WEGNER CPAS, LLP 419 N LEE ST ALEXANDRIA, VA 22314-2301

SOCIETY FOR PERSONALITY AND SOCIAL PSYCHOLOGY, INC.
1120 CONNECTICUT AVE NW, NO. 280 WASHINGTON, DC 20036-3987

Infallmallmallmallmalldafafafafafafafaf

** PUBLIC DISCLOSURE COPY **

ggn

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection A For the 2020 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number SOCIETY FOR PERSONALITY AND SOCIAL Address change PSYCHOLOGY, INC. Name change 59-1667323 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 202-869-3240 1120 CONNECTICUT AVE NW 280 termin-ated 8,291,681. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return WASHINGTON, DC 20036-3987 H(a) Is this a group return Applica-F Name and address of principal officer: RACHEL PUFFER Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3)) ◀ (insert no.) L 4947(a)(1) or L If "No," attach a list. See instructions J Website: ► WWW.SPSP.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1975 M State of legal domicile: FL Part I Summary Briefly describe the organization's mission or most significant activities: TO PRODUCE AND DISSEMINATE Activities & Governance KNOWLEDGE TO THE PROFESSION AND THE PUBLIC FOR THE PUBLIC GOOD Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 12 Number of voting members of the governing body (Part VI, line 1a) <u>12</u> Number of independent voting members of the governing body (Part VI, line 1b) <u>12</u> 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 198 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** 208,845.406,246. Contributions and grants (Part VIII, line 1h) Revenue 1,837,785. 1,946,991 Program service revenue (Part VIII, line 2g) 205,383. 283,991. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 881,076. 885,665. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,439,696. 3,216,286. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 156,643. 132,100. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 932,866. 931,144. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 2,071,915 2,010,593. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,161,424. 3,073,837. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 278,272. 142,449. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 6,640,697. 6,930,469. 20 Total assets (Part X, line 16) 1,279,841. 626,936. 21 Total liabilities (Part X, line 26) 5,650,628**.** 6,013,761. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign

RACHEL PUFFER, EXECUTIVE DIRECTOR Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature Miller GLENN MILLER, CPA 11/15/21 P00086726 Paid Firm's name WEGNER CPAS, LLP Firm's EIN **→** 39-0974031 Preparer Firm's address 419 N LEE ST Use Only Phone no. 703-519-0990 ALEXANDRIA, VA 22314-2301 May the IRS discuss this return with the preparer shown above? See instructions X Yes No

Other program services (Describe on Schedule O.)

488 , 154 • including grants of \$

1,022,284.114,922.) (Revenue \$

 $2,48\overline{2,991}$. Total program service expenses

Form **990** (2020)

4e

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)?	1	х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	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	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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	Х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
•	the organization's separate of 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		Х
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	Х	<u> </u>
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	441.		X
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			l
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_{1,7}
46	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,"	40		X
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		 ^
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
-'	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			

Page 4

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? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24 a	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? If "Yes," answer lines 24b through 24d and complete			,,
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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? If "Yes," complete Schedule L, Part I	25a		Х
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? If "Yes," complete			
	Schedule L, Part I	25b		Х
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? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			,,
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		22
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	х	
35 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- Joa		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	_1c_	990	(2222

032004 12-23-20

59-1667323

Form 990 (2020) PSYCHOLOGY, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Fai	Statements negaring other instrinings and rax compliance (continued)									
			Yes	No						
2 a	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									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			7.7						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			. v						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х						
b	If "Yes," enter the name of the foreign country									
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b								
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	.		X						
	any contributions that were not tax deductible as charitable contributions?	6a								
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	C.L.								
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b								
7	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?	7-		Х						
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b								
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.0								
С	to file Form 8282?	7c		х						
d		70								
e	If "Yes," indicate the number of Forms 8282 filed during the year	7e								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f								
g										
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7								
	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	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:									
а	Gross income from members or shareholders									
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans 13b									
С	Enter the amount of reserves on hand			77						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
	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?	15		X						
40	If "Yes," see instructions and file Form 4720, Schedule N.	40		Х						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16								
	If "Yes," complete Form 4720, Schedule O.		000							

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						
Sec	tion 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	12								
	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	12								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with any other									
	officer, director, trustee, or key employee?		2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the	e 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 S				Х						
5	Did the organization become aware during the year of a significant diversion of the organization's ass				Х						
6	Did the organization have members or stockholders?			X							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a										
	more members of the governing body?										
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s										
	persons other than the governing body?		7b	X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year										
а											
b	Each committee with authority to act on behalf of the governing body?			Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea										
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R										
		,		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х						
	If "Yes," did the organization have written policies and procedures governing the activities of such cl										
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod				Х						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe									
	in Schedule O how this was done		12c	Х							
13	Did the organization have a written whistleblower policy?		13	Х							
14	Did the organization have a written document retention and destruction policy?			X							
15	Did the process for determining compensation of the following persons include a review and approve	al by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official		15a	X							
	Other officers or key employees of the organization		15b		Х						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a									
	taxable entity during the year?		16a		Х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization's									
	exempt status with respect to such arrangements?		16b								
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ► NONE										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (Section 501	(c)(3)s on	y) avai	lable						
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website Another's website X Upon request Other (explain	on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy	y, and fina	ancial							
	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 bo	oks and records 🕨 _									
	BRIAN RIDDLEBERGER - 202-869-3240										
	1120 CONNECTICUT AVE NW STE 280, WASHINGTON, DC 2	0036-3987									

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average	(do	not c	Pos	C) ition) than	000	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box offi	, unle	ss pe	rson	is bot	h an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) RACHEL PUFFER	45.00			l				E0 060	•	12 020
EXECUTIVE DIRECTOR	F 00			Х				79,063.	0.	13,938.
(2) RODOLFO MEDOZA-DENTON	5.00	١,,		,,					0	0
PRESIDENT	2 00	Х		Х				0.	0.	0.
(3) MONICA BIERNAT	2.00	١,,		,,					•	0
PRESIDENT ELECT	2 00	Х		Х				0.	0.	0.
(4) LINDA SKITKA	2.00	Į.,		x				0.	0.	0
PAST PRESIDENT	1.00	Х		Δ.				0.	0.	0.
(5) WENDY BERRY MENDES TREASURER	1.00	x		x				0.	0.	0.
(6) OZLEM AYDUK	1.00	^		^				0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(7) ELI FINKEL	1.00	12						0.	0.	<u></u>
DIRECTOR	1.00	X						0.	0.	0.
(8) COLLETTE ECCLESTON	1.00	123							<u> </u>	
DIRECTOR		x						0.	0.	0.
(9) JARRET CRAWFORD	1.00	 						•		
DIRECTOR		x						0.	0.	0.
(10) ALISON LEDGERWOOD	1.00									
DIRECTOR		Х						0.	0.	0.
(11) CYNTHIA PICKETT	1.00									
DIRECTOR		Х						0.	0.	0.
(12) DENISE SEKAQUAPTEWA	1.00									
DIRECTOR		Х						0.	0.	0.
(13) TOMI-ANN ROBERTS	1.00									
DIRECTOR		Х						0.	0.	0.
		1								
		<u> </u>					<u> </u>			
		1								
		<u> </u>	_	_		_	<u> </u>			
		1								

Form **990** (2020)

Page 7

Section A. Officers, Directors,	rustees, Key Em	ploy	ees,	, and	a Hi	gnes	st C	compensated Employe	es (continuea)				
(A) Name and title	(B) Average hours per week	box,	not cl	ss per	ition more rson i	than o	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	on		(F) stimate nount o other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	s	fr org and	pensa om the anizati d relate anization	e ion ed
				0	~	± 9							
		\Box											
		\Box											
		\Box											
1b Subtotal c Total from continuation sheets to Pa								79,063.		0.	1	3,9	38.
d Total (add lines 1b and 1c)							<u> </u>	79,063.	000 - f	0.	1	3,9	
Total number of individuals (including becompensation from the organization		nose	liste	ed ar	OOV	e) wr	io r	eceived more than \$100	,000 of reportab	ie		Yes	0 No
3 Did the organization list any former offi												163	X
line 1a? If "Yes," complete Schedule J if For any individual listed on line 1a, is the	e sum of reportab	le co	mpe	ensa	ation	anc	otl	her compensation from			3		
and related organizations greater than 5 Did any person listed on line 1a receive	or accrue compe	nsati	on f	rom	any	unr			dual for services		4		X
rendered to the organization? If "Yes," Section B. Independent Contractors	•										5		Х
Complete this table for your five highes the organization. Report compensation	-	-								npens	ation 1	rom	
(A) Name and busin	ess address	NC	NE	<u>.</u>				(B) Description of s	ervices	С	(C ompe	;) nsatio	n
Total number of independent contractor \$100,000 of compensation from the organization.		ıot lir	nite	d to		se lis)	stec	d above) who received m	nore than				
								<u> </u>			Form	990 (2	2020)

Form 990 (2020) PSYCHOL
Part VIII | Statement of Revenue

Га		1111				or note to any lin	e in this Part VIII			
			Check if Schedule O	contains	a response	or note to any iii	(A) Total revenue	(B) Related or exempt function revenue	Unrelated	Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts	1	b d e f	Fundraising events	ibutions grants, a above	1b 1c 1d 1e nd 1f	208,845.				
and		•	Noncash contributions included in Total. Add lines 1a-1f				208,845.			
<u> </u>		<u></u>	Total: Add lines 1a 11			Business Code				
g	2	а	CONVENTION AND CONF	ERENCE	S	531120	1,349,111.	1,349,111.		
ž "			MEMBER DUES			900099	325,196.	325,196.		
Program Service Revenue		С	EDITORIAL STIPENDS			511190	141,000.	141,000.		
am		d	MEMBER SERVICES			813920	14,978.	14,978.		
og R		е								
Ā		f	All other program service	revenue		900099	7,500.	7,500.		
		g	Total. Add lines 2a-2f				1,837,785.			
	3		Investment income (include other similar amounts) Income from investment of				101,107.			101,107.
	5		Royalties				873,784.	873,784.		
	6	b	Gross rents Less: rental expenses	6a 6b 6c	(i) Real	(ii) Personal				
			Rental income or (loss) Net rental income or (loss)							
	7		Gross amount from sales of	-	Securities	(ii) Other				
	′	а	assets other than inventory	I ————————————————————————————————————	5,252,369.	` '				
Revenue			Less: cost or other basis and sales expenses Gain or (loss)	7b 5	5,069,485. 182,884.					
Rev			Net gain or (loss)				182,884.			182,884.
Other	8		Gross income from fundraisir including \$ contributions reported on Part IV, line 18	line 1c)	of See					
		b	Less: direct expenses		8b					
			Net income or (loss) from		` —					
	9	а	Gross income from gamin Part IV, line 19							
		b	Less: direct expenses		9b					
		С	Net income or (loss) from	gaming	activities	>				
	10	а	Gross sales of inventory, I			6 365				
			and allowances			 				
			Less: cost of goods sold			3,910.	455.			455.
		<u>.</u>	Net income or (loss) from	Sales OI	inventory	Business Code	±33.			433.
Miscellaneous Revenue	11	а								
nue	••	b								
eve eve		c								
Aisc			All other revenue			900099	11,426.			11,426.
_			Total. Add lines 11a-11d				11,426.			
	12		Total revenue. See instruction				3,216,286.	2,711,569.	0.	295,872.

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).

Do	Check if Schedule O contains a response not include amounts reported on lines 6b,	se or note to any line in (A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	127,800.	127,800.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	4,300.	4,300.		
4	Benefits paid to or for members	-	-		
5	Compensation of current officers, directors,				
	trustees, and key employees	93,001.	37,201.	46,500.	9,300
6	Compensation not included above to disqualified	•			•
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	660,939.	433,328.	173,971.	53,640
, 8	Pension plan accruals and contributions (include	500,555.	200,020.	_, , , , , , , , ,	33,040
•	section 401(k) and 403(b) employer contributions)	56,498.	36,942.	14,963.	⊿ 593
0		54,589.	36,037.	14,140.	4,593 4,412
9	Other employee benefits	66,117.	41,542.	19,076.	5,499
0	Payroll taxes	00,117.	41,342.	19,070	3,433
1	Fees for services (nonemployees):				
а	Management	1 177		1 177	
b	Legal	4,177. 19,991.		4,177.	
С	Accounting	19,991.		19,991.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	23,692.		23,692.	
g	` '				
	column (A) amount, list line 11g expenses on Sch 0.)	157,000.	157,000.		
2	Advertising and promotion	29,351.		29,351.	
3	Office expenses	80,778.	13,995.	65,372.	1,411
4	Information technology	37,247.	28,407.	8,840.	
5	Royalties				
6	Occupancy	73,242.	46,019.	21,131.	6,092
7	Travel	113,131.	78,233.	34,898.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	1,380,737.	1,380,737.		
0	Interest	, , , , , , , ,	, , ,		
1	Payments to affiliates	2,225.	2,225.		
2	Depreciation, depletion, and amortization	23,500.	14,766.	6,780.	1,954
2 3	F	13,647.	,	13,647.	-,,,,,
	Other expenses. Itemize expenses not covered	23,017.		20,01,0	
4	above (List miscellaneous 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.)				
а	SUBSCRIPTIONS AND DUES	16,385.	16,385.		
a b					
					
G					
d	All other expenses	35,490.	28,074.	6,608.	808
e	All other expenses	3,073,837.	2,482,991.	503,137.	87,709
<u>5</u>	Total functional expenses. Add lines 1 through 24e	3,013,031.	4,404,331.	JUJ, 13/•	01,109
6	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)				Form 990 (202)

Form **990** (2020)

Part X | Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	199,476.	1	210,156.
2	Savings and temporary cash investments	686,271.	2	3,359.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	932,093.	4	1,007,328
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		5	
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)		6	
ध्र 7	Notes and loans receivable, net		7	
Assets 8 8 8	Inventories for sale or use		8	
⋖ 9	Prepaid expenses and deferred charges	351,147.	9	196,599
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 145, 197.			
b	Less: accumulated depreciation 10b 89,264.	73,055.		55,933
11	Investments - publicly traded securities	4,688,427.	11	5,167,322
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	6 0 2 0 4 6 0	15	6 640 600
16	Total assets. Add lines 1 through 15 (must equal line 33)	6,930,469.	16	6,640,697
17	Accounts payable and accrued expenses	73,076.	17	61,689
18	Grants payable	1 1 6 0 0 7 7	18	F10 000
19	Deferred revenue	1,160,277.	19	519,099
20	Tax-exempt bond liabilities	46 400	20	46 140
21	Escrow or custodial account liability. Complete Part IV of Schedule D	46,488.	21	46,148
Liabilities 22	Loans and other payables to any current or former officer, director,			
iii	trustee, key employee, creator or founder, substantial contributor, or 35%			
Lial	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X		25	
26	of Schedule D Total liabilities. Add lines 17 through 25	1,279,841.	26	626,936.
	Organizations that follow FASB ASC 958, check here	1,275,041,	20	020,330
es	and complete lines 27, 28, 32, and 33.			
<u>E</u> 27	Net assets without donor restrictions	5,400,402.	27	5,679,748.
B 28		250,226.	_	334,013.
P 2				
교				
ັດ 29			29	
30			 	
ά 31			 	
32 32		5,650,628.	-	6,013,761.
			_	6,640,697.
Net Assets or Fund Balances 27 28 29 30 31 32 33	Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances Total liabilities and net assets/fund balances	5,650,628. 6,930,469.	29 30 31 32 33	

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets				
	Check 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	3,21		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,07		
3	Revenue less expenses. Subtract line 2 from line 1	3			49.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,65		
5	Net unrealized gains (losses) on investments	5	22	0,6	84.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	6,01	3,7	61.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

032012 12-23-20

SCHEDULE A

(Form 990 or 990-EZ)

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

Open to Public Inspection

Employer identification number

SOCIETY FOR PERSONALITY AND SOCIAL Name of the organization PSYCHOLOGY, INC. 59-1667323 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). 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.) 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 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. ☐ 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. ☐ 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

Schedule A (Form 990 or 990-EZ) 2020 PSYCHOLOGY, INC. 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.)

<u> </u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
	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.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ie organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop						_
	ction C. Computation of Publ						
	Public support percentage for 2020 (I					14	%
	Public support percentage from 2019					15	%
16a	33 1/3% support test - 2020. If the o	•		•		•	
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the c	-					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	ū					•
	and if the organization meets the fact					vi now the organiz	ation
	meets the facts-and-circumstances te	_	•	*	-		▶∟
b	10% -facts-and-circumstances tes	-					IU% Or
	more, and if the organization meets the		•				. —
40	organization meets the facts-and-circu		-	-			
ığ	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 100, 1/a, 0r 1/1			
					SCHE	edule A (Form 990	UI 33U-EZ) 2U2U

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.)

Se	qualify under the tests listed b	elow, please comp	olete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(a) 2019	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	(a) 2010	(6) 2017	(c) 2018	(u) 2019	(e) 2020	(I) Total
'	membership fees received. (Do not						
	include any "unusual grants.")	325,216.	557,059.	155,733.	406,246.	208,845.	1653099.
2	Gross receipts from admissions,	323,2101	33770331	13377331	100/2100	200,0130	10330331
2	merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2095085.	2135648.	1659557.	1946991.	1837785.	9675066.
2	Gross receipts from activities that	20330031	21330101	10000071	13103311	10077000	3073000
3	are not an unrelated trade or bus-						
	iness under section 513			17,365.	24,205.	17,791.	59,361.
1	Tax revenues levied for the organ-			17,303.	24,203	±1,10±•	33,301.
7	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	2420301.	2692707.	1832655.	2377442.	2064421.	11387526.
	Amounts included on lines 1, 2, and		20327071				
, ,	3 received from disqualified persons						0.
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						11387526.
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	2420301.	(b) 2017 2692707.	1832655.	2377442.	2064421.	11387526.
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources	75,552.	88,655.	928,269.	986,434.	974,891.	3053801.
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975			1,386.	1,738.		3,124.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	75,552.	88,655.	929,655.	988,172.	974,891.	3056925.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	2495853.	2781362.	2762310.	3365614.	3039312.	14444451.
14	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizat	ion,
	check this box and stop here						>
Se	ction C. Computation of Publi	ic Support Pe	rcentage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	78.84 %
	Public support percentage from 2019					16	84.63 %
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	20 (line 10c, colun	nn (f), divided by lii	ne 13, column (f))		17	21.16 %
18	Investment income percentage from 2	2019 Schedule A, I	Part III, line 17			18	15.37 %
19a	a 33 1/3% support tests - 2020. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	3 1/3%, and line	
	more than 33 1/3%, check this box at	nd stop here. The	organization qualif	ies as a publicly s	upported organiza	tion	▶ X
k	33 1/3% support tests - 2019. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%,	and
k	o 33 1/3% support tests - 2019. If the line 18 is not more than 33 1/3%, che						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
F-		
5a		
Eh		
5b 5c		
5 C		
6		
7		
8		
9a		
9b		
9с		
4.5		
10a		
10b		

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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.	1		
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.	2		
<u>Sec</u>	tion 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		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in 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.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(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. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
u	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.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	Za		
b	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			
		٥L		
•	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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 .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	C :		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	nizations			
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	st complete	e Sections A through E.			
Sect	ion 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				
Sect	ion 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):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 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				
Sect	ion 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-function	ally integra	ted Type III supporting org	anization (see		

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	rugo !
Sect	ion D - Distributions		(00	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	ns 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	e	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2020 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i_	Carryover from 2015 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			

Schedule A (Form 990 or 990-EZ) 2020

a Excess from 2016
b Excess from 2017
c Excess from 2018
d Excess from 2019
e Excess from 2020

SOCIETY FOR PERSONALITY AND SOCIAL

Schedule A	(Form 990 or 990-EZ) 2020 PSYCHOL	OGY,	INC.		59-1667323 Page 8
Part VI	Supplemental Information. Provide Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4 line 1; Part IV, Section D, lines 2 and 3; Pasection D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 2, and 8; and Part V, Section D, lines 2, and 8; and Part V, Section D, lines 2, and 8; and Part V, Section D, lines 2, and 8; and Part V, Section D, lines 2, and 8; and Part V, Section D, lines 2, and 8; and Part V, Section D, lines 2, and 8; and Part V, Section D, lines 2, and 8; and Part V, Section D, lines 2, and 8; and Part V, Section D, lines 2, and 8; and Part V, Section D, lines 2, and 8; and Part V, Section D, lines 2, and 8; and Part V, Section D, lines 2, and 8; and Part V, Section D, lines 2, and 8; and Part V, Section D, lines 2, and 8; and Part V, Section D, lines 2, and 8; and Part V, Section D, lines 2, and 8; and Part V, Section D, lines 2, and B,	de the ex c, 5a, 6, art IV, Se	xplanations required to 9a, 9b, 9c, 11a, 11b, ection E, lines 1c, 2a, 2	and 11c; Part IV, Section B, I 2b, 3a, and 3b; Part V, line 1;	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Name of the organization

SOCIETY FOR PERSONALITY AND SOCIAL PSYCHOLOGY, INC.

Employer identification number

59-1667323

Organiz	ation type (check or	ne):
Filers of	:	Section:
Form 99	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
	nly a section 501(c)(s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
	For an organization	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
	sections 509(a)(1) a any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from or, 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; line 1. Complete Parts I and II.
	contributor, during literary, or education	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering) instead of the contributor name and address), II, and III.
	year, contributions is checked, enter h purpose. Don't con	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \ \bigsim \text{\
		at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization
SOCIETY FOR PERSONALITY AND SOCIAL
PSYCHOLOGY, INC.

Employer identification number

59-1667323

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (c) Total contributions Type of co	-
1		Person Payroll Noncash (Complete Pa	
(a) No.	(b) Name, address, and ZIP + 4	(c) (c) Total contributions Type of co	
2		Person Payroll Noncash (Complete Pa	X
(a) No.	(b) Name, address, and ZIP + 4	(c) (c) (c) Total contributions Type of co	
3		Person Payroll Noncash (Complete Pa	X
(a)	(b) Name, address, and ZIP + 4	(c) (c) (c) Total contributions Type of co	-
	Nume, address, and Emily 1	Person Payroll Noncash (Complete Pa	urt II for
(a) No.	(b) Name, address, and ZIP + 4	(c) (c) (c) Total contributions Type of co	
		Person Payroll Noncash (Complete Pa	
(a) No.	(b) Name, address, and ZIP + 4	(c) (c) Total contributions Type of co	
		Person Payroll Noncash (Complete Pa	urt II for

Name of organization SOCIETY FOR PERSONALITY AND SOCIAL PSYCHOLOGY, INC.

Employer identification number

59-1667323

, ,			T .
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I	Description of noncasti property given	(See instructions.)	Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I	Bescription of noncestriptoperty given	(See instructions.)	Date received
		<u> </u>	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) **Employer identification number** Name of organization SOCIETY FOR PERSONALITY AND SOCIAL 59-1667323 PSYCHOLOGY, 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 info. once.) 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 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 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 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

Tax) (See separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nan	ne of orga		FOR PERSONALIT	Y AND SOCIAL	Emplo	oyer identification number 59-1667323
Pa	art I-A		ganization is exempt un	der section 501(c)	or is a section 527 or	
1 2	Provide Political	a description of the organiz	zation's direct and indirect polit cures ign activities	tical campaign activities	in Part IV.	
	art I-B		ganization is exempt un		` '	
2 3 4a	Enter the lf the organized Was a control of the lf "Yes,"	e amount of any excise tax ganization incurred a section orrection made?describe in Part IV.	incurred by the organization un incurred by organization mana on 4955 tax, did it file Form 472	gers under section 4955 0 for this year?	▶ \$	Yes No
			ganization is exempt un			
2	Enter the	e amount of the filing organ	d by the filing organization for solution's funds contributed to	other organizations for so	ection 527 \$	
3			s. Add lines 1 and 2. Enter here		-	
4 5	Did the f Enter the made pa contribu	filing organization file Form e names, addresses and er ayments. For each organiza tions received that were pr	1120-POL for this year? mployer identification number (tion listed, enter the amount p omptly and directly delivered to additional space is needed, pro	EIN) of all section 527 po aid from the filing organio o a separate political org	olitical organizations to whic zation's funds. Also enter th anization, such as a separa	Yes No h the filing organization e amount of political
		(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

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

Part II-A Complete if the org				n 501(c)(3) and fil	ed Form 5768 (e	election under
section 501(h)). A Check if the filing organiza	ation belon	gs to an affi	liated group (and list in	n Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and sha					5 1	, , ,
. —		, ,	nd "limited control" pro	ovisions apply.		
Limi	ts on Lobi	bying Expe	•		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence pub	lic opinion (grassroots lobbying)			
b Total lobbying expenditures to infl						
c Total lobbying expenditures (add l		-	• • • • • • • • • • • • • • • • • • • •			
d Other exempt purpose expenditur						
e Total exempt purpose expenditure						
f Lobbying nontaxable amount. Ent						
If the amount on line 1e, column (a)			bying nontaxable am			
Not over \$500,000	51 (B) 10.		the amount on line 1e			
Over \$500,000 but not over \$1,00	0.000		10 plus 15% of the exc			
Over \$1,000,000 but not over \$1,000			10 plus 10% of the exc			
Over \$1,500,000 but not over \$1,500,000 but not over \$170000000 but not over \$17000000000000000000000000000000000000			10 plus 5% of the exce			
, ,	,000,000		•	255 OVER \$1,500,000.		
Over \$17,000,000		\$1,000,0	J00.			
a Graceroote poptovable amount (or	ator 25% o	f line 1f)				
g Grassroots nontaxable amount (er						
h Subtract line 1g from line 1a. If zer	•					
i Subtract line 1f from line 1c. If zer						
j If there is an amount other than ze reporting section 4911 tax for this	_			ation file Form 4720		Yes No
(Some organizations t	See	a section 5 the separa	ate instructions for li	have to complete all nes 2a through 2f.)	of the five columns I	pelow.
	Lobi	oying Exper	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a)	2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
6 Oursey at lable in a synaphit was						

Schedule C (Form 990 or 990-EZ) 2020

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 e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(4	a)	(k	o)
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?	Х			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
С	Media advertisements?		X		
d	Mailings to members, legislators, or the public?	Х			
е	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?		X		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х		1	L,500.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i	Other activities?	Х			1,750.
j	Total. Add lines 1c through 1i			6	5,250.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4)	on 501(c)	(5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from t				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), secti				- 0 :-
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"NO" OF	(b) Part	III-A, IIn	e 3, is
	answered "Yes."		- I . I		
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal			
	expenses for which the section 527(f) tax was paid).				
	Current year				
b	Carryover from last year				
С	Total				
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 ex				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	oolitical			
_	expenditure next year?				
	Taxable amount of lobbying and political expenditures (See instructions)		5		
	t IV Supplemental Information				
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	o list); Part I	I-A, lines 1 a	and 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAI	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
THI	E SOCIETY PAYS DUES TO THE CONSORTIUM OF SOCIAL SCI	ENCE A	ASSOCI.	ATIONS	5
FOI	R LOBBYING SUPPORT. IN ADDITION, THE SOCIETY OCCASI	ONALLY	SEND	S	
AD	OCACY ALERT EMAILS TO MEMBERS TO ENGAGE THEM, AND	ONCE A	A YEAR	SENDS	5
FI	/E MEMBERS TO CAPITOL HILL TO MEET WITH LEGISLATORS	. FINA	ALLY,	THE	
EX	ECUTIVE DIRECTOR OF THE SOCIETY OCCASIONALLY MAKES				
		Schedu	ile C (Form	990 or 990	J-EZ) 2020

SOCIETY FOR PERSONALITY AND SOCIAL

Schedule C (Form 990 or 990-EZ) 2020 PSYCHOLOGY, INC. Part IV Supplemental Information (continued)	59-1667323 Page 4
Part IV Supplemental Information (continued)	
WITH LEGISLATIVE STAFF.	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

SOCIETY FOR PERSONALITY AND SOCIAL PSYCHOLOGY, INC.

Employer identification number 59-1667323

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	r Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 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 us	ed only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose co	nferring
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply).	
	Preservation of land for public use (for example, recreated	ation or education) $igsqcup igsqcup $ Preservation of a h	nistorically important land area
	Protection of natural habitat	Preservation of a c	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		***
	Number of conservation easements on a certified historic st		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the or	rganization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing conser	vation easements during the year
-		allian and a talanta and a safe and a safe and a safe and a	and the second s
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservation	n easements during the year
_	▶ \$ Does each conservation easement reported on line 2(d) abo	a a tia fir the area with a section 170/b)	(4)(D)(:)
8			
9	and section 170(h)(4)(B)(ii)?		
9	balance sheet, and include, if applicable, the text of the foot	•	
	organization's accounting for conservation easements.	Thole to the organization's illiancial statement	is that describes the
Par	t III Organizations Maintaining Collections of	of Art. Historical Treasures. or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Forn		
1a	If the organization elected, as permitted under FASB ASC 9		I balance sheet works
	of art, historical treasures, or other similar assets held for pu	·	
	service, provide in Part XIII the text of the footnote to its fina	· · · · · · · · · · · · · · · · · · ·	•
b	If the organization elected, as permitted under FASB ASC 9		
	art, historical treasures, or other similar assets held for publi		
	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 tre		
	the following amounts required to be reported under FASB	-	•
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2020

032051 12-01-20

Pa	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	er Simila	ır Asse	ts (continue	ed)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that make	significant	use of its		
	collection items (check all that apply):							
а	Public exhibition	d	Loan or excl	hange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization's ex	empt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other simila	ar assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?			Yes	No
Pa	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Yes" o	n Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	s or other assets no	t included		_ ,	
	on Form 990, Part X?					L	Yes	X No
b	If "Yes," explain the arrangement in Part XIII							
							Amount	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Fe					<u>X</u>	Yes	No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.						l	X
Pa	t V Endowment Funds. Complete in	the organization an	swered "Yes" on Fo	rm 990, Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back	(e) Four ye	ars back
1a	Beginning of year balance	4,688,427.	4,132,975.	4,102,337.	3,8	19,154.	2,43	36,135.
b	Contributions		180,180.	258,310.	1	23,445.	1,21	15,783.
	Net investment earnings, gains, and losses	502,587.	554,199.	-100,798.	3.	22,079.	23	14,372.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs		156,610.	105,738.	1	42,176.	2	26,129.
f	Administrative expenses	23,692.	22,317.	21,136.		20,165.	2	21,007.
g	End of year balance	5,167,322.	4,688,427.	4,132,975.	4,1	02,337.	3,83	19,154.
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, column (a	a)) held as:				
а	Board designated or quasi-endowment	100	_%					
b	Permanent endowment	%						
С	Term endowment	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	the organiz	ation		
	by:						Ye	
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Pa	rt VI Land, Buildings, and Equipm	ent.						
	Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11a. S	See Form 990, Part >	(, line 10.			
	Description of property	(a) Cost or ot basis (investm			Accumulate epreciation	d	(d) Book v	alue
1a	Land							
	Buildings							
	Leasehold improvements			4,315.	1,72			589.
	Equipment			8,597.	71,49			105.
	Other		3	2,285.	16,04	16.		239.
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0c.)		ightharpoons	55,	933.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

Part VII Investments - Other Securities. Complete if the organization answered "Yes" of	n Form 990, Part IV, line	e 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	d-of-year market value
) Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	e 11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)	. ,		
(1)			
` '			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
art IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	e 11d. See Form 990. Part X. line 15.	
	escription	, ,	(b) Book value
	<u>'</u>		· , ,
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
• ,	15 \		
al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	13.)		
			_
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			<u> </u>
(7)			
(8)			
(9)			
	25.)	.	
Total. (Column (b) must equal Form 990, Part X, col. (B) line Liability for uncertain tax positions. In Part XIII, provide to			that reports the

032053 12-01-20

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...

Par	t XI Reconciliation of Revenue per Audited Financial	Statements With Revenu	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	S	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	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:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Par	t XII Reconciliation of Expenses per Audited Financia	I Statements With Expens	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part I			
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:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	_
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1)	ne 18.)	5	
	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a		art V, line 4; Part X, line 2; l	⊃art XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	de any additional information.		
	OD			
PAF	T IV, LINE 2B:			
			D.::D.: T.G.::ED D.:	
THE	SOCIETY HOLDS FUNDS FOR A QUARTERLY	JOURNAL THAT IS	PUBLISHED BY	FOUR
- ~-				
AGE	NCIES.			
PAF	T V, LINE 4:			
				CCTON
THE	SOCIETY HAS ESTABLISHED A QUASI-END	OWMENT FUND TO S	OPPORT THE MI	SSION
OF	THE SOCIETY.			

SCHEDULE I (Form 990)

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

| 202

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization SOCIETY F PSYCHOLOG		ALITY AND S	OCIAL				Employer identification number 59-1667323
Part I General Information on Grants a	nd Assistance						
Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's propert II Grants and Other Assistance to	stance? ocedures for monit	oring the use of grant	funds in the Unite	d States.			X Yes No
recipient that received more than	_						•
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization							<u> </u>

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

Schedule I (Form 990) 2020

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 noncash assistance
COMMUNITY CATALYST	1	3,236.	0.		
SCIENTIFIC AWARDS	32	16,000.	0.		
RESEARCH GRANTS	53	67,160.	0.		
WALL GOVERNMEN OF WEG	20	26 457			
EMALL CONFERENCE GRANTS	20	26,457.	0.		
COVID-19 RELIEF GRANTS		5,000.	0.		

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

PART I, LINE 2:

GRANT RECIPIENTS ARE REQUIRED TO SUBMIT DOCUMENTATION FOR QUALIFIED

EXPENDITURES AND FUNDS ARE DISBURSED DIRECTLY TO THE RECIPIENT. GRANT

RECIPIENTS ARE ALSO REQUIRED TO SUBMIT A PROJECT COMPLETION REPORT THAT

PROVIDES INFORMATION TO SUPPORT THE IMPACT, NUMBER OF PERSONS SERVED, AND

OVERALL SUCCESS OF THE PROJECT.

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

SOCIETY FOR PERSONALITY AND SOCIAL PSYCHOLOGY, INC.

Employer identification number 59-1667323

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THROUGH PERSONALITY AND SOCIAL PSYCHOLOGICAL SCIENCE; PROMOTE THE CAREERS OF STUDENTS AND PROFESSIONALS IN THE AREAS OF PERSONALITY AND SOCIAL PSYCHOLOGY; AND RECOGNIZE AND PROMOTE ACHIEVEMENT IN PERSONALITY AND SOCIAL PSYCHOLOGY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PUBLICATIONS - THE SOCIETY PUBLISHES AND DISTRIBUTES SCHOLARLY JOURNALS AND DISSEMINATES PUBLIC INFORMATION ABOUT PERSONALITY AND SOCIAL

PSYCHOLOGY SCIENTIFIC FINDINGS.

EXPENSES \$ 179,018. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,022,284.

OTHER PROGRAMS

EXPENSES \$ 309,136. INCLUDING GRANTS OF \$ 114,922. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

THE SOCIETY HAS FOUR CLASSES OF MEMBERSHIP AS FOLLOWS:

(1) FULL MEMBERS - POSSESS AN EARNED DOCTORATE IN PSYCHOLOGY WITH WORK RELEVANT TO SOCIAL AND PERSONALITY PSYCHOLOGY. FULL MEMBERS ARE ENTITLED TO THE RIGHTS AND PRIVILEGES OF THE SOCIETY WITHOUT RESTRICTION, INCLUDING THE RIGHT TO HOLD OFFICE AND VOTE IN ELECTIONS.

(2)ASSOCIATES - SOCIAL AND PERSONALITY PSYCHOLOGISTS WHO DO NOT POSSESS AN EARNED DOCTORATE IN SOCIAL OR PERSONALITY PSYCHOLOGY OR THOSE WITH

PROFESSIONAL INTERESTS THAT COVER SOCIAL AND PERSONALITY PSYCHOLOGY.

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization SOCIETY FOR PERSONALITY AND SOCIAL PSYCHOLOGY, INC.

Employer identification number 59-1667323

ASSOCIATES HAVE ALL THE PRIVILEGES OF MEMBERSHIP, SAVE THE RIGHT TO VOTE

AND HOLD OFFICE.

(3) GRADUATE STUDENTS - STUDENTS ENROLLED IN A GRADUATE PSYCHOLOGY PROGRAM
WITH INTEREST IN THE FIELD OF PERSONALITY OR SOCIAL PSYCHOLOGY. GRADUATES
HAVE ALL THE PRIVILEGES OF MEMBERSHIP, SAVE THE RIGHT TO VOTE AND HOLD
OFFICE.

(4) UNDERGRADUATE STUDENTS - STUDENTS ENROLLED IN AN UNDERGRADUATE

PSYCHOLOGY PROGRAM WITH INTEREST IN THE FIELD OF PERSONALITY OR SOCIAL

PSYCHOLOGY. UNDERGRADUATE STUDENTS HAVE ALL THE PRIVILEGES OF MEMBERSHIP,

SAVE THE RIGHT TO VOTE AND HOLD OFFICE.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS ELECT THE PRESIDENT-ELECT, THE TREASURER, AND SIX AT-LARGE MEMBERS
OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

AMENDMENTS TO OR REPEAL OF THE SOCIETY'S BYLAWS IS SUBJECT TO MAJORITY VOTE
OF THE FULL MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE PREPARED FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR, PRESIDENT, AND TREASURER BEFORE THE RETURN IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE SOCIETY HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT IS REVIEWED

ANNUALLY AT A MEETING OF THE EXECUTIVE COMMITTEE. OFFICERS AND DIRECTORS OF

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization SOCIETY FOR PERSONALITY AND SOCIAL PSYCHOLOGY, INC.	Employer identification number 59-1667323
THE SOCIETY SIGN A CONFLICT OF INTERST DISCLOSURE STATEME	NT ANNUALLY.
FORM 990, PART VI, SECTION B, LINE 15A:	
THE OFFICERS REVIEWED AND JOINTLY AGREED UPON THE COMPENS	ATION OF THE
EXECUTIVE DIRECTOR. RATES WERE A FUNCTION OF THE PRIOR YE	AR AMOUNTS AND
REVIEW OF COMPENSATION FOR COMPARABLE ROLES AT OTHER NON-	PROFIT
ORGANIZATIONS IN THE AREA.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE SOCIETY MADE ITS GOVERNING DOCUMENTS, CONFLICT OF INT	EREST POLICY, AND
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST	•

SCHEDULE R (Form 990)

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

SOCIETY FOR PERSONALITY AND SOCIAL PSYCHOLOGY, INC.

Employer identification number 59-1667323

(a)	(b)	(c)	(d)		(e)	(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	me End-of-	year assets	s Direct controlling entity		3
rt II Identification of Related Tax-Exempt Organizations during the tax year. (a) Name, address, and EIN of related organization	zations. Complete if the organization (b) Primary activity	n answered "Yes" on Form 990 (c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charistatus (if sect	ty Dire	e related tax-exe (f) ct controlling entity	Section	g) 512(b trolled tity?
of related organization		loreigh country)	00011011	501(c)(3))		Orienty	0	,.
				301(0)(3))			Yes	
UNDATION FOR PERSONALITY AND SOCIAL CHOLOGY - 56-2589620, 1120 CONNECTICUT	TO PROVIDE SUPPORT FOR ACTIVITIES THAT COULD					ALITY AND	Yes	
		NEW YORK	501(C)(3)	LINE 7	PERSON		Yes	
CHOLOGY - 56-2589620, 1120 CONNECTICUT	ACTIVITIES THAT COULD	NEW YORK	501(C)(3)		PERSON	ALITY AND		

Page 2

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.

	· · · ·		T	1					1	1	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	Genera	or Percentage
of related organization		(state or	entity	(related, unrelated,	income	end-of-year	alloca	itions?	amount in box	partne	ownership
		foreign country)		Predominant income (related, unrelated, excluded from tax under sections 512-514)		assets	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes	lo
		-									
										$\perp \perp$	
										+	
-											

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i	i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	Section 512(b)(13 controller entity? Yes N	o)(13) olled ity?
		country)						Yes	No
									1
									1
									1
	1								1
]								1
]								1
									1
	1								1
	1								1
	1								1
	1								1
	1	10					-late D/F	- 000	

40

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

Not	e: 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 transaction	ns with one or more r	elated organizations listed i	n Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	у			. 1a		Х			
b	Gift, grant, or capital contribution to related organization(s)				. 1b		Х			
С	Gift, grant, or capital contribution from related organization(s)				. 1c		Х			
	Loans or loan guarantees to or for related organization(s)						Х			
	Loans or loan guarantees by related organization(s)						Х			
f	Dividends from related organization(s)				1f		Х			
q	Sale of assets to related organization(s)				1g		Х			
	Purchase of assets from related organization(s)						Х			
i	Exchange of assets with related organization(s)				1i		Х			
i	Lease of facilities, equipment, or other assets to related organization(s)						Х			
• • • • • • • • • • • • • • • • • • • •										
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х			
ï	Performance of services or membership or fundraising solicitations for related organizations	anization(s)			11	Х				
m Performance of services or membership or fundraising solicitations by related organization(s)										
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
o Sharing of paid employees with related organization(s)										
	3 1 1 7 3 (7									
р	Reimbursement paid to related organization(s) for expenses				. 1p		Х			
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		Х			
2	If the answer to any of the above is "Yes," see the instructions for information on v	who must complete t	his line, including covered r	elationships and transaction thresholds.						
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount	nvolved					
	FOUNDATION FOR PERSONALITY AND SOCIAL		44 000	A COULT A CO COO						
1) 1	PSYCHOLOGY, INC.	Q	44,000.	ACTUAL COST						
٥١										
<u>-)</u>										
3)										
- 1										
4)										
•										
5)										
o)		// 1			D /=		0000			

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)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(r	1)	(i)	(j)	(k	()
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related unrelated	partners s	Share of	Share of	Dispro	opor- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	l or Percer	ntage
of entity		(state or foreign country)	excluded from tax under	orgs.?	total income	end-of-year assets	allocat	ions?	of Schedule K-1	partn	owner owner	rsnip
		Country)	Sections 5 (2-5 (4)	Yes N	o income	assets	Yes	No	(F01111 1065)	Yes I	10	
	1											
	1											
	1											
							1			\vdash		
	_											
										\sqcup		
										\Box		
	1											
	1											
	1											
							\Box			\Box		
	1											
	1											
	1											
					+					+		
	-											
	1											
	1											
				$\perp \perp$					Cabadula			