
| 1       | Amount of bonds retired . . . . .                                                                                | 0          |    |     |    |     |    |     |    |  |  |
| 2       | Amount of bonds legally defeased . . . . .                                                                       | 0          |    |     |    |     |    |     |    |  |  |
| 3       | Total proceeds of issue . . . . .                                                                                | 21,100,000 |    |     |    |     |    |     |    |  |  |
| 4       | Gross proceeds in reserve funds . . . . .                                                                        | 0          |    |     |    |     |    |     |    |  |  |
| 5       | Capitalized interest from proceeds . . . . .                                                                     | 0          |    |     |    |     |    |     |    |  |  |
| 6       | Proceeds in refunding escrows . . . . .                                                                          | 0          |    |     |    |     |    |     |    |  |  |
| 7       | Issuance costs from proceeds . . . . .                                                                           | 422,000    |    |     |    |     |    |     |    |  |  |
| 8       | Credit enhancement from proceeds . . . . .                                                                       | 0          |    |     |    |     |    |     |    |  |  |
| 9       | Working capital expenditures from proceeds . . . . .                                                             | 506,629    |    |     |    |     |    |     |    |  |  |
| 10      | Capital expenditures from proceeds . . . . .                                                                     | 20,171,371 |    |     |    |     |    |     |    |  |  |
| 11      | Other spent proceeds . . . . .                                                                                   | 0          |    |     |    |     |    |     |    |  |  |
| 12      | Other unspent proceeds . . . . .                                                                                 | 0          |    |     |    |     |    |     |    |  |  |
| 13      | Year of substantial completion . . . . .                                                                         | 2003       |    |     |    |     |    |     |    |  |  |
|         |                                                                                                                  | Yes        | No | Yes | No | Yes | No | Yes | No |  |  |
| 14      | Were the bonds issued as part of a current refunding issue? . . . . .                                            |            | X  |     |    |     |    |     |    |  |  |
| 15      | Were the bonds issued as part of an advance refunding issue? . . . . .                                           |            | X  |     |    |     |    |     |    |  |  |
| 16      | Has the final allocation of proceeds been made? . . . . .                                                        | X          |    |     |    |     |    |     |    |  |  |
| 17      | Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . . | X          |    |     |    |     |    |     |    |  |  |

| Part III Private Business Use |                                                                                                                                      |     |    |     |    |     |    |     |    |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|----|-----|----|-----|----|
|                               |                                                                                                                                      | A   |    | B   |    | C   |    | D   |    |
|                               |                                                                                                                                      | Yes | No | Yes | No | Yes | No | Yes | No |
| 1                             | Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . . | X   |    |     |    |     |    |     |    |
| 2                             | Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .                        |     | X  |     |    |     |    |     |    |

**Part III Private Business Use** (Continued)

|                                                                                                                                                                                                                                                         | <b>A</b>   |           | <b>B</b>   |           | <b>C</b>   |           | <b>D</b>   |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
|                                                                                                                                                                                                                                                         | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> |
| <b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .                                                                                                                    | X          |           |            |           |            |           |            |           |
| <b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?                                                             | X          |           |            |           |            |           |            |           |
| <b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .                                                                                                                                 |            | X         |            |           |            |           |            |           |
| <b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?                                                                         |            |           |            |           |            |           |            |           |
| <b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . .                                                                      | 0 470 %    |           |            |           |            |           |            |           |
| <b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . | 1 460 %    |           |            |           |            |           |            |           |
| <b>6</b> Total of lines 4 and 5 . . . . .                                                                                                                                                                                                               | 1 930 %    |           |            |           |            |           |            |           |
| <b>7</b> Does the bond issue meet the private security or payment test? . . . .                                                                                                                                                                         | X          |           |            |           |            |           |            |           |
| <b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .                                                              |            | X         |            |           |            |           |            |           |
| <b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . .                                                                                                                                                  |            |           |            |           |            |           |            |           |
| <b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? . . . . .                                                                                                                            |            | X         |            |           |            |           |            |           |
| <b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2? . . . . .                           | X          |           |            |           |            |           |            |           |

**Part IV Arbitrage**

|                                                                                                                               | <b>A</b>   |           | <b>B</b>   |           | <b>C</b>   |           | <b>D</b>   |           |
|-------------------------------------------------------------------------------------------------------------------------------|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
|                                                                                                                               | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> |
| <b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . |            | X         |            |           |            |           |            |           |
| <b>2</b> If "No" to line 1, did the following apply? . . . .                                                                  |            |           |            |           |            |           |            |           |
| <b>a</b> Rebate not due yet? . . . . .                                                                                        |            |           |            |           |            |           |            |           |
| <b>b</b> Exception to rebate? . . . . .                                                                                       | X          |           |            |           |            |           |            |           |
| <b>c</b> No rebate due? . . . . .                                                                                             |            |           |            |           |            |           |            |           |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .                               |            |           |            |           |            |           |            |           |
| <b>3</b> Is the bond issue a variable rate issue? . . . . .                                                                   | X          |           |            |           |            |           |            |           |
| <b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?      |            | X         |            |           |            |           |            |           |
| <b>b</b> Name of provider . . . . .                                                                                           | 0          |           |            |           |            |           |            |           |
| <b>c</b> Term of hedge . . . . .                                                                                              |            |           |            |           |            |           |            |           |
| <b>d</b> Was the hedge superintegrated? . . . . .                                                                             |            | X         |            |           |            |           |            |           |
| <b>e</b> Was the hedge terminated? . . . . .                                                                                  |            |           |            |           |            |           |            |           |



**Part IV Arbitrage** (Continued)

|                                                                                                                  | <b>A</b>   |           | <b>B</b>   |           | <b>C</b>   |           | <b>D</b>   |           |
|------------------------------------------------------------------------------------------------------------------|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
|                                                                                                                  | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> |
| <b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?                                |            | X         |            |           |            |           |            |           |
| <b>b</b> Name of provider . . . . .                                                                              | 0          |           |            |           |            |           |            |           |
| <b>c</b> Term of GIC . . . . .                                                                                   |            |           |            |           |            |           |            |           |
| <b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .   |            |           |            |           |            |           |            |           |
| <b>6</b> Were any gross proceeds invested beyond an available temporary period?                                  |            | X         |            |           |            |           |            |           |
| <b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . |            | X         |            |           |            |           |            |           |

**Part V Procedures To Undertake Corrective Action**

|                                                                                                                                                                                                                                                                  | <b>A</b>   |           | <b>B</b>   |           | <b>C</b>   |           | <b>D</b>   |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
|                                                                                                                                                                                                                                                                  | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? |            | X         |            |           |            |           |            |           |

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

|                                                  |                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                   |
|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------|
| <b>SCHEDULE O</b><br><b>(Form 990 or 990-EZ)</b> | <b>Supplemental Information to Form 990 or 990-EZ</b><br>Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.<br><b>▶ Attach to Form 990 or 990-EZ.</b><br><b>▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</b> |  | OMB No 1545-0047<br><br><div>2016</div> Open to Public Inspection |
|                                                  | Department of the Treasury<br>Internal Revenue Service<br>Name of the organization<br>AMERICAN PSYCHOLOGICAL ASSOCIATION INC                                                                                                                                                                                                                                                                  |  | Employer identification number<br><br>53-0205890                  |

990 Schedule O, Supplemental Information

| Return Reference            | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART III, LINE 4D | <p>OTHER PROGRAM SERVICE ACCOMPLISHMENTS The APA Practice directorate supports and promotes t he practice of psychology and the accessibility and availability of mental and behavioral health services through advocacy for adequate and appropriate consumer access to psycholo gical services, development of clinical practice guidelines, a public education campaign f ocusing on mind/body health and the connection between psychological and physical health, the public education campaign network, the annual Stress in America survey, the APA help c enter, a web-based platform for consumer information, educational and professional develop ment materials for practitioners, a disaster resource network in cooperation with the Amer ican red cross, and, staffing and support for numerous APA governance and work groups in p ursuit of their efforts on behalf of psychology and the public The Science directorate co mmunicates, facilitates, promotes, and represents psychological science and scientists Th e directorate awards research and travel grants for graduate students (156 grants in 2016) , supports advanced research training for faculty and students (5 training courses with mo re than 110 participants attending in 2016, grants to 8 departments to provide summer rese arch assistantships to almost 40 undergraduate students in 2016), and disseminates psychol ogical science through special lectures and electronic communications (9 lectures, 21,221 newsletter subscribers, and 23,708 twitter followers in 2016) The APA communications depa rtment is the primary point of contact for news media and the public, and as such, strives to advance psychology as a science, as a profession, and as a means of promoting human he alth and welfare The communications department works with the CEO and all APA offices and directorates to identify work products and other information of interest to the media It uses news releases, social media, the website, videos, advertising and other communicatio ns vehicles to deliver information about psychology and APA to mainstream and trade media and the public</p> |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                            | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 1A | <p>VOTING MEMBERS APA IS GOVERNED BY A COUNCIL OF REPRESENTATIVES COMPRISED OF 172 MEMBERS WHICH MEETS TWICE A YEAR, AND ITS SMALLER BOARD OF DIRECTORS WHICH IS COMPRISED OF APA'S FIVE OFFICERS (BOARD LEADERS), PLUS SEVEN AT-LARGE-MEMBERS WHO ARE ALSO COUNCIL MEMBERS THE BOARD OF DIRECTORS MEETS AT LEAST SIX, AND OFTEN AS MANY AS TEN TIMES A YEAR IN PERSON, IN ADDITION TO BI-MONTHLY MEETINGS BY CONFERENCE CALL ALL VOTING BOARD MEMBERS ARE INDEPENDENT EXCEPT ONE THE BOARD OF DIRECTORS IS THE ADMINISTRATIVE AGENT OF COUNCIL, SUPERVISES THE WORK OF THE CHIEF EXECUTIVE OFFICER OF THE ASSOCIATION, AND EXERCISES GENERAL SUPERVISION OVER THE AFFAIRS OF THE ASSOCIATION IN THE INTERVAL BETWEEN THE ANNUAL MEETINGS OF COUNCIL, THE BOARD OF DIRECTORS HAS AUTHORITY TO TAKE SUCH ACTIONS AS ARE NECESSARY FOR THE CONDUCT OF THE ASSOCIATION'S AFFAIRS IN ACCORDANCE WITH THE BYLAWS AND THE POLICIES OF COUNCIL IF AN EMERGENCY IS DECLARED BY A MAJORITY OF THE BOARD OF DIRECTORS, THE BOARD HAS THE POWER TO TAKE ACTIONS AS THOUGH SUCH ACTIONS WERE TAKEN BY COUNCIL THE BOARD OF DIRECTORS CONSISTS OF THE PRESIDENT, THE PRESIDENT-ELECT, THE PAST PRESIDENT, THE RECORDING SECRETARY, THE TREASURER, THE CHIEF EXECUTIVE OFFICER (WITHOUT VOTE), THE APAGS REPRESENTATIVE TO THE COUNCIL OF REPRESENTATIVES, AND SIX OTHERS ELECTED BY A PREFERENTIAL BALLOT BY THOSE MEMBERS HOLDING SEATS ON COUNCIL</p> |

# 990 Schedule O, Supplemental Information

| Return<br>Reference                           | Explanation                                                                                                                                                                                                                                                 |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 2 | FAMILY/BUSINESS RELATIONSHIPS AS AN ASSOCIATION OF PSYCHOLOGISTS, OUR MEMBERS ROUTINELY DO BUSINESS WITH EACH OTHER, INCLUDING COUNCIL MEMBERS DOING BUSINESS WITH EACH OTHER EXISTING PROCEDURES REGARDING CONFLICTS OF INTERESTS ALSO GOVERN THESE ISSUES |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                         | Explanation                                                                                                          |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINES 6, 7A,<br>& 7B | MEMBERSHIP APA IS A MEMBERSHIP ORGANIZATION WHOSE MEMBERS ELECT THE GOVERNING BODY AND APPROVE CHANGES TO THE BYLAWS |

## 990 Schedule O, Supplemental Information

| Return Reference                       | Explanation                                                                                                                                                                                                                                                                                              |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART VI, SECTION B, LINE 11B | FORM 990 REVIEW PROCESS THE APA AUDIT SUBCOMMITTEE PERFORMS A THOROUGH REVIEW OF A DRAFT OF THE IRS FORM 990, AS DOES MANAGEMENT SUBSEQUENT TO THEIR REVIEWS THE RETURN IS FINALIZED AND FORWARDED, VIA E-MAIL, TO THE BOARD OF DIRECTORS AND COUNCIL OF REPRESENTATIVES BEFORE IT IS FILED WITH THE IRS |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                             | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 12C | CONFLICTS OF INTEREST THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY GOVERNING ITS COUNCIL OF REPRESENTATIVES AND BOARD OF DIRECTORS EACH YEAR NEW APA COUNCIL AND BOARD MEMBERS RECEIVE TRAINING FROM APA LEGAL COUNSEL REGARDING APA'S CONFLICT OF INTEREST POLICY, HOW TO IDENTIFY A CONFLICT OF INTEREST AND HOW TO HANDLE POSSIBLE CONFLICTS OF INTEREST WHEN THEY ARISE IN ADDITION EACH YEAR ALL GOVERNANCE MEMBERS RECEIVE AN EDUCATIVE SET OF MATERIALS REGARDING CONFLICTS OF INTEREST AND SELF EVALUATION WORKSHEETS TO TEST AWARENESS EACH GOVERNANCE MEMBER IS REQUIRED TO COMPLETE A WRITTEN CONFIRMATION THAT SHE OR HE WILL ABIDE BY THE CONFLICT OF INTEREST POLICY AND TO DISCLOSE INTEREST OR RELATIONSHIPS THAT MAY POSE CONFLICTS AT EACH MEETING OF THE COUNCIL, ALL MEMBERS ARE REMINDED THAT THEY ARE SUBJECT TO THE CONFLICT OF INTEREST POLICY, WHICH IS PRINTED IN THE ASSOCIATION RULES AND POSTED ON APA'S WEBSITE ALL APA EMPLOYEES ARE REQUIRED TO SIGN A FINANCIAL CONFLICT OF INTEREST CERTIFICATE ANNUALLY |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                                         | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINES 15A<br>AND 15B | <p>DETERMINING COMPENSATION APA IS GOVERNED BY A COUNCIL OF REPRESENTATIVES COMPRISED OF 172 MEMBERS WHICH MEETS TWICE A YEAR, AND ITS SMALLER 12 MEMBER BOARD OF DIRECTORS THE BOARD OF DIRECTORS SETS COMPENSATION FOR SENIOR MANAGEMENT PURSUANT TO A COMPENSATION POLICY THE FULL BOARD SETS COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER (CEO) AND THE CHIEF FINANCIAL OFFICER (CFO)/CHIEF OPERATING OFFICER (COO), BASED ON, AMONG OTHER THINGS, COMPARABILITY DATA FROM AN INDEPENDENT COMPENSATION CONSULTANT, PERFORMANCE MEASURES, AND A REVIEW FOR REASONABLENESS FOR COMPENSATION FOR ASSOCIATION SENIOR EXECUTIVES OTHER THAN THE CEO AND CFO/COO, THE CEO MAKES COMPENSATION RECOMMENDATIONS TO THE PERSONNEL AND COMPENSATION COMMITTEE (PCC) OF THE BOARD BASED PRIMARILY ON PERFORMANCE AND COMPARABILITY DATA IN ADDITION ON THE PCC REVIEWS, ON BEHALF OF THE BOARD, THE CONTRACT PERIOD AND COMPENSATION FOR ANY OTHER KEY EMPLOYEES OF THE ASSOCIATION AS DEFINED IN THE INSTRUCTIONS TO THE 990 CONTEMPORARY MINUTES OF THE DELIBERATION AND DECISIONS OF THE BOARD AND PCC ARE MAINTAINED THE OFFICERS OF THE BOARD OF DIRECTORS RECEIVE HONORARIA FOR SERVICE ON THE BOARD THESE HONORARIA ARE ESTABLISHED BY THE COUNCIL OF REPRESENTATIVES AND SET OUT IN THE COUNCIL OF REPRESENTATIVES "SELECTED SPENDING POLICY" GUIDELINES THE MEMBERS OF COUNCIL DO NOT RECEIVE HONORARIA, AND THE BOARD OF DIRECTORS DOES NOT HAVE A ROLE IN REVIEWING, SETTING OR RECOMMENDING THE AMOUNT OF ITS OWN HONORARIA</p> |



# 990 Schedule O, Supplemental Information

| Return<br>Reference                            | Explanation                                                                                                                                      |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION C,<br>LINE 19 | AVAILABILITY OF OTHER DOCUMENTS THE BYLAWS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AND ON APA'S WEBSITE |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                              | Explanation                                                                                                                                                   |
|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VII,<br>SECTION A,<br>COLUMN D | REPORTABLE COMPENSATION FROM THE ORGANIZATION Amounts paid to Board members are for honoraria associated with Board roles, editorial fees and other honoraria |

# 990 Schedule O, Supplemental Information

| Return<br>Reference                 | Explanation                                                                                                                                                                                                                                                                                                                                       |
|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VII,<br>SECTION A | OFFICERS THE PERSONS LISTED AS PRESIDENT, TREASURER, PAST PRESIDENT, PRESIDENT ELECT, AND<br>RECORDING SECRETARY ARE MEMBERS OF THE BOARD OF DIRECTORS WHO HAVE LEADERSHIP ROLES WITH T<br>HE BOARD ALTHOUGH TECHNICALLY REFERRED TO AS OFFICERS, THEIR SERVICES TO APA ARE PROVIDED<br>SOLELY AS PART OF THEIR BOARD LEADERSHIP RESPONSIBILITIES |

## 990 Schedule O, Supplemental Information

| Return<br>Reference               | Explanation                                                                                                                                                     |
|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART IX,<br>LINE 24E | OTHER EXPENSES INCLUDE LEGAL FEES AND OTHER EXPENSES ASSOCIATED WITH AN INTERNAL INVESTIGA<br>TION TOTALING \$946,495, NET OF INSURANCE PROCEEDS OF \$1,300,000 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference             | Explanation                                                                                              |
|---------------------------------|----------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART XI,<br>LINE 9 | OTHER CHANGES IN NET ASSETS OR FUND BALANCES UNREALIZED HOLDING LOSS ON INTEREST RATE SWAPS<br>1,954,320 |

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization  
AMERICAN PSYCHOLOGICAL ASSOCIATION INC

Employer identification number  
53-0205890

| Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. |                         |                                                  |                     |                           |                                  |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
| (a)<br>Name, address, and EIN (if applicable) of disregarded entity                                                      | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
| (1) APA 750 LLC<br>750 1ST STREET NE<br>WASHINGTON, DC 20002<br>53-0205890                                               | RE RENTAL               | DE                                               | 15,022,451          | 56,133,226                | APA                              |
| (2) APA TEN G LLC<br>750 1ST STREET NE<br>washington, DC 20002<br>52-1890269                                             | RE RENTAL               | DE                                               | 12,836,983          | 48,875,492                | APA                              |
| (3) CONFERENCE CENTER RETURN LLC<br>750 1ST STREET NE<br>WASHINGTON, DC 20002<br>53-0205890                              | RE RENTAL               | DE                                               | 328,925             | 1,439,816                 | APA 750                          |
|                                                                                                                          |                         |                                                  |                     |                           |                                  |
|                                                                                                                          |                         |                                                  |                     |                           |                                  |
|                                                                                                                          |                         |                                                  |                     |                           |                                  |

| Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. |                         |                                                  |                            |                                                     |                                  |                                              |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|----|
| (a)<br>Name, address, and EIN of related organization                                                                                                                                                                 | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|                                                                                                                                                                                                                       |                         |                                                  |                            |                                                     |                                  | Yes                                          | No |
| (1)APA PRACTICE ORGANIZATION<br>750 1ST STREET NE<br><br>WASHINGTON, DC 20002<br>52-2262136                                                                                                                           | MEMBERSHIP              | DC                                               | 501(C)(6)                  | N/A                                                 | NA                               |                                              | No |
|                                                                                                                                                                                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                                                                                                                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                                                                                                                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                                                                                                                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                                                                                                                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                                                                                                                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                                                                                                                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |

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

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

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

| (a)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512(b)<br>(13) controlled<br>entity? |    |
|----------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|-------------------------------------------|--------------------------------|-----------------------------------------------------|----|
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                           |                                | Yes                                                 | No |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                           |                                |                                                     |    |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                           |                                |                                                     |    |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                           |                                |                                                     |    |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                           |                                |                                                     |    |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                           |                                |                                                     |    |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                           |                                |                                                     |    |

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity . . . . .

1a

No

b Gift, grant, or capital contribution to related organization(s) . . . . .

1b

No

c Gift, grant, or capital contribution from related organization(s) . . . . .

1c

No

d Loans or loan guarantees to or for related organization(s) . . . . .

1d

No

e Loans or loan guarantees by related organization(s) . . . . .

1e

No

f Dividends from related organization(s) . . . . .

1f

No

g Sale of assets to related organization(s) . . . . .

1g

No

h Purchase of assets from related organization(s) . . . . .

1h

No

i Exchange of assets with related organization(s) . . . . .

1i

No

j Lease of facilities, equipment, or other assets to related organization(s) . . . . .

1j

No

k Lease of facilities, equipment, or other assets from related organization(s) . . . . .

1k

No

l Performance of services or membership or fundraising solicitations for related organization(s) . . . . .

1l

No

m Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

1m

Yes

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

1n

Yes

o Sharing of paid employees with related organization(s) . . . . .

1o

Yes

p Reimbursement paid to related organization(s) for expenses . . . . .

1p

No

q Reimbursement paid by related organization(s) for expenses . . . . .

1q

Yes

r Other transfer of cash or property to related organization(s) . . . . .

1r

No

s Other transfer of cash or property from related organization(s) . . . . .

1s

No

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

| (a)<br>Name of related organization | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|----------------------------------------------|
| (1)APA PRACTICE ORGANIZATION        | N                                | 749,051                | FMV                                          |
| (2)APA PRACTICE ORGANIZATION        | O                                | 1,202,952              | FMV                                          |
| (3)APA PRACTICE ORGANIZATION        | Q                                | 1,264,595              | FMV                                          |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |



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

[illegible]

**Part VII**   **Supplemental Information**

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|