

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

2023**Open to Public
Inspection**

A For the 2023 calendar year, or tax year beginning		and ending	
B Check if applicable:		C Name of organization AMERICAN PSYCHOLOGICAL ASSOCIATION	
☐ Address change		Doing business as	
☐ Name change		Number and street (or P.O. box if mail is not delivered to street address) Room/suite	
☐ Initial return		750 FIRST STREET, NE	
☐ Final return/terminated		City or town, state or province, country, and ZIP or foreign postal code	
☐ Amended return		WASHINGTON, DC 20002	
☐ Application pending		F Name and address of principal officer: ARTHUR C. EVANS	
		SAME AS "C" ABOVE	
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527		D Employer identification number 53-0205890	
J Website: WWW.APA.ORG		E Telephone number (202) 336-5500	
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other		G Gross receipts \$ 188,160,597.	
		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.	
		H(c) Group exemption number	
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 ☐ 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)	182
	4	Number of independent voting members of the governing body (Part VI, line 1b)	180
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	629
	6	Total number of volunteers (estimate if necessary)	180
		7a	Total unrelated business revenue from Part VIII, column (C), line 12
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	833,934.
Revenue	8	Contributions and grants (Part VIII, line 1h)	4,611,160.
	9	Program service revenue (Part VIII, line 2g)	122,583,088.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	196,027.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,603,607.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	132,993,882.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,516,968.
Expenses	14	Benefits paid to or for members (Part IX, column (A), line 4)	NONE
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	80,567,475.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	NONE
	b	Total fundraising expenses (Part IX, column (D), line 25)	NONE
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	57,401,038.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	136,577,055.
	19	Revenue less expenses. Subtract line 18 from line 12	-3,583,173.
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)
21		Total liabilities (Part X, line 26)	211,065,961.
22		Net assets or fund balances. Subtract line 21 from line 20	47,923,804.

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	Signature of officer		Date		
	MICHELLE ASLAN		CFO		
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	JACOB COOK	JACOB COOK	11/14/2024		P01240455
	Firm's name	Firm's EIN		Phone no.	
	BDO USA	13-5381590		703-893-0600	
	Firm's address				
	8401 GREENSBORO DRIVE, #800 MCLEAN, VA 22102				

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** (2023)

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

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

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.

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.

Part I — Identification

Type or Print File by the due date for filing your return. See instructions.	Name of exempt organization, employer, 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 Fist 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 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II — Automatic Extension of Time To File for Exempt Organizations (see instructions)

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 **24**, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:

- ☒ calendar year 20 **23** 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	\$	0
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	\$	0
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	\$	0

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 \$ 52,622,596. including grants of \$ NONE) (Revenue \$ 110,090,156.)

PUBLISHING OFFICE

IN 2023, THE APA JOURNALS PROGRAM PUBLISHED MORE THAN 64,100 PAGES
 OF CONTENT REPRESENTING MORE THAN 4,900 ARTICLES IN 516 JOURNAL
 ISSUES. APA JOURNALS CONTINUED TO BUILD UPON JOURNAL-LEVEL
 INITIATIVES RECOMMENDED IN APA JOURNALS' EQUITY, DIVERSITY, AND
 INCLUSION TOOLKIT FOR JOURNAL EDITORS. THESE INCLUDE JOURNAL
 DIVERSITY STATEMENTS, WHICH EIGHT APA CORE TITLES HAVE ADOPTED;
 DETAILED PARTICIPANT DESCRIPTIONS, WHICH 13 APA CORE TITLES NOW
 REQUIRE; SAMPLE JUSTIFICATIONS, WHICH 8 APA CORE TITLES NOW
 REQUIRE; AND REFLEXIVITY OR POSITIONALITY STATEMENTS, WHICH 11 APA
 CORE TITLES NOW RECOMMEND. (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 9,691,838. including grants of \$ 58,664.) (Revenue \$ 7,113,899.)

EDUCATION DIRECTORATE

THE APA EDUCATION DIRECTORATE PLAYED A STRONG ROLE IN THE AREA OF
 QUALITY ASSURANCE FOR THE 1,282 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 695 PROGRAMS
 ON A VARIETY OF TOPICS AND FORMATS INCLUDING WEB DELIVERED,
 BOOK-BASED AND JOURNAL ARTICLE-BASED PROGRAMS. THERE ARE CURRENTLY
 OVER 898 APPROVED SPONSORS OF CONTINUING EDUCATION.

4c (Code:) (Expenses \$ 7,051,661. including grants of \$ NONE) (Revenue \$ 4,284,351.)

MEMBERSHIP OFFICE

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. (CONTINUED ON SCHEDULE O)

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

(Expenses \$ 41,725,085. including grants of \$ 3,636,274.) (Revenue \$ 1,617,456.)

4e Total program service expenses 111,091,180.

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>	22 X	
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>	23 X	
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>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 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>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
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>	26	X
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>	27	X
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>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
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>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	X
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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
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>	32	X
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>	33 X	
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>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	X
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>	36 X	
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>	37	X
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.	38 X	

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	1a 1,003	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.	1b NONE	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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 629		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		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?		X	
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?	12a		
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.	13a		
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?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	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.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person 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.	17		

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 1a 182		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent. 1b 180		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2 X	
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?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6 X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9	X

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?	10a X	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . .	10b X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a X	
b 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	12a X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c X	
13 Did the organization have a written whistleblower policy?	13 X	
14 Did the organization have a written document retention and destruction policy?	14 X	
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	15a X	
b Other officers or key employees of the organization	15b X	
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?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

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

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, box 6 of 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				922,591.	NONE	146,114.
(2) JAIME L. DIAZ-GRANADOS DEPUTY CEO	36.50 1.00				X			650,021.	NONE	150,758.
(3) DEANNE M. OTTAVIANO GENERAL COUNSEL	37.50 NONE				X			581,318.	NONE	152,200.
(4) ARCHIE TURNER COO (THRU 08/23)	37.50 NONE					X		599,940.	NONE	88,272.
(5) TONY HABASH CHIEF INFORMATION OFFICER	37.50 NONE				X			524,988.	NONE	117,367.
(6) JASPER SIMONS CHIEF PUBLISHING OFFICER	37.50 NONE				X			476,369.	NONE	120,424.
(7) IAN D. KING CHIEF OF IMPLEMENTATION & MEMB	36.50 1.00				X			446,974.	NONE	116,579.
(8) ALICIA C. AEBERSOLD CHIEF COMMUNICATIONS OFFICER	37.50 NONE					X		452,710.	NONE	91,860.
(9) JARED L. SKILLINGS CHIEF OF PROFESSIONAL PRACTICE	26.50 11.00					X		341,792.	NONE	79,455.
(10) MICHELLE ASLAN CFO	36.50 1.00			X				331,770.	NONE	75,726.
(11) MAYSA AKBAR CHIEF DIVERSITY OFFICER	37.50 NONE					X		381,005.	NONE	25,396.
(12) MITCHELL J. PRINSTEIN CHIEF SCIENCE OFFICER	37.50 NONE					X		359,097.	NONE	23,733.
(13) THEMA S. BRYANT-DAVIS PRESIDENT	18.00 1.00	X						82,500.	NONE	NONE
(14) MICHAEL L. HENDRICKS TREASURER	16.00 1.00	X						39,600.	NONE	NONE

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) CYNTHIA DE LAS FUENTES PRESIDENT-ELECT	11.00 1.00	X						32,300.	NONE	NONE
(16) FRANK C. WORRELL PAST PRESIDENT	11.00 1.00	X						27,500.	NONE	NONE
(17) KATHLEEN S. BROWN RECORDING SECRETARY	11.00 1.00	X						27,500.	NONE	NONE
(18) JULIE ANN SUHR COUNCIL OF REPRESENTATIVES	1.00 NONE	X						23,762.	NONE	NONE
(19) MICHAEL E. LAMB COUNCIL OF REPRESENTATIVES	1.00 NONE	X						23,700.	NONE	NONE
(20) CANDICE HARGONS MEMBER-AT-LARGE	9.00 1.00	X						21,500.	NONE	NONE
(21) LUZ MARIA GARCINI MEMBER-AT-LARGE	9.00 1.00	X						18,500.	NONE	NONE
(22) M. LYNNE COOPER MEMBER-AT-LARGE	9.00 1.00	X						17,221.	NONE	NONE
(23) DEBRA M. KAWAHARA MEMBER-AT-LARGE	9.00 1.00	X						16,500.	NONE	NONE
(24) TAMARA S. LYN MEMBER-AT-LARGE	9.00 1.00	X						16,500.	NONE	NONE
(25) MARY ANN MCCABE MEMBER-AT-LARGE	9.00 1.00	X						16,500.	NONE	NONE
1b Sub-total								6,432,158.	NONE	1,187,884.
c Total from continuation sheets to Part VII, Section A								84,079.	NONE	NONE
d Total (add lines 1b and 1c)								6,516,237.	NONE	1,187,884.

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 ► **234**

	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) DAVID T. SUSMAN CLT CHAIR	9.00 1.00	X						16,500.	NONE	NONE
(27) ROBIN MOCKENHAUPT PUBLIC MEMBER	9.00 1.00	X						16,500.	NONE	NONE
(28) TIFFANY L. PARISI APAGS MEMBER	9.00 1.00	X						16,500.	NONE	NONE
(29) WILLIAM WALTON STOOPS COUNCIL OF REPRESENTATIVES	1.00 NONE	X						10,000.	NONE	NONE
(30) CIRLEEN DEBLAERE COUNCIL OF REPRESENTATIVES	1.00 NONE	X						5,000.	NONE	NONE
(31) REBECCA KATHRYN MCHUGH COUNCIL OF REPRESENTATIVES	1.00 NONE	X						5,000.	NONE	NONE
(32) JEFFREY N. YOUNGGREN COUNCIL OF REPRESENTATIVES	1.00 NONE	X						5,000.	NONE	NONE
(33) BRUCE STEVEN LIESE COUNCIL OF REPRESENTATIVES	1.00 NONE	X						3,225.	NONE	NONE
(34) JOANNE BRODER SUMERSON COUNCIL OF REPRESENTATIVES	1.00 NONE	X						2,500.	NONE	NONE
(35) TALEE VANG COUNCIL OF REPRESENTATIVES	1.00 NONE	X						2,000.	NONE	NONE
(36) MELISSA SMITH COUNCIL OF REPRESENTATIVES	1.00 NONE	X						1,000.	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) DAVID PAUL RIVERA COUNCIL OF REPRESENTATIVES	1.00 NONE	X						854.	NONE	NONE
(38) ARLENE NORIEGA CLT CHAIR-ELECT	9.00 1.00	X						NONE	NONE	NONE
(39) JANICE R. ADELMAN COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(40) SAWSSAN R. AHMED COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(41) VINCENT C. ALFONSO COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(42) TAMMY D. ALLEN COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(43) RHONDA B. ALLEN COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(44) PAUL LAWRENCE ASCHEMAN COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(45) BRANDON CHRISTIAN BAUGHMAN COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(46) DALE A. BESPALEC COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(47) JAMES H. BRAY COUNCIL OF REPRESENTATIVES	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 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) DOMINIKA MARIOLA BREEDLOVE COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(49) LORI JANE BUTTS COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(50) LAWRENCE B. BEER COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(51) DEMARA B. BENNETT COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(52) JACOB ALAN BENTLEY COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(53) WILLIAM H. BERMAN COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(54) CADY KRISTEN BLOCK COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(55) VERONICA BORDES-EDGAR COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(56) SARA BUCKINGHAM COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(57) MERRY BULLOCK COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(58) SARAH ESTES BURGAMY COUNCIL OF REPRESENTATIVES	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 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) ZEESHAN AHMAD BUTT COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(60) SILVIA S. CANETTO COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(61) JASON A. CANTONE COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(62) ERIKA ANN ROUSE CARR COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(63) GARY W. CARTER COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(64) MARY LOUISE CASHEL COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(65) TIMOTHY A. CAVELL COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(66) DANA LEIGH CHARATAN COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(67) DAVID S. CARVER COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(68) EUNICE JOY P. CASTRO COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(69) SIMON CHARBONNEAU COUNCIL OF REPRESENTATIVES	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) JASON CHEN COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(71) ANNE M. CLEARY COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(72) LYNN H. COLLINS COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(73) JOSEPH COMATY COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(74) HELEN L. COONS COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(75) LUCINDA L. DEGRANGE COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(76) THOMAS J. DEMAIO COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(77) JUAN M. DOMINGUEZ COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(78) ELAINE DUCHARME COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(79) LAIRD R. O'EDMAN COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(80) MINDY J. ERCHULL COUNCIL OF REPRESENTATIVES	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 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) LAURA L. FAYNOR-CIHA COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(82) LISA ANN FERDINAND COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(83) JILL C. FODSTAD COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(84) RACHEL T. FOULADI COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(85) MILTON A. FUENTES COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(86) MACHI FU COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(87) NATALIE WHITE GAUGHF COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(88) BARBARA D. GIARDINA COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(89) KAREN J. GIESEKE COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(90) ELEANOR F. GIL-KASHIWABARA COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(91) JAMES A. GILLASPY COUNCIL OF REPRESENTATIVES	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 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) TARYN ELIZABETH GOFF COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(93) SHELLEY LEE GOODWIN COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(94) SANDRA GRAHAM COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(95) LISA R. GROSSMAN COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(96) QUINCY GUINADI COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(97) WILLIAM E. HALEY COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(98) GORDON C. NAGAYAMA HALL COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(99) WILLIAM L. HATHAWAY COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(100) APRIL HARRIS-BRITT COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(101) SARAH L. HASTINGS COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(102) LANA LEE HAWKINS COUNCIL OF REPRESENTATIVES	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 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) MINDY HEDLUND COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(104) ASHLEY HEINER COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(105) CHUCK HOLLISTER COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(106) TIMOTHY VON HOYT COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(107) VANESSA HUS BAL COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(108) TAMMY L. HUGHES COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(109) CAROLYN FAYE HUMPHREY COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(110) ARPANA G. INMAN COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(111) FARZIN IRANI COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(112) THEOPIA JACKSON COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(113) AIDA L. JIMENEZ COUNCIL OF REPRESENTATIVES	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) SONJI JONES-MANSON COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(115) MIRA CHARLOTTE JOURDAN COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(116) KIMBERLY B. KAHN COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(117) JUSTIN ELLIOTT KARR COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(118) PAUL W. KETTLEWELL COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(119) TESS KILWEIN COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(120) LAURA FILLINGAME KNUDTSON COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(121) PAUL T. KORTE COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(122) MARGARET BULL KOVERA COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(123) ANGELA M. KUEMMEL COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(124) NOELLE LORRAINE LEFFORGE COUNCIL OF REPRESENTATIVES	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) JESSICA LEONARD COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(126) MARY MILLER LEWIS COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(127) KRISTINE LEE LOKKEN COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(128) JENNIFER LODI-SMITH COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(129) LISA S. LOMBARD COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(130) ELISE C. MAGNUSON COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(131) JASON MALOUSEK COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(132) WILLIAM A. MACGILLIVRAY COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(133) JANA NELSON MARTIN COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(134) MAUREEN A. MCCARTHY COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(135) MARK A. MCDANIEL COUNCIL OF REPRESENTATIVES	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) JEFFREY JOSEPH MCHENRY COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(137) MICHELE C. MCKINNIE COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(138) RHEA ANN MERCK COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(139) COLLEEN MURPHY COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(140) ALMAS MERCHANT COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(141) CINDY L. MILLER-PERRIN COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(142) OLIVIA D. MOOREHEAD-SLAUGHTER COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(143) MARY MORRISSEY COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(144) BRADLEY DAVID OLSON COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(145) HOD ORKIBI COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(146) JULIE A. PARSONS COUNCIL OF REPRESENTATIVES	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 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) JENNIFER MICHELE PELTZER-JONE COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(148) OSCAR FERNANDO ROJAS PEREZ COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(149) JANIECE LYNN POMPA COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(150) NANCY A. PIOTROWSKI COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(151) DELISHIA MARKAYLE PITTMAN COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(152) NNAMDI POLE COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(153) CLARE K. PORAC COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(154) MARY BETH QUARANTA MORRISSEY COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(155) JULIE RADICO COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(156) ELIZABETH I. RATHBUN COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(157) LINDA A. REDDY COUNCIL OF REPRESENTATIVES	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 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) MICHELE DENISE RIBEIRO COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(159) DINELIA ROSA COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(160) KIRK J. SCHNEIDER COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(161) CHRISTINE L. B. SELBY COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(162) ALICE LOWE SHAW COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(163) JOANNA OMEGA SHADOW COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(164) MARK A. STAAL COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(165) TERRY STANCIN COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(166) ARLENE "LU" J STEINBERG COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(167) MAGGIE LEE SYME COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(168) GILBERT O. SANDERS COUNCIL OF REPRESENTATIVES	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

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(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) ABIGAIL A. SEIBERT COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(170) JESSICA M. SMEDLEY COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(171) JENNIFER LEIGH SMITH COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(172) PETER M. SMITH COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(173) FELICIA DENISE SMITH COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(174) APRIL ZABRINA TAYLOR COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(175) JULIE YURIE TAKISHIMA-LACASA COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(176) IDIA BINITIE THURSTON COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(177) BRUCE ALLEN THYER COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(178) JODIE B. ULLMAN COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(179) DIANA VELIKONJA COUNCIL OF REPRESENTATIVES	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

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(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) STEPHANIE VITANZA COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(181) VIRGINIA ANN WALDORF COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(182) SHERRY C. WANG COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(183) SHEENA MYONG WALKER COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(184) SUSAN C. WARSHAW COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(185) CHANTEL MARIE WEISENMULLER COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(186) JONATHAN WEINAND COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(187) VALENE A. WHITTAKER COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(188) AMY M. WILLIAMS COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(189) WENDI SHAREE WILLIAMS COUNCIL OF REPRESENTATIVES	1.00 NONE	X						NONE	NONE	NONE
(190) ELIZABETH NUTT WILLIAMS COUNCIL OF REPRESENTATIVES	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 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	4,720,730.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	222,436.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		4,943,166.			
	Program Service Revenue				Business Code		
2a		LICENSING FEES		541900	88,546,119.	88,546,119.	
b		BOOKS AND JOURNAL SUBSCRIPTIONS		111000	17,943,762.	16,618,363.	1,325,399.
c		SERVICE AND APPLICATION FEES		611710	5,591,081.	5,591,081.	
d		PUBLICATION SALES		511120	5,461,818.	5,461,818.	
e		MEMBERSHIP FEES		611600	3,636,961.	3,636,961.	
f		All other program service revenue		900099	3,251,520.	3,251,520.	
g		Total. Add lines 2a-2f			124,431,261.		
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)			2,344,242.	
	4	Income from investment of tax-exempt bond proceeds . . .			NONE		
	5	Royalties			776,545.		776,545.
	6a	Gross rents	6a	(i) Real			
				(ii) Personal			
					26,043,158.		
	b	Less: rental expenses	6b		22,385,869.		
	c	Rental income or (loss)	6c		3,657,289.	NONE	
	d	Net rental income or (loss)			3,657,289.		607,061.
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
					28,402,315.		
	b	Less: cost or other basis and sales expenses . .	7b		27,481,033.		
	c	Gain or (loss)	7c		921,282.		
	d	Net gain or (loss)			921,282.		921,282.
	8a	Gross income from fundraising events (not including \$ 28,985. of contributions reported on line 1c). See Part IV, line 18	8a		NONE		
					NONE		
				NONE			
b	Less: direct expenses	8b		NONE			
c	Net income or (loss) from fundraising events			NONE			
9a	Gross income from gaming activities. See Part IV, line 19	9a		NONE			
				NONE			
				NONE			
b	Less: direct expenses	9b		NONE			
c	Net income or (loss) from gaming activities			NONE			
10a	Gross sales of inventory, less returns and allowances	10a		NONE			
				NONE			
				NONE			
b	Less: cost of goods sold	10b		NONE			
c	Net income or (loss) from sales of inventory			NONE			
Miscellaneous Revenue				Business Code			
	11a	APA OTHER REVENUE		900099	534,375.		534,375.
	b	PARKING REVENUE		900099	198,450.		198,450.
	c	MAILING LIST RENTAL		533110	6,790.	6,790.	
	d	All other revenue		900099	480,295.		480,295.
	e	Total. Add lines 11a-11d			1,219,910.		
12	Total revenue. See instructions			138,293,695.	123,105,862.	2,799,818.	7,444,849.

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	1,421,609.	1,421,609.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,247,530.	2,247,530.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	25,799.	25,799.		
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	5,260,861.	4,176,143.	1,084,718.	
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	59,805,039.	47,261,534.	12,543,505.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,530,484.		3,530,484.	
9 Other employee benefits	7,235,281.		7,235,281.	
10 Payroll taxes	4,735,810.		4,735,810.	
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	842,361.		842,361.	
c Accounting	233,855.		233,855.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	366,594.		366,594.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	SEE SCHE O 15,185,846.	12,324,566.	2,861,280.	
12 Advertising and promotion	3,887,349.	3,886,305.	1,044.	
13 Office expenses	7,237,399.	7,064,198.	173,201.	
14 Information technology.	5,794,700.	2,102,396.	3,692,304.	
15 Royalties.	6,271,407.	6,271,407.		
16 Occupancy	8,604,215.	267,495.	8,336,720.	
17 Travel	2,901,549.	2,817,095.	84,454.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	4,326,732.	4,262,186.	64,546.	
20 Interest	NONE			
21 Payments to affiliates.	NONE			
22 Depreciation, depletion, and amortization	3,373,659.	977,191.	2,396,468.	
23 Insurance	1,293,846.		1,293,846.	
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	-9,826,251.	-4,421,392.	-5,404,859.	
b ALLOCATED COSTS	4,143,670.	16,015,562.	-11,871,892.	
c HONORARIA/STIPENDS	3,665,912.	3,656,812.	9,100.	
d INCOME TAX EXPENSE	320,769.		320,769.	
e All other expenses	1,522,654.	734,744.	787,910.	
25 Total functional expenses. Add lines 1 through 24e	144,408,679.	111,091,180.	33,317,499.	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 ☐ 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.	45,491,888.	2	38,773,647.
	3 Pledges and grants receivable, net	NONE	3	NONE
	4 Accounts receivable, net	14,963,590.	4	20,538,078.
	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	3,641,504.	8	4,942,830.
	9 Prepaid expenses and deferred charges	2,855,656.	9	5,260,295.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 196,955,588.		
	b Less: accumulated depreciation.	10b 131,246,876.		
	11 Investments - publicly traded securities.	72,711,905.	10c	65,708,712.
	12 Investments - other securities. See Part IV, line 11.	75,178,220.	11	76,969,426.
	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)	44,146,252.	15	41,415,720.	
17 Accounts payable and accrued expenses.	258,989,765.	16	253,609,458.	
Liabilities	18 Grants payable	29,923,074.	17	22,185,781.
	19 Deferred revenue	NONE	18	NONE
	20 Tax-exempt bond liabilities	47,070,437.	19	42,636,507.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	20	NONE
	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	16,764,353.	21	16,262,910.
	23 Secured mortgages and notes payable to unrelated third parties	NONE	22	NONE
	24 Unsecured notes and loans payable to unrelated third parties.	115,004,231.	23	116,990,425.
	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	NONE	24	NONE
	26 Total liabilities. Add lines 17 through 25.	2,303,866.	25	4,525,686.
	27 Net assets without donor restrictions.	211,065,961.	26	202,601,309.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. ☒			
	28 Net assets with donor restrictions.	47,923,804.	27	51,008,149.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. ☐	NONE	28	NONE
	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	47,923,804.	32	51,008,149.
33 Total liabilities and net assets/fund balances.	258,989,765.	33	253,609,458.	

Form **990** (2023)

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	138,293,695.
2	Total expenses (must equal Part IX, column (A), line 25)	2	144,408,679.
3	Revenue less expenses. Subtract line 2 from line 1	3	-6,114,984.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	47,923,804.
5	Net unrealized gains (losses) on investments	5	9,199,329.
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	51,008,149.

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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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** (2023)

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

2023

**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) 2023

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2023. 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.		☐
b 33 1/3% support test - 2022. 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		☐
17a 10%-facts-and-circumstances test - 2023. 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.		☐
b 10%-facts-and-circumstances test - 2022. 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.		☐
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		☐

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,917,052.	2,230,914.	3,640,512.	4,611,160.	4,943,166.	17,342,804.
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	118,493,750.	123,457,517.	122,037,889.	121,415,702.	123,105,862.	608,510,720.
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	120,410,802.	125,688,431.	125,678,401.	126,026,862.	128,049,028.	625,853,524.
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.)						625,853,524.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6.	120,410,802.	125,688,431.	125,678,401.	126,026,862.	128,049,028.	625,853,524.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,460,758.	5,486,143.	4,746,138.	5,122,352.	5,310,447.	26,125,838.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	1,733,159.	1,378,676.	1,279,650.	750,950.	658,808.	5,801,243.
c Add lines 10a and 10b	7,193,917.	6,864,819.	6,025,788.	5,873,302.	5,969,255.	31,927,081.
11 Net income from unrelated business activities not included on 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.)	1,375,172.	-5,063,383.	250,977.	456,297.	1,213,120.	-1,767,817.
13 Total support. (Add lines 9, 10c, 11, and 12.)	128,979,891.	127,489,867.	131,955,166.	132,356,461.	135,231,403.	656,012,788.
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 ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	95.40%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	95.23%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	4.87%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	5.02%

19a 33 1/3% support tests - 2023. 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 - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 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? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
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? 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.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
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)? 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).		
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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
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 ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ 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? 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.		
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? 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.		
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? If "Yes" or "No," provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
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 ☐ 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) 2023

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 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
e	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, 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 2023. 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 2024. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
c	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

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	2019	2020	2021	2022	2023	TOTAL
OTHER INCOME	1,375,172.	672,363.	250,977.	456,297.	1,213,120.	3,967,929.
EXTINGUISHMENT OF DEBT	NONE	-5,735,746.	NONE	NONE	NONE	-5,735,746.
TOTALS	1,375,172.	-5,063,383.	250,977.	456,297.	1,213,120.	-1,767,817.

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

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	\$ 3,200,271.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2	N/A	\$ 1,290,818.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3	N/A	\$ 145,970.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4	N/A	\$ 46,289.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5	N/A	\$ 37,382.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

AMERICAN PSYCHOLOGICAL ASSOCIATION

Employer identification number

53-0205890

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 	 	\$ 	
 	 	\$ 	
 	 	\$ 	
 	 	\$ 	
 	 	\$ 	
 	 	\$ 	
 	 	\$ 	

Name of organization

AMERICAN PSYCHOLOGICAL ASSOCIATION

Employer identification number

53-0205890

Part III **Exclusively** religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	

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

2023

**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) 2023

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		158,670,998.													
e Total exempt purpose expenditures (add lines 1c and 1d)		158,670,998.													
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?			☐ Yes ☐ No												

4-Year Averaging Period Under Section 501(h)

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount	NONE	NONE	NONE	NONE	NONE
b Lobbying ceiling amount (150% of line 2a, column (e))					NONE
c Total lobbying expenditures	NONE	NONE	NONE	NONE	NONE
d Grassroots nontaxable amount	NONE	NONE	NONE	NONE	NONE
e Grassroots ceiling amount (150% of line 2d, column (e))					NONE
f Grassroots lobbying expenditures	NONE	NONE	NONE	NONE	NONE

Schedule C (Form 990) 2023

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 not be 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 expenditures 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

2023

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

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
☐ Preservation of land for public use (for example, recreation or education)	☐ Preservation of a historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ 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 on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	☐ Yes ☐ No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	☐ Yes ☐ No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

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

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

Schedule D (Form 990) 2023

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
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange program
 e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

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

	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 in Part XIII. ☒

Part V Endowment Funds

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

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

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

- a Board designated or quasi-endowment _____ %
 b Permanent endowment _____ %
 c 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	3,108,587.	6,596,734.		9,705,321.
b Buildings	54,874,167.	89,899,781.	98,734,260.	46,039,688.
c Leasehold improvements		5,474,336.	3,413,281.	2,061,055.
d Equipment		31,111,778.	23,430,533.	7,681,245.
e Other		5,890,205.	5,668,802.	221,403.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				65,708,712.

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, line 12, col. (B)) . . .		

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, line 13, col. (B)) . . .		

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	17,637,538.
(2)RENT ABATEMENTS	14,254,797.
(3)OTHER ASSETS	4,611,468.
(4)DEFERRED LEASING	4,256,939.
(5)DEPOSITS AND ADVANCES	654,978.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)).	41,415,720.

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	6,914,130.
	(3)DEFERRED FINANCING COST	-1,793,895.
	(4)INTERCOMPANY ACCOUNTS	-594,549.
	(5)	
	(6)	
	(7)	
	(8)	
	(9)	
	Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)).	4,525,686.

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

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	
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		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

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 56 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 \$16,188,228 AND \$16,723,246 AS OF DECEMBER 31, 2023 AND 2022, RESPECTIVELY.

SCHEDULE D, PART X, LINE 2:

ASC 740 FOOTNOTE

APA RECOGNIZES TAX LIABILITIES WHEN 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, 2019 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 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

2023

**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) CENTRAL AMERICA/CARIBBEAN	NONE	NONE	GRANTMAKING		10,000.
(2) SOUTH AMERICA	NONE	NONE	GRANTMAKING		8,799.
(3) EUROPE	NONE	NONE	GRANTMAKING		7,000.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	NONE	NONE			25,799.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	NONE	NONE			25,799.

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

Schedule F (Form 990) 2023

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	SPONSORSHIP	10,000.	WIRE			COST
(2)			SOUTH AMERICA	SPONSORSHIP	8,799.	WIRE			COST
(3)			EUROPE/ICELAND/GREENLAND	DONATION	7,000.	WIRE			COST
(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 **NONE**

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

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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* ☐ Yes ☒ No

Schedule F (Form 990) 2023

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:

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

INDIVIDUALS AND/OR ORGANIZATIONS RECEIVING DISBURSEMENTS FROM THE

ORGANIZATION IN FURTHERANCE OF ITS EXEMPT PROGRAMS ARE ADEQUATELY

INVESTIGATED TO ENSURE THAT THEY ARE QUALIFYING RECIPIENTS. PROCEDURES

ARE FOLLOWED TO CONFIRM THAT DISCRIMINATION DOES NOT FACTOR IN ASSIGNING

GRANTS.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2023

Open to Public
Inspection

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) TIDES FOUNDATION P.O. BOX 889389, LOS ANGELES, CA 90088	51-0198509	501(C)(3)	1,100,000.				DONATION
(2) MENTAL HEALTH LEADERSHIP INITIATIVE INC. P.O. BOX 573, BRIGANTINE, NJ 08732	46-5714524	501(C)(3)	35,000.				CONF. SPONSORSHIP
(3) NATIONAL ACADEMY OF SCIENCES 500 5TH ST, NW RM 844, WASHINGTON, DC 20001	53-0196932	501(C)(3)	30,000.				CONF. SPONSORSHIP
(4) INTERNATIONAL BRAIN BEE 1121 14TH STREET, NW WASHINGTON, DC 20005	82-4069083	501(C)(3)	25,000.				CONF. SPONSORSHIP
(5) THE BOARD OF TRUSTEES UNIVERSITY OF ILLINOI 506 S. WRIGHT STREET URBANA, IL 61801	37-6000511	501(C)(3)	17,500.				CEMRRAT GRANT FUND
(6) PRIMARY CARE COLLABORATIVE 601 13TH STREET, NW WASHINGTON, DC 20005	26-2012436	501(C)(3)	10,000.				CONF. SPONSORSHIP
(7) UNIVERSITY OF SOUTHERN CALIFORNIA UNIV. GARDENS BLDG, LOS ANGELES, CA 90089	95-1642394	501(C)(3)	10,000.				DISSERTATION RESEARCH
(8) REGENTS UNIV OF CALIFORNIA, LOS ANGELES 405 HILGAR AVENUE, LOS ANGELES, CA 90095	95-6006143	501(C)(3)	10,000.				DISSERTATION RESEARCH
(9) ARIZONA STATE UNIVERSITY P.O. BOX 875812, TEMPE, AZ 85287	86-0196696	501(C)(3)	8,800.				CEMRRAT GRANT FUND
(10) THE BOARD OF REGENTS UNIV OF OKLAHOMA 201 STEPHENSON PKWY. NORMAN, OK 73019	73-1563627	501(C)(3)	7,440.				CEMRRAT GRANT FUND
(11) BELMONT UNIVERSITY 1900 BELMONT BLVD, NASHVILLE, TN 37212	62-0465076	501(C)(3)	7,200.				CEMRRAT GRANT FUND
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 11
- 3 Enter total number of other organizations listed in the line 1 table NONE

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

Schedule I (Form 990) 2023

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 INTERDISCIPLINARY MINORITY FELLOWSHIP GRANT	69	882,915.			
2 MINORITY FELLOWSHIP PROGRAM: MHSAS & STAY	45	786,845.			
3 CONGRESSIONAL FELLOWSHIPS	7	355,497.			
4 SUPER FELLOWSHIP/MENTOR AWARD	76	134,000.			
5 CEMRRAT STUDENT GRANT	75	27,304.			
6 APAGS PSCHOLOGY SCIENCE RESEARCH GRANT	19	18,500.			
7 APA AWARDS	18	18,000.			

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

Part III

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 LEADERSHIP DEVELOPMENT GRANT	6	12,830.			
2 ACHIEVEMENT AWARD	3	6,000.			
3 CAREER DEVELOPMENT GRANT	3	5,639.			
4					
5					
6					
7					

Part IV

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

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

2023

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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.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ 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.

- | | |
|---|---|
| ☒ Compensation committee | ☒ Written employment contract |
| ☒ Independent compensation consultant | ☒ Compensation survey or study |
| ☒ Form 990 of other organizations | ☒ 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?
- b Participate in or receive payment from a supplemental nonqualified retirement plan?
- c Participate in or receive payment from an equity-based compensation arrangement?
- 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?
- b Any related organization?
- 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?
- b Any related organization?
- 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

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2023

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				
1 ARTHUR C. EVANS CEO	(i)	846,261.	72,920.	3,410.	115,861.	30,253.	1,068,705.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 MICHELLE ASLAN CFO	(i)	329,432.	NONE	2,338.	57,926.	17,800.	407,496.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 JAIME L. DIAZ-GRANADOS DEPUTY CEO	(i)	646,611.	NONE	3,410.	128,875.	21,883.	800,779.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 TONY HABASH CHIEF INFORMATION OFFICER	(i)	522,547.	NONE	2,441.	83,436.	33,931.	642,355.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 DEANNE M. OTTAVIANO GENERAL COUNSEL	(i)	578,877.	NONE	2,441.	108,698.	43,502.	733,518.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 JASPER SIMONS CHIEF PUBLISHING OFFICER	(i)	475,205.	NONE	1,164.	77,436.	42,988.	596,793.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 IAN D. KING CHIEF OF IMPLEMENTATION & MEMB	(i)	445,445.	NONE	1,529.	73,810.	42,769.	563,553.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
8 ALICIA C. AEBERSOLD CHIEF COMMUNICATIONS OFFICER	(i)	408,794.	41,475.	2,441.	64,731.	27,129.	544,570.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
9 CATHERINE L. GRUS CHIEF EDUCATION OFFICER	(i)	328,884.	NONE	2,286.	19,800.	16,073.	367,043.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
10 MAYSA AKBAR CHIEF DIVERSITY OFFICER	(i)	363,303.	16,538.	1,164.	19,284.	6,112.	406,401.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
11 JARED L. SKILLINGS CHIEF OF PROFESSIONAL PRACTICE	(i)	308,878.	31,750.	1,164.	53,081.	26,374.	421,247.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
12 MITCHELL J. PRINSTEIN CHIEF SCIENCE OFFICER	(i)	357,568.	NONE	1,529.	19,800.	3,933.	382,830.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
13 ARCHIE TURNER COO (THRU 08/23)	(i)	200,817.	NONE	399,123.	61,781.	26,491.	688,212.	392,667.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
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.

ARCHIE L. TURNER - \$392,667

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

2023

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Employer identification number

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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 ALSO IMPLEMENTED AN EDITORIAL FELLOWSHIP INITIATIVE. TWENTY JOURNALS
WILL OFFER FELLOWSHIPS TO EARLY-CAREER PSYCHOLOGISTS (ECPS) FROM
HISTORICALLY EXCLUDED GROUPS DESIGNED TO IMPROVE ACCESS TO JOURNAL
LEADERSHIP POSITIONS IN 2024. DURING 2023, MORE THAN 67 FELLOWS
PARTICIPATED IN THE PROGRAM'S FIRST YEAR.

BY THE END OF 2023, PSYCARICLES, THE ELECTRONIC DATABASE PRODUCT
CONTAINING FULL-TEXT JOURNAL CONTENT, CONTAINED OVER 238,778 ARTICLE
RECORDS, DATING BACK TO 1894.

MORE THAN 191,000 RECORDS WERE RELEASED INTO THE PSYCINFO DATABASE IN
2023, BRINGING THE TOTAL NUMBER OF RECORDS IN THE DATABASE TO MORE THAN
5.4 MILLION, AND THE TOTAL NUMBER OF CITED REFERENCES IN THE DATABASE TO
ALMOST 154 MILLION. PSYCINFO ALSO INCLUDES THE METADATA RECORDS FOR THE

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PSYCARICLES AND PSYCBOKS DATABASES. THE NUMBER OF JOURNALS COVERED BY
PSYCINFO AT THE END OF 2023 WAS 2,335 - 55 NEW JOURNALS WERE ADDED, AND
13 WERE DROPPED DURING THE ONGOING JOURNAL RE-EVALUATION PROCESS.
PSYCTESTS, THE RESEARCH DATABASE ON PSYCHOLOGICAL TESTS, MEASURES,
SCALES, SURVEYS, AND OTHER ASSESSMENTS, GREW BY 3,754 NEW RECORDS
TOTALING MORE THAN 74,803 RECORDS AT THE END OF 2023.

IN 2023, PSYCNET, THE DELIVERY PLATFORM FOR APA'S SCHOLARLY CONTENT,
HOSTED MORE THAN 115 MILLION USER SESSIONS, WITH 82 MILLION PAGE VIEWS
AND 7.5 MILLION JOURNAL ARTICLES AND BOOK CHAPTER DOWNLOADS BY
INSTITUTIONAL SUBSCRIBERS, APA MEMBERS, AND THE GENERAL PUBLIC.

DURING 2023, APA PUBLISHED 52 SCHOLARLY AND TRADE TITLES, 2 TWO-VOLUME
REFERENCE HANDBOOKS (APA HANDBOOK OF NEUROPSYCHOLOGY AND APA HANDBOOK OF
PSYCHOTHERAPY), AND THE FIRST REVISED EDITION OF AN APA HANDBOOK THE
THREE-VOLUME APA HANDBOOK OF RESEARCH METHODS, AND 20 MAGINATION PRESS
(APA'S CHILDREN'S BOOK IMPRINT) TITLES. IN ADDITION, APA BOOKS RELEASED
TITLES TO PROQUEST EBOOK CENTRAL, EBSCO, OVERDRIVE, REDSHELF, AND
VITALSOURCE, JSTOR, AND AMAZON KINDLE. MAGINATION PRESS BOOKS ARE FOUND
ON ONLINE READING PLATFORM EPIC! (129 DIGITAL BOOKS), AS EBOOKS ON AMAZON
KINDLE (233 EBOOKS), AND AVAILABLE AS DIGITAL COPIES ON VARIOUS ONLINE
BOOKSHOPS AND LIBRARY PLATFORMS SUCH AS OVERDRIVE, B&N, OR BOOKSHOP.ORG
(233 BOOKS).

AS OF DECEMBER 2023, MORE THAN 1.7 MILLION COPIES OF THE 7TH EDITION OF

SCHEDULE O
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Department of the Treasury
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THE PUBLICATION MANUAL HAVE BEEN SOLD SINCE ITS RELEASE IN 2019. IN 2023, THE APA STYLE TEAM COLLABORATED WITH APA'S EDI OFFICE AND OTHER APA DEPARTMENTS AND COMMITTEES TO PUBLISH THE SECOND EDITION OF THE INCLUSIVE LANGUAGE GUIDE AND WITH APA JOURNALS, THE SCIENCE DIRECTORATE, WORKING GROUP MEMBERS, AND OTHER EXPERTS TO PUBLISH THE ALL-NEW JOURNAL ARTICLE REPORTING STANDARDS FOR RACE, ETHNICITY, AND CULTURE.

APA RELEASED 15 INDIVIDUAL VIDEO TITLES IN BOTH DVD AND IN STREAMING FORMAT (THROUGH OUR DISTRIBUTORS), AND ADDED 347 VIDEOS TO APA PSYCTHERAPY, APA'S DATABASE OF STREAMING PSYCHOTHERAPY VIDEOS. THIS HUGE ADDITION INCLUDED NOT ONLY THE PREVIOUSLY UNPUBLISHED DEMONSTRATIONS RECORDED IN 2022, BUT ALSO ALL 300+ VIDEOS IN THE APA PSYCHOTHERAPY VIDEO SERIES AND OTHER PSYCHOTHERAPY-RELATED APA VIDEOS, A 50% INCREASE IN THE NUMBER OF VIDEOS AND A 122% INCREASE IN TOTAL HOURS OF VIDEO IN THE DATABASE.

AT THE END OF 2023, THE PSYCBOOKS DATABASE CONTAINED 74,334 BOOK AND CHAPTER RECORDS.

FOR MOST OF 2023, ACADEMIC WRITER WAS SOLD THROUGH THREE DISTINCT SALES MODELS: ACADEMIC WRITER DIRECT (B2C), ACADEMIC WRITER INSTITUTIONAL (B2B), AND ACADEMIC WRITER COURSE ADOPTION (B2B). IN SEPTEMBER, THE DECISION WAS MADE TO DISCONTINUE THE LESS POPULAR COURSE ADOPTIONS MODEL; MOVING FORWARD, INSTITUTIONAL SUBSCRIPTIONS WILL BE SOLD BOTH IN THE US AND INTERNATIONALLY.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
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53-0205890

PSYCLEARN PLUS IS AN ONLINE DELIVERY PLATFORM FOR COURSE MATERIALS IN UNDERGRADUATE PSYCHOLOGY. APA PUBLISHING ENTERED INTO AN AGREEMENT WITH CAMBRIDGE UNIVERSITY PRESS & ASSESSMENT (CUPA) IN FALL 2023 TO MARKET AND SELL PSYCLEARN GLOBALLY. IN 2023, PSYCLEARN ESSENTIALS COURSEWARE WAS AVAILABLE TO THE PUBLIC ON EDX AND COURSERA LEARNING PLATFORMS.

FORM 990, PART III, LINE 4C (CONTINUED):

DIVISION ENGAGEMENT PROVIDES OPERATIONAL SUPPORT AND SELECT SERVICES FOR APA'S 54 DIVISIONS WHICH ARE INTEREST GROUPS ORGANIZED BY MEMBERS. MEDIA & EVENT SALES ENABLE ADVERTISERS, SPONSORS, EXHIBITORS AND STRATEGIC ALLIANCES TO REACH PSYCHOLOGISTS THROUGH APA'S UNIQUE CHANNELS. AT THE END OF 2023, APA HAD 157,888 TOTAL MEMBERS AND AFFILIATES.

FORM 990, PART III, LINE 4D:

OTHER PROGRAM SERVICE ACCOMPLISHMENTS:

PRACTICE DIRECTIRATE:

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;

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

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DEVELOPING GUIDELINES, BEST PRACTICES, AND PROFESSIONAL GUIDANCE;
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 PROMOTES THE PRACTICE OF PSYCHOLOGY AND
ADVOCATES TO INCREASE PUBLIC ACCESS TO HIGH-QUALITY, EVIDENCE-BASED, AND
INNOVATIVE PSYCHOLOGICAL SERVICES. WE EQUIP PSYCHOLOGISTS TO BE LEADERS
AND SPECIALISTS IN MENTAL AND BEHAVIORAL HEALTH CARE TO IMPROVE
POPULATION HEALTH AND DECREASE HEALTH DISPARITIES. WE SUPPORT AND
PARTNER WITH NUMEROUS APA BOARDS, COMMITTEES, AND WORKGROUPS WHOSE
EFFORTS BENEFIT PSYCHOLOGY, PSYCHOLOGISTS, AND THE PUBLIC.

COMMUNICATIONS:

APA COMMUNICATIONS OVERSEES THE ASSOCIATION'S BRAND, CONTENT, AND
MESSAGING, SERVING AS THE PRIMARY POINT OF CONTACT FOR MEDIA AND THE
PUBLIC. COMMUNICATIONS PROMOTES THE ADVANCEMENT AND APPLICATION OF
PSYCHOLOGICAL SCIENCE TO BENEFIT SOCIETY AND IMPROVE LIVES. WORKING
CLOSELY WITH THE CEO AND ALL APA OFFICES, APA COMMUNICATIONS CRAFTS AND
DISSEMINATES CONTENT FOR PSYCHOLOGISTS, MEDIA, AND THE GENERAL PUBLIC.
PRODUCTS INCLUDE NEWS AND FEATURE CONTENT, SOCIAL MEDIA, WEBSITES,
VIDEOS, PODCASTS, AND ADVERTISING.

IN 2023, APA'S DIGITAL FOOTPRINT EXPANDED SIGNIFICANTLY. THE WEBSITE DREW

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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53-0205890

2.4 MILLION MONTHLY VISITORS, WHILE SOCIAL MEDIA FOLLOWERSHIP SURPASSED 1.85 MILLION. APA'S AWARD-WINNING PODCAST AND MONITOR ON PSYCHOLOGY MAGAZINE GARNERED 250,000 MONTHLY DOWNLOADS AND REACHED NEARLY 200,000 READERS, RESPECTIVELY. NOTABLY, APA RESOURCES CLAIMED THE TOP UNPAID GOOGLE SEARCH POSITION FOR OVER 18,000 PSYCHOLOGY-RELATED KEYWORDS, WHILE COMMUNICATIONS' OUTREACH EFFORTS YIELDED MORE THAN 60,000 ANNUAL MEDIA MENTIONS.

APA COMMUNICATIONS ALSO MANAGES THE ASSOCIATION'S ANNUAL CONVENTION, ATTRACTING AROUND 9,000 ATTENDEES, AND OVERSEES INTERNAL COMMUNICATIONS AND STAFF ENGAGEMENT INITIATIVES. THROUGH THESE DIVERSE CHANNELS, COMMUNICATIONS CONTINUES TO EXPAND THE REACH AND IMPACT OF PSYCHOLOGICAL KNOWLEDGE.

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

VOTING MEMBERS

THE APA IS GOVERNED BY A COUNCIL OF REPRESENTATIVES COMPRISED OF 182 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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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AMERICAN PSYCHOLOGICAL ASSOCIATION

53-0205890

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 IN PERSON APPROXIMATELY FOUR TIMES A YEAR, IN ADDITION TO BI-MONTHLY MEETINGS BY VIDEO. ALL VOTING BOARD MEMBERS ARE INDEPENDENT EXCEPT TWO. THE BOARD OF DIRECTORS IS THE ADMINISTRATIVE AGENT OF COUNCIL, SUPERVISES THE WORK OF THE CHIEF EXECUTIVE OFFICER OF THE ASSOCIATION, AND EXERCISES GENERAL SUPERVISION OVER THE AFFAIRS OF THE ASSOCIATION. IN THE INTERVAL BETWEEN THE ANNUAL MEETINGS OF THE 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 THE 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:

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

2023

**Open to Public
Inspection**

Employer identification number

AMERICAN PSYCHOLOGICAL ASSOCIATION

53-0205890

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

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'S OFFICE OF GENERAL 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 AFFIRMATION THAT THEY 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

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

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► 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.

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REQUIRED TO SIGN A STAFF CONFLICT OF INTEREST CERTIFICATE ANNUALLY WHERE
THEY DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS FOR REVIEW AND APPROVAL
OR DENIAL BY SENIOR MANAGEMENT IN CONSULTATION WITH THE OFFICE OF GENERAL
COUNSEL.

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

DETERMINING COMPENSATION

THE APA IS GOVERNED BY A COUNCIL OF REPRESENTATIVES COMPRISED OF 182
VOTING MEMBERS 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), DEPUTY CEO (DCEO) AND THE CHIEF
FINANCIAL OFFICER (CFO), BASED ON, AMONG OTHER THINGS, COMPARABILITY DATA
FROM AN INDEPENDENT COMPENSATION CONSULTANT, PERFORMANCE MEASURES, AND A
REVIEW FOR REASONABLENESS. FOR COMPENSATION OF ASSOCIATION SENIOR
EXECUTIVES OTHER THAN THE CEO, DCEO AND CFO, 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

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.

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AMERICAN PSYCHOLOGICAL ASSOCIATION

53-0205890

SPENDING POLICY" GUIDELINES. THE BOARD OF DIRECTORS DOES NOT HAVE A ROLE
IN REVIEWING, SETTING, OR RECOMMENDING THE AMOUNT OF ITS OWN HONORARIA.
COUNCIL MEMBERS DO NOT RECEIVE HONORARIA.

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

AMERICAN PSYCHOLOGICAL ASSOCIATION

Employer identification number

53-0205890**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, 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 -----
CDW DIRECT, LLC P.O. BOX 75723 CHICAGO, IL 60675	IT SERVICES	1,066,797.
RANDSTAND P.O. BOX 7247-6655 PHILADELPHIA, PA 19170-6655	EMPLOYMENT SERVICES	232,992.
SHERIDAN BOOKS 613 EAST INDUSTRIAL DRIVE CHELSEA, MI 54481	PUBLISHING SERVICES	230,242.
CLARIVATE ANALYTICS, US LLC 3133 W FRYE ROAD, SUITE 400 CHANDLER, AZ 85226	INFORMATION SERVICES	218,017.
HARRIS INSIGHTS & ANALYTICS, LLC 300 N. LASALLE DRIVE, SUITE 5575 CHICAGO, IL 60654	INFORMATION SERVICES	202,200.

Name of the organization

Employer identification number

AMERICAN PSYCHOLOGICAL ASSOCIATION**53-0205890**

FORM 990, PART IX - OTHER FEES

=====

DESCRIPTION -----	(A) TOTAL FEES -----	(B) PROGRAM SERVICE EXP. -----	(C) MANAGEMENT AND GENERAL -----	(D) FUNDRAISING EXPENSES -----
OTHER PROFESSIONAL FEES	15,185,846.	12,324,566.	2,861,280.	
TOTALS	----- 15,185,846. =====	----- 12,324,566. =====	----- 2,861,280. =====	----- ----- =====

**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

2023

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Inspection**

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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	15,905,575.	53,571,908.	APA
(2) APA TEN G LLC 52-1890269 750 1ST STREET NE WASHINGTON, DC 20002	RE RENTAL	DE	10,440,131.	57,102,953.	APA
(3) CONFERENCE CENTER LLC 53-0205890 750 1ST STREET NE WASHINGTON, DC 20002	RE RENTAL	DE	7,700.	141,745.	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) 2023

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	1,493,236.	FMV
(2) APA SERVICES, INC.	O	2,639,601.	FMV
(3) APA SERVICES, INC.	Q	4,132,837.	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)													
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(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII**Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.
