

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

- ▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021**Open to Public
Inspection****A For the 2021 calendar year, or tax year beginning and ending****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

AMERICAN PSYCHOLOGICAL ASSOCIATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

750 FIRST STREET, NE

City or town, state or province, country, and ZIP or foreign postal code

WASHINGTON, DC 20002

F Name and address of principal officer:

ARTHUR C. EVANS

SAME AS "C" ABOVE

D Employer identification number

53-0205890

E Telephone number

(202) 336-5500

G Gross receipts \$ 196,069,097.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.APA.ORG**H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ **L** Year of formation: 1925 **M** State of legal domicile: DC**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: AMERICAN PSYCHOLOGICAL ASSOCIATION IS A NATIONAL MEMBERSHIP ORGANIZATION CREATED TO PROMOTE THE ADVANCEMENT, COMMUNICATION, AND APPLICATION OF PSYCHOLOGICAL (CONTINUED ON SCH O)	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	181
	4	Number of independent voting members of the governing body (Part VI, line 1b)	178
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	625
	6	Total number of volunteers (estimate if necessary)	166
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	3,329,290.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	1,489,304.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 2,230,914. Current Year: 3,640,512.
	9	Program service revenue (Part VIII, line 2g)	123,457,517. 123,241,964.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,263,950. 11,691,163.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	654,028. 5,334,828.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	129,606,409. 143,908,467.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	NONE NONE
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	76,072,733. 73,422,338.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	NONE NONE
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ NONE	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	57,686,898. 50,540,793.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	135,442,116. 126,530,769.
19	Revenue less expenses. Subtract line 18 from line 12	-5,835,707. 17,377,698.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 270,438,536. End of Year: 290,535,299.
	21	Total liabilities (Part X, line 26)	221,479,229. 222,161,017.
	22	Net assets or fund balances. Subtract line 21 from line 20.	48,959,307. 68,374,282.

Part II Signature Block

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

Sign Here	DocuSigned by: <i>Archie Turner</i>	Nov 12, 2022 8:59 AM EST
	Signature of officer <input type="checkbox"/> B4D4D7EA9EDA4F3...	Date
	ARCHIE L. TURNER Type or print name and title	COO/CFO

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JACOB COOK	<i>Jacob Cook</i>	11/10/2022		P01240455
	Firm's name ▶ BDO USA, LLP	Firm's EIN ▶ 13-5381590			
	Firm's address ▶ 8401 GREENSBORO DRIVE, #800 MCLEAN, VA 22102	Phone no. 703-893-0600			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

Form **8879-TE****IRS e-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2021, or fiscal year beginning _____ and ending _____

▶ Do not send to the IRS. Keep for your records.

▶ Go to www.irs.gov/Form8879TE for the latest information.**2021**

Name of filer

AMERICAN PSYCHOLOGICAL ASSOCIATION

Name and title of officer or person subject to tax

ARCHIE L. TURNER, COO/CFO

EIN or SSN

53-0205890**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>143908467.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize BDO USA, LLP to enter my PIN 16242 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Archie TurnerDate ▶ Nov 12, 2022 | 8:59 AM EST**Part III Certification and Authentication**

B4D4D7EA9EDA4F3...

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

54621813538

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Archie TurnerDate ▶ 11/10/2022

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2021)

**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-0047

► **File a separate application for each return.**
 ► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. American Psychological Association	Taxpayer identification number (TIN) 53-0205890
	Number, street, and room or suite no. If a P.O. box, see instructions. 750 First St, NE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Washington, DC 20002	

Enter the Return Code for the return that this application is for (file a separate application for each return) **0 1**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

- The books are in the care of ► [The Association](#)

Telephone No. ► [202-336-5500](#) Fax No. ► [202-336-5846](#)

- If the organization does not have an office or place of business in the United States, check this box ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► ☐ . If it is for part of the group, check this box ► ☐ and attach a list with the names and TINs of all members the extension is for.

- 1** I request an automatic 6-month extension of time until [November 15](#), 20 22, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year 20 ____ or
- ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

- 2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	<u>0</u>
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	<u>0</u>
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	<u>0</u>

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:

AMERICAN PSYCHOLOGICAL ASSOCIATION IS A NATIONAL MEMBERSHIP ORGANIZATION CREATED TO PROMOTE THE ADVANCEMENT, COMMUNICATION, AND APPLICATION OF PSYCHOLOGICAL SCIENCE AND KNOWLEDGE TO BENEFIT SOCIETY AND IMPROVE LIVES. (CONTINUED ON SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 46,176,617. including grants of \$ NONE) (Revenue \$ 110,334,960.)

THE APA PUBLISHING IS RESPONSIBLE FOR THE DISSEMINATION OF PSYCHOLOGICAL INFORMATION WORLDWIDE. THIS INCLUDES 89 SCHOLARLY JOURNALS, TWO NEWSLETTERS, A BOOK AND VIDEO PUBLISHING PROGRAM, SEVEN ELECTRONIC DATABASE PRODUCTS, AND HIGHER EDUCATION DIGITAL LEARNING SOLUTIONS.

IN 2021, THE APA JOURNALS PROGRAM PUBLISHED MORE THAN 63,000 PAGES REPRESENTING MORE THAN 5,700 ARTICLES IN 516 JOURNAL ISSUES. APA'S FIRST OPEN ACCESS JOURNAL, TECHNOLOGY, MIND AND BEHAVIOR, WAS CREATED IN 2019. IN 2021, TMB ACCEPTED 43 ARTICLES FOR PUBLICATION. (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 7,565,390. including grants of \$ 19,500.) (Revenue \$ 5,842,164.)

THE APA MEMBERSHIP OFFICE INCLUDES MEMBERSHIP MARKETING, SERVICE CENTER, DIVISION ENGAGEMENT, AND MEDIA & EVENT EVENTS. THE FOCUS OF THE OFFICE IS TO RECRUIT, RETAIN AND ENGAGE MEMBERS THROUGH A VARIETY OF EFFORTS INCLUDING INTEGRATED CAMPAIGNS EMPLOYING A MIX OF DIGITAL AND TRADITIONAL CHANNELS. MEMBER ENGAGEMENT EFFORTS FOCUS PRIMARILY ON CONDUCTING RESEARCH TO UNDERSTAND MEMBER NEEDS, AND THEN DELIVERING CONTENT, PRODUCTS, SERVICES AND EXPERIENCES THAT ADD VALUE TO EACH MEMBERSHIP. DIVISION ENGAGEMENT PROVIDES OPERATIONAL SUPPORT AND SELECT SERVICES FOR APA'S 54 DIVISIONS WHICH ARE INTEREST GROUPS ORGANIZED BY MEMBERS. (CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 7,729,145. including grants of \$ 70,532.) (Revenue \$ 813,480.)

THE APA EDUCATION DIRECTORATE PLAYED A STRONG ROLE IN THE AREA OF QUALITY ASSURANCE FOR THE 1,254 ACCREDITED PROGRAMS IN HEALTH SERVICE PSYCHOLOGY. 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 660 PROGRAMS ON A VARIETY OF TOPICS AND FORMATS INCLUDING WEB DELIVERED, BOOK-BASED AND JOURNAL ARTICLE-BASED PROGRAMS. THERE ARE CURRENTLY OVER 839 APPROVED SPONSORS OF CONTINUING EDUCATION.

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O

(Expenses \$ 32,676,797. including grants of \$ 2,477,606.) (Revenue \$ 6,251,360.)

4e Total program service expenses ► 94,147,949.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9 X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V.	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a X	
b Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	X
c Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21 X	

Part IV Checklist of Required Schedules (continued)

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

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a 625		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		X	
4a 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)?			X
b If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
a 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?			X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.			
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	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?			X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.			X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			X
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.			

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

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

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	<input checked="" type="checkbox"/>	
10b 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?	<input checked="" type="checkbox"/>	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<input checked="" type="checkbox"/>	
13 Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14 Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
b Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
16b 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 ► SEE SCHEDULE O

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
THE ASSOCIATION 750 FIRST STREET, NE WASHINGTON, DC 20002

202-336-5827

Form **990** (2021)

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ARTHUR C. EVANS CEO	36.50 1.00			X				843,903.	NONE	164,088.
(2) ARCHIE L. TURNER COO/CFO	36.50 1.00			X				553,608.	NONE	138,706.
(3) DEANNE M. OTTAVIANO GENERAL COUNSEL	37.50 NONE				X			537,962.	NONE	120,715.
(4) JAIME L. DIAZ-GRANADOS DEPUTY CEO	32.85 4.65				X			541,544.	NONE	108,225.
(5) TONY HABASH CHIEF INFORMATION OFFICER	37.50 NONE				X			494,228.	NONE	131,618.
(6) JASPER SIMONS CHIEF PUBLISHING OFFICER	37.50 NONE				X			443,446.	NONE	120,462.
(7) IAN D. KING CHIEF OF IMPLEMENTATION & MEMB	37.50 NONE				X			416,783.	NONE	64,983.
(8) ALICIA C. AEBERSOLD CHIEF COMMUNICATIONS OFFICER	37.50 NONE					X		365,953.	NONE	42,914.
(9) CATHERINE L. GRUS CHIEF EDUCATION OFFICER	37.50 NONE					X		307,670.	NONE	28,990.
(10) JARED L. SKILLINGS CHIEF OF PROFESSIONAL PRACTICE	11.80 22.50					X		289,010.	NONE	42,390.
(11) KATHERINE B. MCGUIRE CHIEF ADVOCACY OFFICER	15.00 22.50					X		299,010.	NONE	23,797.
(12) MITCHELL J. PRINSTEIN CHIEF SCIENCE OFFICER	37.50 NONE					X		276,666.	NONE	21,423.
(13) JENNIFER F. KELLY PRESIDENT	18.00 1.00	X						75,000.	NONE	NONE
(14) JEAN A. CARTER TREASURER	16.00 1.00	X						36,000.	NONE	NONE

Form **990** (2021)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) SANDRA L. SHULLMAN PAST PRESIDENT	11.00 1.00	X						31,100.	NONE	NONE
(16) FRANK C. WORRELL PRESIDENT ELECT	11.00 1.00	X						28,000.	NONE	NONE
(17) M. LYNNE COOPER MEMBER AT LARGE	11.00 1.00	X						25,000.	NONE	NONE
(18) DIANA L. PRESCOTT RECORDING SECRETARY	9.00 1.00	X						25,000.	NONE	NONE
(19) MICHAEL E. LAMB COUNCIL OF REPRESENTATIVE	1.00 NONE	X						20,000.	NONE	NONE
(20) WILLIAM WALTON STOOPS COUNCIL OF REPRESENTATIVE	1.00 NONE	X						20,000.	NONE	NONE
(21) ERIC M. BUTTER CLT CHAIR-ELECT	9.00 1.00	X						15,500.	NONE	NONE
(22) ANNE M. KAZAK COUNCIL OF REPRESENTATIVE	1.00 NONE	X						15,175.	NONE	NONE
(23) BLANKA ANGYAL APAGS CHAIR	9.00 1.00	X						15,000.	NONE	NONE
(24) ANTHONY L. CHAMBERS MEMBER AT LARGE	9.00 1.00	X						15,000.	NONE	NONE
(25) SUSAN D. CLAYTON MEMBER AT LARGE	9.00 1.00	X						15,000.	NONE	NONE
1b Sub-total								5,705,558.	NONE	1,008,311.
c Total from continuation sheets to Part VII, Section A								105,175.	NONE	NONE
d Total (add lines 1b and 1c)								5,810,733.	NONE	1,008,311.

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 ► 197

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) CANDICE HARGONS MEMBER AT LARGE	9.00 1.00	X						15,000.	NONE	NONE
(27) ROBIN MOCKENHAUPT PUBLIC MEMBER	9.00 1.00	X						15,000.	NONE	NONE
(28) RANDALL PHILLIP WHITE CLT CHAIR	9.00 1.00	X						15,000.	NONE	NONE
(29) SHANNON L. STIRMAN WILTSEY MEMBER AT LARGE	9.00 1.00	X						15,000.	NONE	NONE
(30) PAMELA SCOTT-JOHNSON MEMBER AT LARGE	9.00 1.00	X						7,500.	NONE	NONE
(31) LILLIAN COMAS-DIAZ COUNCIL OF REPRESENTATIVE	1.00 NONE	X						7,500.	NONE	NONE
(32) THOMAS G. PLANTE COUNCIL OF REPRESENTATIVE	1.00 NONE	X						5,800.	NONE	NONE
(33) REBECCA KATHRYN MCHUGH COUNCIL OF REPRESENTATIVE	1.00 NONE	X						5,000.	NONE	NONE
(34) JODIE B. ULLMAN COUNCIL OF REPRESENTATIVE	1.00 NONE	X						4,450.	NONE	NONE
(35) DEBRA M. KAWAHARA COUNCIL OF REPRESENTATIVE	1.00 NONE	X						3,750.	NONE	NONE
(36) CHARMAIN F. JACKMAN COUNCIL OF REPRESENTATIVE	1.00 NONE	X						2,625.	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) JASON A. CANTONE COUNCIL OF REPRESENTATIVE	1.00 NONE	X						2,000.	NONE	NONE
(38) ABIGAIL T. PANTER COUNCIL OF REPRESENTATIVE	1.00 NONE	X						2,000.	NONE	NONE
(39) BRUCE STEVEN LIESE COUNCIL OF REPRESENTATIVE	1.00 NONE	X						1,500.	NONE	NONE
(40) MARY FERNANDES COUNCIL OF REPRESENTATIVE	1.00 NONE	X						1,000.	NONE	NONE
(41) ELEANOR F. GIL-KASHIWABARA COUNCIL OF REPRESENTATIVE	1.00 NONE	X						500.	NONE	NONE
(42) SUSAN H. MCDANIEL COUNCIL OF REPRESENTATIVE	1.00 NONE	X						350.	NONE	NONE
(43) MICHU FU COUNCIL OF REPRESENTATIVE	1.00 NONE	X						350.	NONE	NONE
(44) THERESA M. CODDINGTON COUNCIL OF REPRESENTATIVE	1.00 NONE	X						250.	NONE	NONE
(45) JENNIFER KIM PENBERTHY COUNCIL OF REPRESENTATIVE	1.00 NONE	X						200.	NONE	NONE
(46) SUSAN KRAUSS WHITBOURNE COUNCIL OF REPRESENTATIVE	1.00 NONE	X						100.	NONE	NONE
(47) BONNIE K. NASTASI COUNCIL OF REPRESENTATIVE	1.00 NONE	X						100.	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) KIRK J. SCHNEIDER COUNCIL OF REPRESENTATIVE	1.00 NONE	X						100.	NONE	NONE
(49) ARLENE J. STEINBERG COUNCIL OF REPRESENTATIVE	1.00 NONE	X						100.	NONE	NONE
(50) NORMAN ABELES COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(51) JANICE R. ADELMAN COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(52) SAWSSAN R. AHMED COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(53) RHONDA B. ALLEN COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(54) TAMMY D. ALLEN COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(55) MICHAEL R. BASSO COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(56) BRANDON CHRISTIAN BAUGHMAN COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(57) LAWRENCE B. BEER COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(58) DALE A. BESPALC COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(59) REBECCA KATE BLAIS COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(60) JUDITH S. BLANTON COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(61) CADY KRISTEN BLOCK COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(62) EUGENE BORGIDA COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(63) DOMINIKA MARIOLA BREEDLOVE COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(64) SARA BUCKINGHAM COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(65) LINDSEY RENEE BUCKMAN COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(66) LORI JANE BUTTS COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(67) DAVID S. CARVER COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(68) MARY LOUISE CASHEL COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(69) EUNICE JOY P. CASTRO COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(70) TIMOTHY A. CAVELL COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(71) DANA LEIGH CHARATAN COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(72) SIMON CHARBONNEAU COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(73) ANNE M. CLEARY COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(74) ESTER COLE COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(75) CHESTER D. COPEMANN COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(76) CONSTANCE J. DALENBERG COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(77) CIRLEEN DEBLAERE COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(78) LUCINDA L. DEGRANGE COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(79) THOMAS J. DEMAIO COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(80) JUAN M. DOMINGUEZ COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(81) KEVIN MICHAEL DUFF COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(82) SALLY OAKES EDMAN COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(83) MINDY J. ERCHULL COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(84) SEAN R. EVERS COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(85) LAURA L. FAYNOR-CIHA COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(86) JOANNE FESTA COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(87) RACHEL T. FOULADI COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(88) BRYANA HELEN FRENCH COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(89) SARAH LANDAU FRIEDMAN COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(90) LUZ M. GARCINI COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(91) SHEILA H. GARDNER COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(92) MORTON ANN GERNSBACHER COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(93) ELISABETH N. GIBBINGS COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(94) MICHELE GREGOIRE GILL COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(95) JAMES ART GILLASPY COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(96) ROBYN L. GOBIN COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(97) TERRY S. GOCK COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(98) SHELLEY LEE GOODWIN COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(99) ELIZABETH R. GOREN COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(100) LISA R. GROSSMAN COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(101) GORDON C. NAGAYAMA HALL COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(102) RAYMOND F. HANBURY COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(103) APRIL HARRIS-BRITT COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(104) WILLIAM L. HATHAWAY COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(105) LANA LEE HAWKINS COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(106) MINDY HEDLUND COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(107) ASHLEY HEINER COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(108) MICHAEL L. HENDRICKS COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(109) CAROLYN FAYE HUMPHREY COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(110) ARPANA G. INMAN COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(111) AIDA L. JIMENEZ COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(112) MARCUS LEE JOHNSON COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(113) EMILY THOMAS JOHNSON COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(114) CARRIE HILL KENNEDY COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(115) PAUL W. KETTLEWELL COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(116) KATHERINE KILLEEN COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(117) ANNE SHARI KLEE COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(118) LAURA FILLINGAME KNUDTSON COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(119) ANTHONY P. KONTOS COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(120) GERALD P. KOOSHER COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(121) PAUL T. KORTE COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(122) MARGARET BULL KOVERA COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(123) ANGELA M. KUEMMEL COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(124) MONICA F. KURYLO COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(125) DANA G. LASEK COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(126) NOELLE LORRAINE LEFFORGE COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(127) MARY MILLER LEWIS COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(128) HARRY C. LINNEMAN COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(129) LISA S. LOMBARD COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(130) ELISE C. MAGNUSON COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(131) MILTON J MARASCH COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(132) JANA NELSON MARTIN COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(133) DANIEL S. MARULLO COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(134) SUNNYE MAYES COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(135) MARY ANN MCCABE COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(136) MAUREEN A. MCCARTHY COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(137) JEFFREY JOSEPH MCHENRY COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(138) MICHELE C. MCKINNIE COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(139) ROBIN MCLEOD COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(140) ALMAS MERCHANT COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(141) RHEA ANN MERCK COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(142) A.J. METZ COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(143) LINDA R. MONA COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(144) JAMES ANTON MULICK COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(145) COLLEEN MURPHY COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(146) ANNIE HA NGUYEN COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(147) ARLENE NORIEGA COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(148) BRADLEY DAVID OLSON COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(149) PETER M. OPPENHEIMER COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(150) HOD ORKIBI COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(151) PATRICK GAVAN O'SHEA COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(152) MICHAEL W. OTTO COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(153) JULIE A. PARSONS COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(154) JENNIFER MICHELE PELTZER-JONE COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(155) NANCY A. PIOTROWSKI COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(156) ROBERT W. PROCTOR COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(157) ASHLEY K. RANDALL COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(158) ELIZABETH I. RATHBUN COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(159) LINDA A. REDDY COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(160) PAMELA P. REMER COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(161) MICHELE DENISE RIBEIRO COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(162) LUIS M. RIVERA COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(163) TOMI-ANN ROBERTS COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(164) LISA M. ROCCHIO COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(165) DANIEL M. ROCKERS COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(166) RONALD H. ROZENSKY COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(167) NEAL S. RUBIN COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(168) JOANNA OMEGA SHADOW COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(169) ALICE LOWE SHAW COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(170) JESSICA M. SMEDLEY COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(171) JENNIFER LEIGH SMITH COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(172) FELICIA DENISE SMITH COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(173) STEPHEN M. SOLDZ COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(174) BRIAN HUNTTING STAGNER COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(175) TERRY STANCIN COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(176) MAGGIE LEE SYME COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(177) RUDDY M. TAYLOR COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(178) LEA ATHENA THEODORE COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(179) BRUCE ALLEN THYER COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(180) AMANDA ROSE TURLINGTON COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(181) GARY R. VANDENBOS COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(182) ENEDINA G. VAZQUEZ COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(183) STEPHANIE VITANZA COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(184) LENORE E. WALKER COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(185) SUSAN C. WARSHAW COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(186) DANNY WEDDING COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(187) JONATHAN WEINAND COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(188) SARA P. WEINER COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(189) CHANTEL MARIE WEISENMULLER COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
(190) FREDERICK JOSEPH WERTZ COUNCIL OF REPRESENTATIVE	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	1,990,208.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	1,650,304.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		3,640,512.			
	Program Service Revenue				Business Code		
2a		LICENSING FEES		541900	84,139,093.	84,139,093.	
b		BOOKS AND JOURNAL SUBSCRIPTIONS		111000	23,855,385.	22,651,310.	1,204,075.
c		PUBLICATION SALES		511120	5,348,310.	5,348,310.	
d		SERVICE AND APPLICATION FEES		611710	4,775,362.	4,775,362.	
e		MEMBERSHIP FEES		611600	3,637,847.	3,637,847.	
f		All other program service revenue		900099	1,485,967.	1,485,967.	
g		Total. Add lines 2a-2f		123,241,964.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		1,787,502.		955,497.
	4	Income from investment of tax-exempt bond proceeds .		NONE			
	5	Royalties		1,222,890.			1,222,890.
	6a	Gross rents	(i) Real				
			(ii) Personal				
				24,991,530.			
	b	Less: rental expenses		21,130,569.			
	c	Rental income or (loss)		3,860,961.	NONE		
	d	Net rental income or (loss)		3,860,961.		1,169,718.	2,691,243.
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				40,933,722.			
	b	Less: cost or other basis and sales expenses . .		31,030,061.			
	c	Gain or (loss)		9,903,661.			
	d	Net gain or (loss)		9,903,661.			9,903,661.
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		NONE			
				NONE			
			NONE				
b	Less: direct expenses		NONE				
c	Net income or (loss) from fundraising events		NONE				
9a	Gross income from gaming activities. See Part IV, line 19		NONE				
			NONE				
			NONE				
b	Less: direct expenses		NONE				
c	Net income or (loss) from gaming activities		NONE				
10a	Gross sales of inventory, less returns and allowances		NONE				
			NONE				
			NONE				
b	Less: cost of goods sold		NONE				
c	Net income or (loss) from sales of inventory		NONE				
Miscellaneous Revenue				Business Code			
	11a	APA OTHER REVENUE		900099	216,910.		216,910.
	b	MAILING LIST RENTAL		533110	5,520.		5,520.
	c	MISCELLANEOUS		900099	28,547.		28,547.
	d	All other revenue					
e	Total. Add lines 11a-11d		250,977.				
12	Total revenue. See instructions		143,908,467.	122,037,889.	3,329,290.	14,900,776.	

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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	486,846.	486,846.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,030,792.	2,030,792.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	50,000.	50,000.		
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	5,121,221.	4,040,303.	1,080,918.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	53,088,059.	41,656,085.	11,431,974.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,247,641.		3,247,641.	
9 Other employee benefits	7,520,170.		7,520,170.	
10 Payroll taxes	4,445,247.		4,445,247.	
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	978,248.	2,545.	975,703.	
c Accounting	206,518.		206,518.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	393,899.		393,899.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	11,737,005.	9,000,613.	2,736,392.	
12 Advertising and promotion	2,559,787.	2,559,787.		
13 Office expenses	8,585,096.	8,406,244.	178,852.	
14 Information technology	5,909,995.	1,942,967.	3,967,028.	
15 Royalties	5,667,878.	5,667,878.		
16 Occupancy	8,467,181.	1,140.	8,466,041.	
17 Travel	133,829.	125,164.	8,665.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	1,263,318.	1,257,661.	5,657.	
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	2,983,978.	244,052.	2,739,926.	
23 Insurance	1,109,346.		1,109,346.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a OVERHEAD RECOVERY	-8,056,353.	-3,468,525.	-4,587,828.	
b HONORARIA/STIPENDS	3,492,287.	3,481,787.	10,500.	
c ALLOCATED COSTS	3,454,415.	16,139,151.	-12,684,736.	
d BANK COMMERCE FEES	609,464.	NONE	609,464.	
e All other expenses	1,044,902.	523,459.	521,443.	
25 Total functional expenses. Add lines 1 through 24e	126,530,769.	94,147,949.	32,382,820.	NONE
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	750.	1	750.
	2 Savings and temporary cash investments.	34,594,761.	2	45,417,772.
	3 Pledges and grants receivable, net	NONE	3	NONE
	4 Accounts receivable, net	26,309,323.	4	22,410,215.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	5	NONE
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	3,632,683.	8	3,492,180.
	9 Prepaid expenses and deferred charges	4,017,238.	9	5,125,396.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 189,462,678.		
	b Less: accumulated depreciation.	10b 114,521,733.		
	11 Investments - publicly traded securities.	77,546,504.	10c	74,940,945.
	12 Investments - other securities. See Part IV, line 11.	83,439,404.	11	95,363,402.
	13 Investments - program-related. See Part IV, line 11.	NONE	12	NONE
	14 Intangible assets	NONE	13	NONE
	15 Other assets. See Part IV, line 11	NONE	14	NONE
16 Total assets. Add lines 1 through 15 (must equal line 33)	40,897,873.	15	43,784,639.	
	270,438,536.	16	290,535,299.	
Liabilities	17 Accounts payable and accrued expenses.	19,558,730.	17	21,264,831.
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	51,728,387.	19	55,573,202.
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	14,387,096.	21	13,406,934.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	128,806,459.	23	124,251,454.
	24 Unsecured notes and loans payable to unrelated third parties.	NONE	24	NONE
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	6,998,557.	25	7,664,596.
	26 Total liabilities. Add lines 17 through 25.	221,479,229.	26	222,161,017.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	48,959,307.	27	68,374,282.
	28 Net assets with donor restrictions.	NONE	28	NONE
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	48,959,307.	32	68,374,282.
33 Total liabilities and net assets/fund balances.	270,438,536.	33	290,535,299.	

Form **990** (2021)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	143,908,467.
2	Total expenses (must equal Part IX, column (A), line 25)	2	126,530,769.
3	Revenue less expenses. Subtract line 2 from line 1	3	17,377,698.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	48,959,307.
5	Net unrealized gains (losses) on investments	5	2,037,277.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O).	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	68,374,282.

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

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

AMERICAN PSYCHOLOGICAL ASSOCIATION

Employer identification number

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).)
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990) 2021

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	SEE SUPP PAGE 2,516,785.	2,332,316.	1,917,052.	2,230,914.	3,640,512.	12,637,579.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	112,104,602.	115,906,592.	118,493,750.	123,457,517.	122,037,889.	592,000,350.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						NONE
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
5 The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
6 Total. Add lines 1 through 5.	114,621,387.	118,238,908.	120,410,802.	125,688,431.	125,678,401.	604,637,929.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						NONE
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						NONE
c Add lines 7a and 7b.						NONE
8 Public support. (Subtract line 7c from line 6.)						604,637,929.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6.	114,621,387.	118,238,908.	120,410,802.	125,688,431.	125,678,401.	604,637,929.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,507,591.	5,357,437.	5,460,758.	5,486,143.	4,746,138.	26,558,067.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	1,060,591.	1,154,996.	1,733,159.	1,378,676.		5,327,422.
c Add lines 10a and 10b	6,568,182.	6,512,433.	7,193,917.	6,864,819.	4,746,138.	31,885,489.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						NONE
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,249,856.	1,345,490.	1,375,172.	-5,063,383.	250,977.	-841,888.
13 Total support. (Add lines 9, 10c, 11, and 12.)	122,439,425.	126,096,831.	128,979,891.	127,489,867.	130,675,516.	635,681,530.
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	95.12%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	94.53%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)).	17	5.02%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	5.44%

19a 33 1/3% support tests - 2021. 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 - 2020. 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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 Part VI when and how the organization made the determination.</i>		
c 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 Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
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 Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on 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 Part VI.</i>		
10a 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 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>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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 Did the activities described on line 2a, above, 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>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
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>		
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <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).			

Schedule A (Form 990) 2021

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

Schedule A (Form 990) 2021

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.)

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
OTHER INCOME	1,249,856.	1,345,490.	1,375,172.	672,363.	250,977.	4,893,858.
EXTINGUISHMENT OF DEBT	NONE	NONE	NONE	-5,735,746.	NONE	-5,735,746.

TOTALS	1,249,856.	1,345,490.	1,375,172.	-5,063,383.	250,977.	-841,888.
=====						

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.
► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

AMERICAN PSYCHOLOGICAL ASSOCIATION

53-0205890

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

AMERICAN PSYCHOLOGICAL ASSOCIATION

Employer identification number

53-0205890

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 2,885,922.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 521,770.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 127,136.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 70,339.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 5,965.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

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

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

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

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

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

Name of organization	Employer identification number
AMERICAN PSYCHOLOGICAL ASSOCIATION	53-0205890

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

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

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

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

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

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

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

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

Schedule C (Form 990) 2021

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures	126,530,769.														
e Total exempt purpose expenditures (add lines 1c and 1d)	126,530,769.														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.														
<table border="1"> <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.														
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.														
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	1,000,000.	NONE	NONE	NONE	1,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					1,500,000.
c Total lobbying expenditures	667,954.	NONE	NONE	NONE	667,954.
d Grassroots nontaxable amount	250,000.	NONE	NONE	NONE	250,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					375,000.
f Grassroots lobbying expenditures	20,313.	NONE	NONE	NONE	20,313.

Schedule C (Form 990) 2021

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
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

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."

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

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.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN PSYCHOLOGICAL ASSOCIATION

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1.	▶ \$
(ii) Assets included in Form 990, Part X.	▶ \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1.	▶ \$
b Assets included in Form 990, Part X.	▶ \$

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

Schedule D (Form 990) 2021

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

- | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|------------------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| 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 Term endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|------------------------------------------------------------------------------------------------------|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	3,108,586.	6,596,734.		9,705,320.
b Buildings	54,778,074.	85,363,884.	88,816,110.	51,325,848.
c Leasehold improvements		5,474,336.	2,480,099.	2,994,237.
d Equipment		34,141,064.	23,225,524.	10,915,540.
e Other		NONE	NONE	NONE
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				74,940,945.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
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: 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)RESTRICTED CASH	17,516,112.
(2)RENT ABATEMENTS	14,533,801.
(3)OTHER ASSETS	5,744,968.
(4)DEFERRED LEASING	5,782,363.
(5)DEPOSITS AND ADVANCES	207,395.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).	43,784,639.

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DEFERRED COMPENSATION	7,892,107.
(3)	INTERCOMPANY ACCOUNTS	-227,511.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		7,664,596.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	159,880,437.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,037,277.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-6,801,977.
e	Add lines 2a through 2d	2e	-4,764,700.
3	Subtract line 2e from line 1	3	164,645,137.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	393,899.
b	Other (Describe in Part XIII.)	4b	-21,130,569.
c	Add lines 4a and 4b	4c	-20,736,670.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	143,908,467.

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

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

1	Total expenses and losses per audited financial statements	1	144,018,304.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	-3,249,135.
e	Add lines 2a through 2d	2e	-3,249,135.
3	Subtract line 2e from line 1	3	147,267,439.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	393,899.
b	Other (Describe in Part XIII.)	4b	-21,130,569.
c	Add lines 4a and 4b	4c	-20,736,670.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	126,530,769.

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.

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART IV, LINE 2B

ESCROW AND CUSTODIAL ARRANGEMENTS

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 \$17,275,494 AND \$14,597,315 AS OF DECEMBER 31, 2021 AND 2020, RESPECTIVELY.

SCHEDULE D, PART X, LINE 2

ASC 740 FOOTNOTE

APA RECOGNIZES TAX LIABILITIES WHEN, DESPITE THE MANAGEMENT'S BELIEF THAT TAX RETURN POSITIONS ARE SUPPORTABLE, 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

Part XIII Supplemental Information *(continued)*

YEARS ENDED DECEMBER 31, 2017 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.

SCHEDULE D, PART XI, LINE 2D

OTHER REVENUE ON BOOKS BUT NOT ON RETURN

REVENUE OF AFFILIATES	5,528,389
INTERCOMPANY ELIMINATIONS	(16,274,546)
INTEREST IN LLC ADJUSTMENT	3,944,180

TOTAL	(6,801,977)

SCHEDULE D, PART XI, LINE 4B

OTHER REVENUE ON RETURN BUT NOT ON BOOKS

RENTAL EXPENSES INCLUDED IN REVENUE	(21,130,569)

TOTAL	(21,130,569)

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART XII, LINE 2D

OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

INTERCOMPANY ELIMINATIONS (8,302,091)

EXPENSES OF AFFILIATES 5,052,955

TOTAL (3,249,136)

SCHEDULE D, PART XII, LINE 4B

OTHER EXPENSES ON RETURN BUT NOT ON BOOKS

RENTAL EXPENSES INCLUDED IN REVENUE (21,130,569)

TOTAL (21,130,569)

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Statement of Activities Outside the United States

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

AMERICAN PSYCHOLOGICAL ASSOCIATION

Employer identification number

53-0205890

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2021

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	CONTRIBUTION	35,000.	WIRE			COST
(2)			SOUTH AMERICA	SPONSORSHIP	10,000.	WIRE			COST
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities . . . **2**

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(g) Description of noncash 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; don't file with Form 990)* ☐ 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; don't file with Form 990)* ☐ Yes ☒ No

Schedule F (Form 990) 2021

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).

SCHEDULE F, PART I, LINE 2

PROCESS FOR MONITORING GRANT FUNDS OUTSIDE USA

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
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

AMERICAN PSYCHOLOGICAL ASSOCIATION

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) INTERNATIONAL BRAIN BEE 1121 14TH ST NW #1010 WASHINGTON, DC 20005	82-4069083	501C(3)	25,000.				CONTRIBUTION
(2) APA DIV 14-SOC FOR INDUSTR/ORG PSYCHOLOGY 440 E. POE RD. BOWLING GREEN, OH 43402	34-1372077	501C(6)	14,000.				INTERDIVISIONAL GRANT
(3) CONNECTICUT PSYCHOLOGICAL ASSOCIATION 60 KINGS HIGHWAY NORTH HAVEN, CT 06473	06-0919890	501C(6)	10,000.				CEMRAT GRANT FUND
(4) APA DIV 50-SOCIETY OF ADDICTION PSYCHOLOGY 750 1ST STREET, NE WASHINGTON, DC 20002	91-1436109	501C(3)	7,000.				INTERDIVISIONAL GRANT
(5) APA DIV 20-ADULT DEVELOPMENT & AGING 750 1ST STREET, NE WASHINGTON, DC 20002	52-1564006	501C(3)	7,000.				CONTRIBUTION
(6) CAPITAL AREA FOOD BANK 645 TAYLOR STREET, NE WASHINGTON, DC 20017	52-1167581	501C(3)	7,000.				CONTRIBUTION
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **4**

3 Enter total number of other organizations listed in the line 1 table **2**

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

Schedule I (Form 990) 2021

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 MINORITY FELLOWSHIP PROGRAM FELLOWSHIP PROGRAMS	109	1,933,016.			
2 DOCTORAL DISSERTATION RESEARCH SUPPORT	37	48,977.			
3 APAGS PSI CHI JUNIOR SCIENTIST FELLOWSHIP	12	12,000.			
4 APAGS PSCHOLOGY SCIENCE RESEARCH GRANT	12	12,000.			
5 CAREER DEVELOPMENT & TRAINING GRANT	3	9,549.			
6 CEMRRAT2 STUDENT TRAVEL GRANT	18	7,750.			
7 CECF GRANT	4	7,500.			

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

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 J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

AMERICAN PSYCHOLOGICAL ASSOCIATION

Employer identification number

53-0205890

Part I Questions Regarding Compensation

1a 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.

- | | |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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.

- | | |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 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:

- a** Receive a severance payment or change-of-control payment? **4a** ☐ Yes ☒ No
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b** ☒ Yes ☐ No
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c** ☒ Yes ☐ No

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 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:

- a** The organization? **5a** ☐ Yes ☒ No
- b** Any related organization? **5b** ☐ Yes ☒ No

If "Yes" on line 5a or 5b, describe in Part III.

6 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:

- a** The organization? **6a** ☐ Yes ☒ No
- b** Any related organization? **6b** ☐ Yes ☒ No

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. **7** ☐ Yes ☒ No

8 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. **8** ☐ Yes ☒ No

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** ☐ Yes ☒ No

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

Schedule J (Form 990) 2021

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 aren't 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 and/or 1099-NEC 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				
ARTHUR C. EVANS 1 CEO	(i)	762,973.	78,000.	2,930.	114,025.	50,063.	1,007,991.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ARCHIE L. TURNER 2 COO/CFO	(i)	544,214.	NONE	9,394.	90,190.	48,516.	692,314.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JAIME L. DIAZ-GRANADOS 3 DEPUTY CEO	(i)	528,230.	NONE	13,314.	81,498.	26,727.	649,769.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
TONY HABASH 4 CHIEF INFORMATION OFF	(i)	492,267.	NONE	1,961.	83,472.	48,146.	625,846.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DEANNE M. OTTAVIANO 5 GENERAL COUNSEL	(i)	487,502.	48,499.	1,961.	72,568.	48,147.	658,677.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JASPER SIMONS 6 CHIEF PUBLISHING OFFI	(i)	442,762.	NONE	684.	72,689.	47,773.	563,908.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
IAN D. KING 7 CHIEF OF IMPLEMENTATI	(i)	416,099.	NONE	684.	17,400.	47,583.	481,766.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ALICIA C. AEBERSOLD 8 CHIEF COMMUNICATIONS	(i)	364,904.	NONE	1,049.	17,400.	25,514.	408,867.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CATHERINE L. GRUS 9 CHIEF EDUCATION OFFIC	(i)	305,864.	NONE	1,806.	17,400.	11,590.	336,660.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KATHERINE B. MCGUIRE 10 CHIEF ADVOCACY OFFICE	(i)	296,978.	NONE	2,032.	17,400.	6,397.	322,807.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JARED L. SKILLINGS 11 CHIEF OF PROFESSIONAL	(i)	288,554.	NONE	456.	17,400.	24,990.	331,400.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MITCHELL J. PRINSTEIN 12 CHIEF SCIENCE OFFICER	(i)	275,782.	NONE	884.	16,290.	5,133.	298,089.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

APA PROVIDES AN EXECUTIVE SUPPLEMENTAL COMPENSATION AND TRANSITIONAL
BENEFIT ALLOWANCE TO ELIGIBLE EMPLOYEES.

ARTHUR C. EVANS - \$96,625

ARCHIE L. TURNER - \$72,790

JAIME L. DIAZ-GRANADOS - \$64,098

TONY HABASH - \$66,072

DEANNE OTTAVIANO - \$55,168

JASPER SIMONS - \$55,289

IAN KING - \$48,385

SCHEDULE J, PART II, SECTION B(II)

THE BONUS AND INCENTIVE COMPENSATION THAT IS REFLECTED IN SCHEDULE J,
PART II, SECTION B(II) CONSIST OF PERFORMANCE BONUSES, INCENTIVE
COMPENSATION, AND COMMISSIONS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

AMERICAN PSYCHOLOGICAL ASSOCIATION

53-0205890

FORM 990, PART I, LINE 1 (CONTINUED)

SCIENCE AND KNOWLEDGE TO BENEFIT SOCIETY AND IMPROVE LIVES.

FORM 990, PART III, LINE 1 (CONTINUED)

APA FULFILLS THESE OBJECTIVES BY UTILIZING PSYCHOLOGY TO MAKE A POSITIVE
IMPACT ON CRITICAL SOCIETAL ISSUES, ELEVATING THE PUBLIC'S UNDERSTANDING
OF, REGARD FOR, AND USE OF PSYCHOLOGY, PREPARING THE DISCIPLINE AND
PROFESSION OF PSYCHOLOGY FOR THE FUTURE, AND STRENGTHENING APA'S STANDING
AS AN AUTHORITATIVE VOICE FOR PSYCHOLOGY.

FORM 990, PART III, LINE 4A (CONTINUED)

APA JOURNALS PLAY AN IMPORTANT ROLE IN SUPPORTING THE ASSOCIATION'S
EQUITY, DIVERSITY, AND INCLUSION (EDI) INITIATIVE. PUBLISHING-SPECIFIC
EFFORTS INCLUDE A JOURNAL EDITOR TOOLKIT AND PARTNERSHIPS THAT POSITIVELY
REINFORCES RESEARCHERS OF COLOR.

BY THE END OF 2021, PSYCARICLES, THE ELECTRONIC DATABASE PRODUCT
CONTAINING FULL-TEXT JOURNAL CONTENT, CONTAINED OVER 226,952 ARTICLE
RECORDS, DATING BACK TO 1894.

MORE THAN 193,900 RECORDS WERE RELEASED INTO THE PSYCINFO DATABASE IN
2021, BRINGING THE TOTAL NUMBER OF RECORDS IN THE DATABASE TO MORE THAN
5.1 MILLION, AND THE TOTAL NUMBER OF CITED REFERENCES IN THE DATABASE TO
ALMOST 135 MILLION. THE NUMBER OF JOURNALS COVERED BY PSYCINFO AT THE END
OF 2021 WAS 2,292 - 27 NEW JOURNALS WERE ADDED. PSYCINFO ALSO INCLUDES

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

THE METADATA RECORDS FOR THE PSYCARICLES AND PSYCBOOKS DATABASES.
PSYCTESTS, THE RESEARCH DATABASE ON PSYCHOLOGICAL TESTS, MEASURES,
SCALES, SURVEYS AND OTHER ASSESSMENTS, GREW BY 4,357 NEW RECORDS TOTALING
MORE THAN 67,303 RECORDS AT THE END OF 2019.

IN 2021, PSYCNET, THE DELIVERY PLATFORM FOR APA'S SCHOLARLY CONTENT,
HOSTED MORE THAN 48 MILLION USER SESSIONS, WITH 4.5 MILLION JOURNAL
ARTICLES AND BOOK CHAPTER DOWNLOADS BY INSTITUTIONAL SUBSCRIBERS AND APA
MEMBERS.

DURING 2021, APA PUBLISHED 52 SCHOLARLY BOOK TITLES, 3 LIFETOOLS (APA'S
SELF-HELP IMPRINT), ONE TWO-VOLUME REFERENCE HANDBOOK, AND 35 MAGINATION
PRESS (APA'S CHILDREN'S BOOK IMPRINT) TITLES MAGINATION PRESS PARTNERED
WITH SEVERAL NATIONAL ORGANIZATIONS IN 2021 TO DISTRIBUTE OVER 140,000
BOOKS TO COMMUNITIES IN NEED.

AS OF DECEMBER 2021, MORE THAN 1.1 MILLION COPIES OF THE 7TH EDITION OF
THE PUBLICATION MANUAL HAVE BEEN SOLD SINCE ITS RELEASE IN 2019. TO
COMPLIMENT THE LATEST EDITIONS OF THE PUBLICATION MANUAL AND CONCISE
GUIDE TO APA STYLE, THE APA STYLE TEAM RELEASED THE SEVENTH EDITION OF
THE MASTERING APA STYLE STUDENT WORKBOOK IN SEPTEMBER OF 2021. APA ALSO
RELEASED 7 INDIVIDUAL VIDEO TITLES AND ADDED 11 TO APA PSYCTHERAPY, APA'S
DATABASE OF STREAMING PSYCHOTHERAPY VIDEOS. AT THE END OF 2019, THE
PSYCBOOKS DATABASE CONTAINED 72,696 BOOK AND CHAPTER RECORDS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

ACADEMIC WRITER, APA'S COMPLETE DIGITAL ENVIRONMENT FOR SCHOLARLY
WRITING, WAS UPDATED WITH NEW FEATURES TO BETTER SUPPORT INSTITUTIONAL
AND INDIVIDUAL USERS. AND PSYCLEARN IS APA'S ONLINE LEARNING SOLUTION IS
NOW OFFERED IN THREE UNDERGRADUATE COURSES: RESEARCH METHODS,
INTRODUCTION TO SOCIAL PSYCHOLOGY, AND STATISTICS FOR BEHAVIORAL
SCIENCES.

FORM 990, PART III, LINE 4B (CONTINUED)

MEDIA & EVENT SALES ENABLE ADVERTISERS, SPONSORS, EXHIBITORS AND
STRATEGIC ALLIANCES TO REACH PSYCHOLOGISTS THROUGH APA'S UNIQUE CHANNELS.
AT THE END OF 2021, APA HAD 133,961 TOTAL MEMBERS AND AFFILIATES.

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICE ACCOMPLISHMENTS

PUBLIC INTEREST:

THE APA PUBLIC INTEREST DIRECTORATE MISSION IS TO FULFILL APA'S
COMMITMENT TO APPLY THE SCIENCE AND PRACTICE OF PSYCHOLOGY TO FOSTER THE
ADVANCEMENT OF HUMAN RIGHTS, FAIRNESS, AND DIGNITY FOR ALL SEGMENTS OF
SOCIETY. IN 2021, THE DIRECTORATE MANAGED OVER \$5,244,025 IN FEDERAL AND
FOUNDATION GRANTS AND COOPERATIVE AGREEMENTS PROVIDING SUPPORT FOR
UNDERREPRESENTED GRADUATE STUDENTS AND EARLY CAREER BEHAVIORAL HEALTH
PRACTITIONERS AND SCIENTISTS, PROMOTING SAFE AND SUPPORTIVE ENVIRONMENTS
FOR ALL STUDENTS AND SPECIFICALLY FOR LESBIAN, GAY, BISEXUAL, AND
TRANSGENDER STUDENTS, PROVIDING TECHNICAL ASSISTANCE TO SCHOOLS IN
RESPONSE TO COVID-19 CLOSURES (ALLOWING FOR ACTIVITIES/RESOURCES THAT

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

ENHANCE THE EXISTING), AND UNDERSTANDING THE EXTENT AND NATURE OF
PANDEMIC-RELATED HEALTH DISPARITIES AMONG AGING PEOPLE OF COLOR. AMONG
2021 APA-FUNDED PROGRAMS WERE 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; HEALTH DISPARITIES AND
EQUITY; AND HUMAN RIGHTS.

COMMUNICATIONS:

THE APA COMMUNICATIONS OVERSEES THE ASSOCIATION'S BRAND, CONTENT, AND
MESSAGING, AND IS THE PRIMARY POINT OF CONTACT FOR NEWS MEDIA AND THE
PUBLIC. AS SUCH, APA COMMUNICATIONS STRIVES TO PROMOTE THE ADVANCEMENT,
COMMUNICATION, AND APPLICATION OF PSYCHOLOGICAL SCIENCE AND KNOWLEDGE TO
BENEFIT SOCIETY AND IMPROVE LIVES. APA COMMUNICATIONS WORKS WITH THE CEO
AND ALL APA OFFICES AND DIRECTORATES TO IDENTIFY, CRAFT, AND DISSEMINATE
MESSAGING, CONTENT, AND WORK PRODUCTS OF INTEREST TO THE GENERAL PUBLIC,
PSYCHOLOGISTS, AND THE MEDIA. PRODUCTS INCLUDE THE MONITOR MAGAZINE, NEWS
AND WEBSITE CONTENT, NEWS RELEASES, SOCIAL MEDIA, APA'S FAMILY OF
WEBSITES, APA'S PODCAST, VIDEOS, ADVERTISING, AND OTHER COMMUNICATIONS
VEHICLES TO DELIVER INFORMATION ABOUT PSYCHOLOGY AND APA TO MAINSTREAM
AND TRADE MEDIA, PSYCHOLOGISTS, AND THE PUBLIC. APA COMMUNICATIONS ALSO
OVERSEES THE APA CONVENTION, INTERNAL COMMUNICATIONS, AND STAFF WELLBEING
AND ENGAGEMENT.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

SCIENCE:

THE APA SCIENCE DIRECTORATE SEEKS TO COMMUNICATE, FACILITATE, PROMOTE,
AND REPRESENT PSYCHOLOGICAL SCIENCE AND SCIENTISTS. THESE GOALS ARE
ACHIEVED THROUGH ACTIVITIES THAT PROMOTE PSYCHOLOGICAL SCIENCE IN
ACADEMIC AND SCIENTIFIC ARENAS; ADDRESS ONGOING OPPORTUNITIES; AND
COMMUNICATE ACTIVITIES, ISSUES, AND OPPORTUNITIES TO MEMBERS AND TO THE
PUBLIC. IN 2021 THE DIRECTORATE LAUNCHED A NEW NEWSLETTER THAT PROVIDES
PSYCHOLOGICAL SCIENTISTS WITH THE MOST RELEVANT NEWS AND INFORMATION TO
HELP THEM WITH RESEARCH (8 ISSUES); LAUNCHED A NEW WEBINAR SERIES TO
HIGHLIGHT CONVERSATIONS AMONG SCIENTISTS ON IMPORTANT ISSUES IN THE FIELD
(5 WEBINARS); CREATED A VIDEO SERIES FEATURING VARIOUS CAREERS IN
PSYCHOLOGICAL SCIENCE; AWARDED RESEARCH GRANTS TO STUDENTS; AND RECEIVED
A CDC GRANT ALLOWING APA TO OFFER 1.4M IN RESEARCH FUNDS TO PSYCHOLOGICAL
SCIENTISTS, CREATE CONTINUING EDUCATION OPPORTUNITIES, AND BEGIN WORK TO
CREATE A CONSENSUS DOCUMENT ON ADDRESSING THE PROBLEM OF MISINFORMATION.

PRACTICE:

THE APA PRACTICE DIRECTORATE PROMOTES THE PRACTICE OF PSYCHOLOGY ON
BEHALF OF THE PUBLIC AND ADVOCATES FOR THE PROFESSIONAL NEEDS OF
PSYCHOLOGISTS. WE ACCOMPLISH THIS THROUGH LEGAL/REGULATORY AND STATE
ADVOCACY INITIATIVES TO DEFEND AND ADVANCE PSYCHOLOGISTS' SCOPE OF
PRACTICE AND LICENSING; ADVOCACY FOR BILLING, CODING, AND REIMBURSEMENT;
POPULATION HEALTH PROMOTION; IMPROVING THE DIVERSITY, INCLUSIVITY, AND
QUALITY OF PROFESSIONAL SERVICES; ADVANCING MEASUREMENT-BASED CARE;
DEVELOPING GUIDELINES, BEST PRACTICES, AND PROFESSIONAL GUIDANCE;

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

ENGAGING TECHNOLOGIES AND INNOVATIVE METHODS TO PREPARE THE PROFESSION
FOR THE FUTURE; & SUPPORTING NUMEROUS APA DIVISIONS, BOARDS, COMMITTEES,
AND WORKGROUPS WHOSE EFFORTS BENEFIT PSYCHOLOGY, PSYCHOLOGISTS, AND THE
PUBLIC. THE APA PRACTICE DIRECTORATE HAS TAKEN ON A CRITICAL ROLE IN
HELPING PSYCHOLOGISTS NAVIGATE THE IMPACT OF JUDICIAL RULINGS ON
PSYCHOLOGY PRACTICES AND CLIENTELE, AS WELL AS FORTIFYING ACCESS TO
TELE-MENTAL-HEALTH SERVICES.

FORM 990, PART VI, SECTION A, LINE 1A

VOTING MEMBERS

THE APA IS GOVERNED BY A COUNCIL OF REPRESENTATIVES COMPRISED OF 181
MEMBERS WHICH MEETS TWICE A YEAR, AND ITS SMALLER BOARD OF DIRECTORS
WHICH IS COMPRISED OF THE PRESIDENT, THE PRESIDENT-ELECT, THE PAST
PRESIDENT, THE RECORDING SECRETARY, AND THE TREASURER (BOARD LEADERS);
THE CHIEF EXECUTIVE OFFICER (WITHOUT VOTE); THE APAGS PAST CHAIR OR OTHER
DESIGNEE FROM THE APAGS EXECUTIVE COMMITTEE; THE CHAIR AND CHAIR-ELECT OF
ANY LEADERSHIP GROUP ELECTED BY COUNCIL; AND SIX MEMBERS-AT-LARGE. THE
PRESIDENT AND MEMBERS-AT-LARGE OF THE BOARD OF DIRECTORS ARE MEMBERS OF
THE ASSOCIATION ELECTED BY A PREFERENTIAL BALLOT BY THE VOTING MEMBERS OF
THE ASSOCIATION; THE RECORDING SECRETARY AND TREASURER ARE ELECTED BY A
PREFERENTIAL BALLOT BY THE VOTING MEMBERS OF COUNCIL. ALL MEMBERS OF THE
BOARD OF DIRECTORS ARE ALSO MEMBERS OF THE COUNCIL OF REPRESENTATIVES.
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 THREE. THE BOARD OF

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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.

FORM 990, PART VI, SECTION A, 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 GOVERN THESE ISSUES. COUNCIL MEMBERS ARE EDUCATED ABOUT HOW TO IDENTIFY AND MANAGE CONFLICTS OF INTEREST. SEE NEXT PAGE FOR DESCRIPTION OF CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION A, LINES 6, 7A, & 7B

THE APA IS A MEMBERSHIP ORGANIZATION WHOSE MEMBERS ELECT THE GOVERNING BODY AND APPROVE CHANGES TO THE BYLAWS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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. AFTER THEIR REVIEWS THE RETURN IS
FINALIZED AND CIRCULATED, VIA E-MAIL, TO THE BOARD OF DIRECTORS AND
COUNCIL OF REPRESENTATIVES BEFORE IT IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, 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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

FORM 990, PART VI, SECTION B, LINES 15A AND 15B

DETERMINING COMPENSATION

THE APA IS GOVERNED BY A COUNCIL OF REPRESENTATIVES COMPRISED OF 181 VOTING MEMBERS, EXCLUDING THE CEO, THAT MEETS TWICE A YEAR, AND ITS SMALLER 16 MEMBER BOARD OF DIRECTORS. THE BOARD OF DIRECTORS SETS COMPENSATION FOR SENIOR MANAGEMENT UNDER 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 OF DIRECTORS BASED PRIMARILY ON PERFORMANCE AND COMPARABILITY DATA. IN ADDITION 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. CONFIDENTIAL CONTEMPORANEOUS MINUTES OF THE DELIBERATIONS AND DECISIONS OF THE BOARD AND PCC ARE SECURELY MAINTAINED. THE BOARD LEADERS 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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

FORM 990, PART VI, SECTION C, LINE 19

AVAILABILITY OF OTHER DOCUMENTS

THE BYLAWS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE
AVAILABLE UPON REQUEST AND ON APA'S WEBSITE.

FORM 990, PART VII, SECTION A, COLUMN D

REPORTABLE COMPENSATION FROM THE ORGANIZATION

AMOUNTS PAID TO BOARD MEMBERS ARE FOR HONORARIA ASSOCIATED WITH BOARD
ROLES EDITORIAL FEES AND OTHER HONORARIA.

FORM 990, PART VII, SECTION A

OFFICERS

THE PERSONS LISTED AS PRESIDENT, TREASURER, PAST PRESIDENT, PRESIDENT
ELECT, AND RECORDING SECRETARY ARE MEMBERS OF THE BOARD OF DIRECTORS WHO
HAVE LEADERSHIP ROLES WITH THE BOARD. THEY ARE NOT OFFICERS UNDER THE
BYLAWS AND THEIR SERVICES TO APA ARE PROVIDED SOLELY AS PART OF THEIR
BOARD LEADERSHIP RESPONSIBILITIES.

Name of the organization

Employer identification number

AMERICAN PSYCHOLOGICAL ASSOCIATION53-0205890

FORM 990, PART VI, LINE 17 - STATES

=====

AL, AK, AR, CA,
FL, GA, HI, IL, KS, KY, MD, MA, MI,
MN, MS, NH, NJ, NM, NY, NC, ND, OK, OR, PA,
RI, SC, TN, UT, VA, WV, WI,

Name of the organization

Employer identification number

AMERICAN PSYCHOLOGICAL ASSOCIATION**53-0205890**

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
KNOWLEDGEWORKS GLOBAL LTD 410 HIGHWAY 25 S BRainerd, MN 56401	COMPOSITION SERVICES	1,576,459.
SHERIDAN PRESS, INC. 450 FAME AVENUE HANOVER, PA 17331	PUBLISHING SERVICES	1,508,302.
CDW DIRECT, LLC P.O. BOX 75723 CHICAGO, IL 60675	IT SERVICES	1,266,268.
BRIGHTKEY, INC. 9050 JUNCTION DRIVE ANNAPOLIS, MD 20701	WAREHOUSING	1,011,206.
HOGREFE PUBLISHING GMBH MERKELSTRABE3 GOTTINGEN GERMANY 20701	PUBLISHING SERVICES	886,712.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

53-0205890

AMERICAN PSYCHOLOGICAL ASSOCIATION

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) APA 750 LLC 53-0205890 750 1ST STREET NE WASHINGTON, DC 20002	RE RENTAL	DE	15,187,546.	51,480,393.	APA
(2) APA TEN G LLC 52-1890269 750 1ST STREET NE WASHINGTON, DC 20002	RE RENTAL	DE	10,043,598.	58,731,427.	APA
(3) CONFERENCE CENTER LLC 53-0205890 750 1ST STREET NE WASHINGTON, DC 20002	RE RENTAL	DE	15,550.	158,315.	APA 750
(4)					
(5)					
(6)					

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) APA SERVICES, INC. 52-2262136 750 1ST STREET NE WASHINGTON, DC 20002	MEMBERSHIP	DC	501(C)(6)	N/A	N/A		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2021

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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.

	Yes	No
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	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) APA SERVICES, INC.	N	1,450,109.	FMV
(2) APA SERVICES, INC.	O	1,910,042.	FMV
(3) APA SERVICES, INC.	Q	3,360,151.	FMV
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													