

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning OCT 1, 2015, and ending SEP 30, 2016

2015

Department of the Treasury
Internal Revenue Service

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

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization

Employer identification number

AMERICAN POLITICAL SCIENCE ASSOCIATION

53-0200001

Name and title of officer

**STEVEN RATHGEB SMITH
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>7,018,448.</u>
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize RUBINO & COMPANY, CHARTERED
ERO firm name

to enter my PIN 00001
Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature [Signature] Date 8/15/17

Part III Certification and Authentication

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

5253499999
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature [Signature] Date 8/15/17

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

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2015
Open to Public Inspection

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning **OCT 1, 2015** and ending **SEP 30, 2016**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMERICAN POLITICAL SCIENCE ASSOCIATION		D Employer identification number 53-0200001
	Doing business as		E Telephone number 202-483-2512
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1527 NEW HAMPSHIRE AVE, NW		G Gross receipts \$ 8,866,637.
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036		
F Name and address of principal officer: STEVEN RATHGEB SMITH SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.APSANET.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1951** **M** State of legal domicile: **DC**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE LEADING PROFESSIONAL ORGANIZATION FOR THE STUDY OF POLITICAL SCIENCE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	28
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	27
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	36
	6 Total number of volunteers (estimate if necessary)	6	163
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	289,892.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	398,996.	209,000.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,739,518.	5,305,046.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	948,844.	776,900.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	941,824.	727,502.
		7,029,182.	7,018,448.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	444,270.	726,344.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,431,135.	2,563,888.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	8,000.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 88,948.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,343,061.	3,654,963.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,218,466.	6,953,195.	
19 Revenue less expenses. Subtract line 18 from line 12	810,716.	65,253.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	35,165,384.	37,610,082.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,908,380.	4,620,922.
		30,257,004.	32,989,160.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	▶ STEVEN RATHGEB SMITH, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	PATRICIA A. O'MALLEY, CPA				P00285909
Firm's name ▶ RUBINO & COMPANY, CHARTERED			Firm's EIN ▶ 52-1186096		
Firm's address ▶ 6903 ROCKLEDGE DRIVE, SUITE 1200 BETHESDA, MD 20817-1818			Phone no. 301-564-3636		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE AMERICAN POLITICAL SCIENCE ASSOCIATION ("APSA") ENABLES POLITICAL SCIENTISTS TO JOIN TOGETHER TO CREATE AN ENVIRONMENT CONDUCTIVE TO TEACHING, RESEARCH, AND PRACTICE IN ALL FIELDS OF POLITICAL SCIENCE AND TO ENSURE THE NECESSARY SUPPORT FOR THE DISCIPLINE TO THRIVE. THIS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 2,323,075. including grants of \$ 726,344.) (Revenue \$ 1,842,265.) THE FOUR MAJOR PROGRAMS OFFERED BY THE AMERICAN POLITICAL SCIENCE ASSOCIATION:

CENTENNIAL CENTER FOR POLITICAL SCIENCE AND PUBLIC AFFAIRS:

THE AMERICAN POLITICAL SCIENCE ASSOCIATION, IN RECOGNITION OF ITS CENTENARY, LAUNCHED THE CENTENNIAL CENTER FOR POLITICAL SCIENCE AND PUBLIC AFFAIRS IN THE FALL OF 2003. THE CENTER IS DESIGNATED TO EXPAND OPPORTUNITIES FOR CREATING KNOWLEDGE AND PROMOTING TEACHING IN THE DISCIPLINE. IT ENCOURAGES INDIVIDUAL RESEARCH AND WRITING IN ALL FIELDS OF POLITICAL SCIENCE; FACILITATES COLLABORATION AMONG SCHOLARS WORKING WITHIN THE DISCIPLINE AND ACROSS THE SOCIAL AND BEHAVIORAL SCIENCES OF

4b (Code:) (Expenses \$ 1,400,978. including grants of \$) (Revenue \$ 605,978.) JOURNALS:

APSA PUBLISHES AND DISTRIBUTES THREE JOURNALS THAT ARE CORE TO THE POLITICAL SCIENCE DISCIPLINE: THE AMERICAN POLITICAL SCIENCE REVIEW, PERSPECTIVES ON POLITICS, AND PS.

THE AMERICAN POLITICAL SCIENCE REVIEW IS POLITICAL SCIENCE'S PREMIER SCHOLARLY RESEARCH JOURNAL, PROVIDING PEER-REVIEWED ARTICLES AND REVIEW ESSAYS FROM SUBFIELDS THROUGHOUT THE DISCIPLINE. AREAS COVERED INCLUDE POLITICAL THEORY, AMERICAN POLITICS, PUBLIC POLICY, PUBLIC ADMINISTRATION, COMPARATIVE POLITICS, AND INTERNATIONAL RELATIONS. APSA HAS PUBLISHED CONTINUOUSLY SINCE 1906.

4c (Code:) (Expenses \$ 1,396,677. including grants of \$) (Revenue \$ 1,662,365.) APSA ANNUAL MEETING AND CONFERENCES:

THE APSA ANNUAL MEETING IS THE LARGEST CONFERENCE IN POLITICAL SCIENCE. THE ANNUAL MEETING TYPICALLY DRAWS 6000 PARTICIPANTS AND CONSISTS OF OVER 800 PANEL SESSIONS OVER A 3 DAY PERIOD IN WHICH THE MEMBERS' RESEARCH IS PRESENTED IN A VARIETY OF FORMATS. MOST OF THE PANEL SESSIONS INVOLVE PAPER PRESENTATIONS AND DISCUSSION, ALTHOUGH SOME ARE ROUNDTABLE DISCUSSIONS FEATURING EXPERTS IN THE FIELDS. PLENARY SESSIONS FEATURE DISTINGUISHED WRITERS WITHIN SUBFIELDS. THE MEETING IS HELD EACH YEAR DURING THE WEEK PROCEEDING LABOR DAY. THE APSA EXHIBITION FEATURES THE LARGEST ASSEMBLY OF POLITICAL SCIENCE TEXTBOOK PUBLISHERS NATIONALLY AND PROVIDES PUBLISHING OPPORTUNITIES FOR THE

4d Other program services (Describe in Schedule O.) (Expenses \$ 980,922. including grants of \$) (Revenue \$ 676,807.)

4e Total program service expenses 6,101,652.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 19 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with columns for question number, question text, Yes, and No. Rows include questions 20a through 38, covering topics like hospital facilities, financial statements, grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Includes rows for backup withholding (1a-1c), employee reporting (2a-2b), unrelated business income (3a-3b), foreign accounts (4a-4b), prohibited tax shelter transactions (5a-5c), annual gross receipts (6a-6b), deductible contributions (7a-7h), sponsoring organizations (8-9), and section 501(c)(7), (12), (19) organizations (10-14b).

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (28), 1b (27), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: HELEN A. MARSHALL - 202-483-2512 1527 NEW HAMPSHIRE AVENUE, NW, WASHINGTON, DC 20036

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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEVEN RATHGEB SMITH EXECUTIVE DIRECTOR	40.00	X		X				214,904.	0.	33,665.
(2) JENNIFER HOCHSCHILD PRESIDENT	0.30	X		X				0.	0.	0.
(3) DAVID LAKE PRESIDENT-ELECT	0.30	X		X				0.	0.	0.
(4) DAVID OBEY VICE PRESIDENT	0.30	X		X				0.	0.	0.
(5) FRANK BAUMGARTNER VICE PRESIDENT	0.30	X		X				0.	0.	0.
(6) MARTHA FINNEMORE VICE PRESIDENT	0.30	X		X				0.	0.	0.
(7) TAEKU LEE TREASURER	0.30	X		X				0.	0.	0.
(8) SUZANNE METTLER SECRETARY	0.30	X		X				0.	0.	0.
(9) MICHELLE DEARDORFF COUNCIL	0.30	X						0.	0.	0.
(10) KIMBERLY MORGAN COUNCIL	0.30	X						0.	0.	0.
(11) FRANCES LEE COUNCIL	0.30	X						0.	0.	0.
(12) MARC LYNCH COUNCIL	0.30	X						0.	0.	0.
(13) TASHA PHILPOT COUNCIL	0.30	X						0.	0.	0.
(14) DAVID STASAVAGE COUNCIL	0.30	X						0.	0.	0.
(15) MARK WARREN COUNCIL	0.30	X						0.	0.	0.
(16) MATT BARRETO COUNCIL	0.30	X						0.	0.	0.
(17) MARK CRESCENZI COUNCIL	0.30	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) OMAR ENCARNACION COUNCIL	0.30	X					0.	0.	0.	
(19) JEFFREY ISAAC PRESPECTIVES EDITOR	0.30	X					0.	0.	0.	
(20) JOHN ISHIYAMA APSR EDITOR	0.30	X					0.	0.	0.	
(21) JULIET HOOKER COUNCIL	0.30	X					0.	0.	0.	
(22) COLLEEN SHOGAN COUNCIL	0.30	X					0.	0.	0.	
(23) KIMBERLY MORGAN ANNUAL MEETING CO-CHAIR	0.30	X					0.	0.	0.	
(24) DEBORAH SCHILDKRAUT ANNUAL MEETING CO-CHAIR	0.30	X					0.	0.	0.	
(25) RENEE VAN VECHTEN COUNCIL	0.30	X					0.	0.	0.	
(26) CHRISTINA WOLBRECHT COUNCIL	0.30	X					0.	0.	0.	
1b Sub-total							214,904.	0.	33,665.	
c Total from continuation sheets to Part VII, Section A							592,073.	0.	88,509.	
d Total (add lines 1b and 1c)							806,977.	0.	122,174.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512-514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	646,276.	646,276.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	80,068.	80,068.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	452,518.		452,518.	
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	1,620,623.	1,259,378.	315,436.	45,809.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	127,541.	102,396.	21,420.	3,725.
9 Other employee benefits	214,861.	120,143.	90,348.	4,370.
10 Payroll taxes	148,345.	90,872.	54,168.	3,305.
11 Fees for services (non-employees):				
a Management				
b Legal	53,693.		53,693.	
c Accounting	28,443.		28,443.	
d Lobbying	40,991.		40,991.	
e Professional fundraising services. See Part IV, line 17	8,000.			8,000.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	746,462.	670,854.	67,258.	8,350.
12 Advertising and promotion	13,606.	13,606.		
13 Office expenses	609,455.	338,671.	268,799.	1,985.
14 Information technology	298,555.	83,028.	215,527.	
15 Royalties				
16 Occupancy	169,072.		169,072.	
17 Travel	148,813.	74,720.	74,093.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,120,944.	1,080,704.	26,836.	13,404.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	65,807.		65,807.	
23 Insurance	44,642.		44,642.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SECTION EXPENSES	280,530.	280,530.		
b SWAP VALUATION ADJUSTME	18,217.		18,217.	
c COMMITTEE EXPENSES	15,733.	15,733.		
d SERVICE CENTER ALLOCATI	0.	1,244,673.	-1,244,673.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	6,953,195.	6,101,652.	762,595.	88,948.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance 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
Assets	1 Cash - non-interest-bearing	805,069.	1	33,759.
	2 Savings and temporary cash investments	71,595.	2	876,649.
	3 Pledges and grants receivable, net	23,644.	3	15,578.
	4 Accounts receivable, net	331,726.	4	260,926.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	783.	8	62.
	9 Prepaid expenses and deferred charges	305,631.	9	257,024.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,833,506.		
	b Less: accumulated depreciation	10b 2,817,696.	10c	
	11 Investments - publicly traded securities	3,015,076.	11	3,015,810.
	12 Investments - other securities. See Part IV, line 11	30,571,860.	12	33,100,823.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	40,000.	14	40,000.
	15 Other assets. See Part IV, line 11	0.	15	9,451.
16 Total assets. Add lines 1 through 15 (must equal line 34)	35,165,384.	16	37,610,082.	
Liabilities	17 Accounts payable and accrued expenses	798,478.	17	789,062.
	18 Grants payable		18	
	19 Deferred revenue	2,215,660.	19	2,099,613.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,832,015.	23	1,652,540.
	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 of Schedule D	62,227.	25	79,707.
	26 Total liabilities. Add lines 17 through 25	4,908,380.	26	4,620,922.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	13,241,122.	27	14,334,737.
	28 Temporarily restricted net assets	12,015,882.	28	13,654,423.
	29 Permanently restricted net assets	5,000,000.	29	5,000,000.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	30,257,004.	33	32,989,160.	
34 Total liabilities and net assets/fund balances	35,165,384.	34	37,610,082.	

Part XI Reconciliation of Net Assets

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

Table with 10 rows for reconciliation of net assets. Line 1: Total revenue 7,018,448. Line 2: Total expenses 6,953,195. Line 3: Revenue less expenses 65,253. Line 4: Net assets at beginning 30,257,004. Line 5: Net unrealized gains 2,666,903. Line 10: Net assets at end of year 32,989,160.

Part XII Financial Statements and Reporting

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

Table with 3 columns: Question, Yes, No. Row 1: Accounting method (Accrual checked). Row 2a: Financial statements compiled (No). Row 2b: Financial statements audited (Yes). Row 2c: Committee oversight (Yes). Row 3a: Federal award audit (No). Row 3b: Required audit (No).

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.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization: AMERICAN POLITICAL SCIENCE ASSOCIATION; Employer identification number: 53-020001

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

The organization is not a private foundation because it is: (For lines 1 through 11, 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).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 [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).
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2014 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on; 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.)

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 75.83%. Row 16: Public support percentage from 2014 Schedule A, Part III, line 15 76.68%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) 24.03%. Row 18: Investment income percentage from 2014 Schedule A, Part III, line 17 23.15%.

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization [X]
b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, such as 'Are all of the organization's supported organizations listed by name...', 'Did the organization have any supported organization that does not have an IRS determination of status...', etc.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally-Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3, 3a, 3b.

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

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

SCHEDULE A, PART III, LINE 12

MISCELLANEOUS INCOME

Multiple horizontal lines for supplemental information.

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2015

Open to Public Inspection

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.

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

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.

Name of organization

AMERICAN POLITICAL SCIENCE ASSOCIATION

Employer identification number

53-0200001

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures \$

3 Volunteer hours

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$

4 Did the filing organization file Form 1120-POL for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		41,685.													
c Total lobbying expenditures (add lines 1a and 1b)		41,685.													
d Other exempt purpose expenditures		6,893,293.													
e Total exempt purpose expenditures (add lines 1c and 1d)		6,934,978.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		496,749.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		124,187.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount	492,076.	465,219.	460,923.	496,749.	1,914,967.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,872,451.
c Total lobbying expenditures	53,859.	46,603.	25,958.	41,685.	168,105.
d Grassroots nontaxable amount	123,019.	116,305.	115,231.	124,187.	478,742.
e Grassroots ceiling amount (150% of line 2d, column (e))					718,113.
f Grassroots lobbying expenditures					

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)).

Table with 4 columns: Description, (a) Yes, (a) No, (b) Amount. Rows include questions about lobbying activities like volunteers, paid staff, media, mailings, etc.

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

Table with 4 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

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

Table with 4 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and taxable amount.

Part IV Supplemental Information

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

PART II-B, SECTION 501(H) AVERAGING STATEMENT:

THE AMERICAN POLITICAL SCIENCE ASSOCIATION FILED FORM 5768 (ELECTION BY AN ELIGIBLE SECTION 501(C)(3) ORGANIZATION TO MAKE EXPENDITURES TO INFLUENCE LEGISLATION) DURING TAX YEAR 2009. (FISCAL YEAR ENDING SEPTEMBER 30, 2010). THIS ELECTION HAS NOT BEEN REVOKED.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2015 Open to Public Inspection

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization AMERICAN POLITICAL SCIENCE ASSOCIATION Employer identification number 53-020001

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 8/17/06), and questions about monitoring, expenses, and reporting.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art, historical treasures, or other similar assets held for public exhibition, education, or research.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
b If "Yes," explain the arrangement in Part XIII and complete the following table:

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

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

- a Board designated or quasi-endowment %
b Permanent endowment 32.98%
c Temporarily restricted endowment 67.02%

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

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

Table with 2 columns: Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b.

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

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total.

Part VII Investments - Other Securities.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-H).

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered 1 through 9.

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 9.

Part X Other Liabilities.

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

Table with 2 columns: (a) Description of liability, (b) Book value. Rows include Federal income taxes, SWAP LIABILITY, FUNDS HELD FOR OTHERS, and SUBTENANT DEPOSITS.

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 7,018,448.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 6,953,195.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE ENDOWMENT HOLDS FUNDS INTENDED FOR THE LONG-TERM SUPPORT AND GROWTH OF THE CONGRESSIONAL FELLOWSHIP PROGRAM. THESE ARE FUNDS THE ASSOCIATION WISHES TO GROW OVER THE LONG TERM CONSISTENT WITH APPROPRIATE REASONABLE RISK. THE PORTFOLIO IS OVERSEEN BY THE TRUST AND DEVELOPMENT BOARD OF TRUSTEES, UNDER GUIDELINES ESTABLISHED IN AN AGREEMENT BETWEEN THE ASSOCIATION AND MCI CORPORATION.

PART X, LINE 2:

THE ASSOCIATION IS A NONPROFIT ORGANIZATION, RECOGNIZED AS TAX-EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT AS TO INCOME FROM UNRELATED BUSINESS ACTIVITIES. HOWEVER, TAX YEARS ENDED SEPTEMBER

Part XIII Supplemental Information (continued)

30, 2013 THROUGH 2015 REMAIN OPEN TO EXAMINATION BY THE TAXING JURISDICTIONS TO WHICH THE ASSOCIATION IS SUBJECT, AND THEY HAVE NOT BEEN EXTENDED BEYOND THE APPLICABLE STATUTE OF LIMITATIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES - \$354,414 354,414.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES - \$354,414 354,414.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization AMERICAN POLITICAL SCIENCE ASSOCIATION	Employer identification number 53-0200001
---	---

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS AND SCHOLARSHIPS TO INDIVIDUALS	GRANTS	80,068.
MIDDLE EAST AND NORTH AFRICA	1	1	PROGRAM SERVICES AND GRANTS TO RECIPEINTS LOCATED IN REGION	WORKSHOPS	94,890.
3 a Sub-total	1	1			174,958.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	1	1			174,958.

Part IV Foreign Forms

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

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

PART I, LINE 2:

AS PART OF ITS MENA WORKSHOPS, APSA HAS ESTABLISHED A SMALL RESEARCH FUND TO SUPPORT ONGOING WORK BY THE NON-US WORKSHOP FELLOWS WHO COMPLETE THE RESIDENTIAL PROGRAM. TO TAKE ADVANTAGE OF THIS PROGRAM, WHICH PROVIDES UP TO \$1000 TOTAL PER PERSON, APPLICANTS MUST HAVE:

PARTICIPATED IN THE 2015-2016 APSA MENA WORKSHOP WHICH WAS HELD IN AMMAN, JORDAN AND BEIRUT, LEBANON.

SUBMITTED A REQUEST TO APSA WITHIN 1 CALENDAR YEAR OF THE COMPLETION OF THE WORKSHOP THAT INCLUDES THE FOLLOWING ELEMENTS:

- A. A 2-PAGE OVERVIEW OF THE RESEARCH PROJECT WHICH INCLUDES A DESCRIPTION OF THE RESEARCH DESIGN AND PLAN.
- B. A BRIEF BUDGET WHICH SHOWS ALL RELEVANT EXPENSES
- C. A SHORT OVERVIEW OF HOW THE APPLICANT PLANS TO PUBLISH OR OTHERWISE DISSEMINATE FINAL RESEARCH RESULTS.
- D. A DESCRIPTION OF HOW FUNDS CAN BE TRANSFERRED TO THE APPLICANT ELECTRONICALLY
- E. A BRIEF, 1-2 PAGE REPORT AT THE CONCLUSION OF THE RESEARCH AWARD DESCRIBING THE PROJECT AND HOW THE FUNDS SUPPORTED THE WORK.

APPLICATIONS WILL BE ACCEPTED ON A ROLLING BASIS BY APSA AND MUST BE SUBMITTED VIA E-MAIL TO MENAWORKSHOPS@APSANET.ORG.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization AMERICAN POLITICAL SCIENCE ASSOCIATION Employer identification number 53-0200001

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance... [X] Yes [] No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

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

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

Schedule I (Form 990) (2015)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
CFP SCHOLARSHIPS	10	495,834.	0.		
CFP AMERICAN AUST STIPENDS	1	38,000.	0.		
SMALL RESEARCH GRANTS	11	18,857.	0.		
INTERNATIONAL TRAVEL - FULL SUPPORT	17	13,032.	0.		
ANNUAL METTING GRAD STUDENT TRAVEL	97	12,836.	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:

MINORITY FELLOWSHIP PROGRAM:

THE APSA MINORITY FELLOWS PROGRAM IS DESIGNED PRIMARILY FOR MINORITY STUDENTS APPLYING TO ENTER A DOCTORAL PROGRAM IN POLITICAL SCIENCE FOR THE FIRST TIME. ADDITIONAL ELIGIBILITY CRITERIA INCLUDE:

APPLICANTS MUST BE MEMBERS OF ONE OF THE FOLLOWING RACIAL/ETHNIC MINORITY GROUPS: AFRICAN AMERICANS, ASIAN PACIFIC AMERICANS, LAINOS/AS, AND NATIVE

Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ENDOWED CASH AWARDS	19.	12,250.	0.		
MINORITY FELLOWSHIPS	12.	28,000.	0.		
RALPH BUNCHE SUMMER INSTITUTE	10.	1,780.	0.		
INTERNATIONAL SENIOR TRAVEL SUPPLEMENT	71.	15,033.	0.		
INTERNATION STUDENT TRAVEL	55.	10,654.	0.		

Part IV Supplemental Information

AMERICANS (FEDERAL AND STATE RECOGNIZED TRIBES) AND MUST DEMONSTRATE AN INTEREST IN TEACHING AND POTENTIAL FOR RESEARCH IN POLITICAL SCIENCE.

APPLICANTS MUST ALSO BE A UNITED STATES CITIZEN AT THE TIME OF THE AWARD AND MUST DEMONSTRATE FINANCIAL NEED.

CONGRESSIONAL FELLOWSHIP PROGRAM:

ALL CANDIDATES MUST BE U.S. CITIZENS OR PERMANENT U.S. RESIDENTS AND HOLD A BACHELOR'S DEGREE. ADDITIONALLY:

PRINT JOURNALISTS MUST HAVE TWO TO TEN YEARS OF CONTINUOUS, FULL-TIME PROFESSIONAL EXPERIENCE IN NEWSPAPER OR MAGAZINE AT THE TIME OF APPLICATION. APPLICANTS' BACKGROUNDS MAY BE IN REPORTING OR EDITING

BROADCAST JOURNALISTS MUST HAVE TWO TO TEN YEARS OF CONTINUOUS, FULL-TIME PROFESSIONAL EXPERIENCE IN RADIO OR TELEVISION AT THE TIME OF APPLICATION. BACKGROUND MAY BE IN REPORTING, PRODUCING, DIRECTING OR WRITING. PREFERENCE IS GIVEN TO CANDIDATES WITH BACKGROUND IN POLITICAL RREPORTING BUT WITHOUT EXTENSIVE WASHINGTON EXPERIENCE.

POLITICAL SCIENTISTS MUST BE A U.S. CITIZEN OR BE A PERMANENT U.S. RESIDENT WITH A PH.D COMPLETED WITHIN THE LAST 15 YEARS OR A DISSERTATION NEAR COMPLETION (ABD); AND A SCHOLARLY INTEREST IN CONGRESS AND THE POLICYMAKING PROCESS.

INTERVIEWS AND SELECTION- FELLOWS ARE SELECTED IN A NATIONWIDE COMPETITION. CANDIDATES MUST FIRST SUBMIT THEIR APPLICATIONS FOR A PAPER REVIEW BEFORE BEING INVITED BEFORE AN OUTSIDE SELECTION PANEL. INTERVIEWS TAKE PLACE AT

Part IV Supplemental Information

THE APSA OFFICES IN WASHINGTON, DC.

COMMUNICATIONS SCHOLARS AND JOURNALIST CANDIDATES MUST BE U.S. CITIZENS OR PERMANENT U.S. RESIDENTS AND DEMONSTRATE AN INTEREST IN COMMUNICATIONS AND THE POLICYMAKING PROCESS.

SMALL RESEARCH GRANTS:

THE PRINCIPAL INVESTIGATOR AND ANY CO-AUTHOR MUST BE ONE OF THE FOLLOWING: A FACULTY MEMBER IN AN ACADEMIC DEPARTMENT THAT DOES NOT AWARD A PHD IN POLITICAL SCIENCE, PUBLIC ADMINISTRATION, PUBLIC POLICY, INTERNATIONAL RELATIONS, GOVERNMENT, OR POLITICS AND WHOSE PRIMARY APPOINTMENT IS IN ONE OF THESE DEPARTMENTS; OR A POLITICAL SCIENTIST NOT AFFILIATED WITH AN ACADEMIC INSTITUTION AND IS EITHER (A) UNEMPLOYED OR (B) WORKING IN A RESEARCH ORGANIZATION SUCH AS A THINK TANK.

RALPHE BUNCHE SUMMER INSTITUTE PROGRAM:

PARTICIPANTS IN THE RALPH BUNCHE SUMMER INSTITUTE ARE DRAWN FROM A COMPETITIVE NATIONAL APPLICANT POOL. THE RBSI SELECTION COMMITTEE REVIEWS APPLICATIONS AND WILL MAKE DECISIONS DURING THE MONTH OF MARCH. APPLICANTS WILL BE INFORMED OF THEIR STATUS VIA EMAIL.

TRAVEL GRANTS:

APSA MEMBERS WHO ARE U.S. GRADUATE STUDENTS, INTERNATIONAL GRADUATE STUDENTS STUDYING IN THE U.S., UNEMPLOYED, OR INTERNATIONAL SCHOLARS ARE ELIGIBLE TO APPLY.

Part IV Supplemental Information

ONLY APSA MEMBERS WHO ARE PRE-REGISTERED FOR THE APSA ANNUAL MEETING MAY APPLY TO RECEIVE TRAVEL GRANTS. IF YOU ARE NOT A MEMBER, JOIN NOW!

APPLICANTS WHO HAVE PRE-REGISTERED FOR THE ANNUAL MEETING WILL RECEIVE PRIORITY. PRIORITY WILL ALSO BE GIVEN TO ANNUAL MEETING PRESENTERS, FIRST-TIME APPLICANTS, AND THOSE WHO HAVE NOT RECEIVED A TRAVEL GRANT SINCE 2008.

AWARDS:

DEPARTMENTS ARE REQUESTED TO SUBMIT A LETTER OF NOMINATION AND A COPY OF THE DISSERTATION TO EACH AWARD COMMITTEE MEMBER. ONE COPY OF EACH NOMINATED BOOK SHOULD BE SENT TO EACH COMMITTEE MEMBER, AS WELL AS TO THE APSA AWARDS COORDINATOR. BOOKS MAY BE NOMINATED FOR MORE THAN ONE PRIZE, SHOULD THEY MEET THE SELECTED CRITERIA.

SCHEDULE J (Form 990)

Compensation Information

OMB No. 1545-0047

2015

Open to Public Inspection

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

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

Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization AMERICAN POLITICAL SCIENCE ASSOCIATION

Employer identification number 53-0200001

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- First-class or charter travel, Travel for companions, Tax indemnification and gross-up payments, Discretionary spending account, Housing allowance or residence for personal use, Payments for business use of personal residence, Health or social club dues or initiation fees, Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- Compensation committee, Independent compensation consultant, Form 990 of other organizations, Written employment contract, Compensation survey or study, Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- 4a Receive a severance payment or change-of-control payment?
4b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
4c Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- 5a The organization?
5b Any related organization?
If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- 6a The organization?
6b Any related organization?
If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

Table with 3 columns: Question, Yes, No. Rows 1a-9 with 'X' marks in the Yes/No columns.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) STEVEN RATHGEB SMITH EXECUTIVE DIRECTOR	(i)	214,904.	0.	0.	21,490.	12,175.	248,569.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) REGINA CHAVIS ASSOC EXECUTIVE DIRECTOR	(i)	165,155.	0.	0.	16,516.	1,539.	183,210.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

AMERICAN POLITICAL SCIENCE ASSOCIATION

Employer identification number

53-0200001

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INDEPENDENT, SELF-GOVERNING SOCIETY IS COMMITTED TO FOSTERING THE STUDY
OF POLITICS, STRENGTHENING THE PROFESSION, AND PROVIDING AN
ORGANIZATIONAL MECHANISM TO SERVE ITS MEMBERS AS WELL AS, MORE
GENERALLY, POLITICAL SCIENTISTS AND THE BROADER PUBLIC. APSA'S VALUES
INCLUDE DEEP AND HONEST SCHOLARSHIP, TEACHING THAT ENHANCES
UNDERSTANDING OF AND PARTICIPATION IN POLITICS AND GOVERNMENT, AND
ACADEMIC FREEDOM TO INVESTIGATE POLITICAL ISSUES WITHOUT INTERFERENCE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

HUMANITIES; AND PROMOTES COMMUNICATION BETWEEN SCHOLARS AND POLICY
MAKERS.

MINORITY FELLOWSHIPS AND OTHER INITIATIVES:

FOR FORTY YEARS, APSA HAS SUPPORTED SCHOLARS FROM UNDERREPRESENTED
GROUPS TO ATTEND DOCTORAL PROGRAMS THROUGH RECOGNITION AND FINANCIAL
SUPPORT FROM MINORITY FELLOWSHIPS. MORE THAN 500 FELLOWS HAVE BEEN
DESIGNATED IN THIS EFFORT. APSA ALSO SUPPORTS THE WORK OF THE RALPH
BUNCHE SUMMER INSTITUTE TO ALLOW UNDERGRADUATES FROM DIVERSE
BACKGROUNDS OR WITH INTERESTS IN BROADENING OPPORTUNITIES FOR STUDENTS
FROM UNDERREPRESENTED BACKGROUNDS TO GET A PREVIEW OF GRADUATE LEVEL
WORK.

INTERNATIONAL PROGRAMS:

Name of the organization AMERICAN POLITICAL SCIENCE ASSOCIATION	Employer identification number 53-020001
--	---

APSA OPERATES PROGRAMS TO ENGAGE WITH SCHOLARS FROM INTERNATIONAL ARENAS, INCLUDING RUNNING SUMMER WORKSHOPS IN AFRICA TO PROVIDING OPPORTUNITIES FOR JUNIOR FOREIGN SCHOLARS TO ADVANCE BASIC RESEARCH SKILLS AND PROJECTS.

TASK FORCES:

APSA SPONSORS TASK FORCES MARSHALLING THE EXPERTISE OF POLITICAL SCIENTISTS TO BEAR ON IMPORTANT ISSUES WITHIN SOCIETY AND THE PROFESSION. TASK FORCES COMPILE AND REVIEW EXTANT SCHOLARLY KNOWLEDGE, PUBLISH SUMMARIES OF THIS RESEARCH FOR THE PUBLIC AND DECISION MAKERS, PREPARE TEACHING MATERIALS, AND DISSEMINATE MATERIAL IN OTHER WAYS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PROSPECTIVE ON POLITICS SEEKS TO PROVIDE A SPACE FOR BROAD AND SYNTHETIC DISCUSSION WITHIN THE POLITICAL SCIENCE PROFESSION AND BETWEEN THE PROFESSION AND THE BROADER SCHOLARLY AND READING PUBLICS. SUCH DISCUSSION NECESSARILY DRAWS ON AND CONTRIBUTES TO THE SCHOLARSHIP PUBLISHED IN THE MORE SPECIALIZED JOURNALS THAT DOMINATE OUR DISCIPLINE. AT THE SAME TIME, PERSPECTIVES SEEK TO PROMOTE A COMPLEMENTARY FORM OF BROAD PUBLIC DISCUSSION AND SYNERGISTIC UNDERSTANDING WITHIN THE PROFESSION THAT IS ESSENTIAL TO ADVANCING RESEARCH AND PROMOTING SCHOLARLY COMMUNITY.

PS: POLITICAL SCIENCE & POLITICS PROVIDES CRITICAL ANALYSES OF CONTEMPORARY POLITICAL PHENOMENA AND IS THE JOURNAL OF RECORD FOR THE DISCIPLINE OF POLITICAL SCIENCE REPORTING ON RESEARCH, TEACHING, AND PROFESSIONAL DEVELOPMENT. PS, BEGUN IN 1968, IS THE ONLY QUARTERLY

Name of the organization AMERICAN POLITICAL SCIENCE ASSOCIATION	Employer identification number 53-020001
--	---

PROFESSIONAL NEWS AND COMMENTARY JOURNAL IN THE FIELD AND IS THE PRIME SOURCE OF INFORMATION ON POLITICAL SCIENTISTS' ACHIEVEMENTS AND PROFESSIONAL CONCERNS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
MEMBERSHIP.

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

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

CONGRESSIONAL FELLOWSHIP PROGRAM:

THE APSA OFFERS THIS HIGHLY SELECTIVE, NONPARTISAN PROGRAM DEVOTED TO EXPANDING KNOWLEDGE AND AWARENESS OF CONGRESS. FOR NINE MONTHS, SELECT POLITICAL SCIENTISTS, JOURNALISTS, DOCTORS, FEDERAL EXECUTIVES AND INTERNATIONAL SCHOLARS GAIN "HANDS ON" UNDERSTANDING OF THE LEGISLATIVE PROCESS BY SERVING ON CONGRESSIONAL STAFFS. THROUGH THIS UNIQUE OPPORTUNITY, THE APSA SEEKS TO ENHANCE PUBLIC UNDERSTANDING OF POLICY-MAKING AND TO IMPROVE THE QUALITY OF SCHOLARSHIP, TEACHING AND

Name of the organization AMERICAN POLITICAL SCIENCE ASSOCIATION	Employer identification number 53-020001
--	---

REPORTING ON AMERICAN NATIONAL POLITICS.

EXPENSES \$ 849,655. INCLUDING GRANTS OF \$ 0. REVENUE \$ 304,561.

DSPONLINE/DEPARTMENTAL SERVICES PROGRAM:

THE DEPARTMENTAL SERVICES PROGRAM IS A PROGRAM FOR ACADEMIC DEPARTMENTS TO PROVIDE THEM WITH CURRENT APSA PUBLICATIONS, SERVICES AND INFORMATION DESIGNED TO ENHANCE RESEARCH, EDUCATION, AND PUBLIC UNDERSTANDING OF POLITICS. THE PROGRAM FEATURES DSPONLINE- A CENTRAL LOCATION FOR ACADEMIC DEPARTMENTS AND NONACADEMIC INSTITUTIONS TO PARTICIPATE IN APSA PROGRAMS, AND KEEP ABREAST OF DEVELOPMENTS OF INTEREST TO DEPARTMENTS; INFORMATION GATHERING AND DISSEMINATION ABOUT DEPARTMENTS AND CAREER INTERESTS; AND SPECIALIZED CONFERENCES FOR DEPARTMENT CHAIRS AND OTHER ADMINISTRATORS.

EXPENSES \$ 131,267. INCLUDING GRANTS OF \$ 0. REVENUE \$ 372,246.

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

RESIDING IN OVER 80 COUNTRIES WORLDWIDE, THE AMERICAN POLITICAL SCIENCE ASSOCIATION IS THE WORLD'S LARGEST PROFESSIONAL ORGANIZATION FOR THE STUDY OF POLITICS. THROUGH APSA'S EXTRAORDINARY RANGE OF PROGRAMS AND SERVICES FOR INDIVIDUALS, DEPARTMENTS, AND INSTITUTIONS, THE ASSOCIATION BRINGS TOGETHER POLITICAL SCIENTISTS FROM ALL FIELDS OF INQUIRY, REGIONS, AND OCCUPATIONAL ENDEAVORS IN ORDER TO EXPAND OUR AWARENESS AND UNDERSTANDING OF POLITICAL LIFE.

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

THE ELECTIVE OFFICERS, EXCEPT THE PRESIDENT, SHALL BE CHOSEN BY VOTE OF THE MEMBERS OF THE ASSOCIATION ATTENDING THE ANNUAL BUSINESS MEETING, A QUORUM

Name of the organization AMERICAN POLITICAL SCIENCE ASSOCIATION	Employer identification number 53-020001
--	---

BEING PRESENT, PROVIDED THAT WHENEVER THERE IS A CONTEST FOR ANY ELECTED OFFICE OR OFFICES SUCH ELECTIONS SHALL BE CONDUCTED BY MAIL BALLOT OF THE ENTIRE INDIVIDUAL MEMBERSHIP. IN THE LATTER EVENT THE EXECUTIVE DIRECTOR SHALL DISTRIBUTE BALLOTS WITHIN THIRTY (30) DAYS FOLLOWING THE ANNUAL BUSINESS MEETING AND UNDER SUCH OTHER CONDITIONS AS THE COUNCIL MAY PRESCRIBE, AND HE OR SHE SHALL COUNT ONLY BALLOTS RETURNED WITHIN THIRTY (30) DAYS FOLLOWING DISTRIBUTION; EACH CONTESTED ELECTION, EXCEPT AS SPECIFIED BELOW FOR THE PRESIDENT-ELECT, SHALL BE DETERMINED BY A PLURALITY OF THOSE VOTING ON THE PARTICULAR OFFICE; IF THE NUMBER OF NOMINEES FOR THE SET OF VICE-PRESIDENCIES OR FOR COUNCIL MEMBERSHIP EXCEEDS THE NUMBER OF OFFICES CONSTITUTIONALLY TO BE FILLED, ALL SUCH NOMINEES SHALL APPEAR ON THE MAIL BALLOT, MEMBERS SHALL BE ENTITLED TO VOTE FOR A NUMBER EQUAL TO THE NUMBER OF OFFICES IN THE SET, AND THE NOMINEES RANKING HIGHEST IN THE POLL, IN A NUMBER EQUAL TO THE NUMBER OF OFFICES, SHALL BE DECLARED ELECTED.

THE PRESIDENT-ELECT SHALL BE CHOSEN BY THE ABOVE METHOD ONLY IF THERE ARE TWO AND ONLY TWO NOMINEES FOR THE OFFICE. SHOULD THERE BE THREE OR MORE NOMINEES FOR PRESIDENT-ELECT, BALLOTS FOR THAT OFFICE SHALL BE SO DESIGNED AS TO ENABLE MEMBERS TO DESIGNATE THEIR RANK-ORDERED PREFERENCES BY PLACING NUMBERS BESIDE THE NAMES OF THE NOMINEES ("1" FOR FIRST PREFERENCE, "2" FOR SECOND PREFERENCE, AND SO ON FOR EACH NOMINEE). IF NO NOMINEE RECEIVES AT LEAST FIFTY-PERCENT-PLUS-ONE OF THE FIRST PREFERENCES, OTHER PREFERENCES SHALL BE ADDED FROM THE FIRST-PREFERENCE BALLOTS OF EACH ELIMINATED NOMINEE ACCORDING TO THE STANDARD METHOD OF THE ALTERNATIVE VOTE SYSTEM, WHICH SHALL BE PRESCRIBED BY THE COUNCIL IN ADVANCE OF NOMINATIONS, UNTIL ONE NOMINEE RECEIVES AT LEAST FIFTY-PERCENT-PLUS-ONE OF THE AGGREGATED PREFERENCES AND IS DECLARED THE WINNER. THE PRESIDENT-ELECT SHALL

Name of the organization AMERICAN POLITICAL SCIENCE ASSOCIATION	Employer identification number 53-020001
--	---

AUTOMATICALLY SUCCEED TO THE OFFICE OF PRESIDENT UPON THE COMPLETION OF THE PRESIDENT'S TERM, OR UPON THE OCCURRENCE OF ONE OF THE CONTINGENCIES PROVIDED FOR IN SECTION 3 OF THIS ARTICLE. THE TERMS OF ELECTIVE OFFICERS, EXCEPT MEMBERS OF THE COUNCIL AND THE TREASURER, SHALL EXTEND FOR ONE YEAR MEASURED FROM THE END OF THE PROGRAM OF THE ANNUAL MEETING, EXCEPT THAT AN OFFICER'S TERM SHALL IN NO EVENT EXPIRE UNTIL HIS OR HER SUCCESSOR ASSUMES OFFICE. THE TERMS OF MEMBERS OF THE COUNCIL SHALL EXTEND FOR TWO YEARS, SIMILARLY CALCULATED, AND ONE-HALF SHALL EXPIRE EACH YEAR. THE TERM OF THE TREASURER SHALL ALSO EXTEND FOR TWO YEARS, SIMILARLY CALCULATED.

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

THE MEMBERSHIP OF THE ASSOCIATION DULY ASSEMBLED IN THE ANNUAL BUSINESS MEETING OR IN A SPECIAL MEETING CALLED SHALL CONSIDER POLICY QUESTIONS BROUGHT TO IT, AND MAY VOTE TO CONFIRM, REVISE, OR REPEAL THE ACTION OF THE COUNCIL, OR ANY OFFICER. WHENEVER ONE-THIRD OR MORE OF THOSE PRESENT AND VOTING AT THE ANNUAL BUSINESS MEETING VOTE TO REPEAL, REVISE, OR SUBSTITUTE THE JUDGEMENT OF THE MEETING FOR AN ACT OR RECOMMENDATION OF THE COUNCIL OR OF ANY OFFICER, THE QUESTION SHALL BE SUBMITTED TO THE ENTIRE MEMBERSHIP IN A MAILED, SECRET BALLOT UNDER CONDITIONS PRESCRIBED BY THE COUNCIL AND SHALL CONSTITUTE A QUORUM FOR THE ANNUAL BUSINESS MEETING. THE ASSOCIATION SHALL MEET ANNUALLY AT A TIME AND PLACE DESIGNATED BY THE COUNCIL. THE COUNCIL AND THE OFFICERS SHALL MAKE EVERY EFFORT TO ACQUAINT THE MEMBERS WITH THE BUSINESS OF THE ASSOCIATION AND WITH THE ISSUES INVOLVED IN THE AGENDA OF THE ANNUAL BUSINESS MEETING OR IN A BALLOT BY MAIL, AND TO PROVIDE SUFFICIENT TIME AT BUSINESS MEETINGS FOR DELIBERATIONS AND VOTES.

FORM 990, PART VI, SECTION B, LINE 10B:

THE AMERICAN POLITICAL SCIENCE ASSOCIATION (APSA) HAS ESTABLISHED SECTIONS

Name of the organization AMERICAN POLITICAL SCIENCE ASSOCIATION	Employer identification number 53-020001
--	---

OF ORGANIZED SUBFIELDS WITHIN THE ORGANIZATION CALLED ORGANIZED SECTIONS. PRESENTLY, APSA HAS 40 ORGANIZED SECTIONS RANGING IN TOPICS FROM LEGISLATIVE STUDIES TO POLITICS AND LITERATURE, AND HUMAN RIGHTS. SECTIONS WERE FORMED TO HELP ADVANCE THE GOALS OF APSA, PARTICULARLY IT'S OBJECTIVE TO ENCOURAGE THE STUDY POLITICAL SCIENCE AND PROVIDE MEMBERS WITH OUTLETS FOR RESEARCH AND PROVIDE MEMBERS WITH OUTLETS FOR RESEARCH AND OPPORTUNITIES FOR SCHOLARSHIP. ORGANIZED SECTIONS ARE COMPONENTS OF APSA AS A WHOLE, AND ARE BOUND BY ITS CONSTITUTION AND LEGAL STATUS. ORGANIZED SECTIONS HAVE A SET OF BY-LWAS, ELECTED LEADERSHIP, AND MAINTAIN A CHECKING ACCOUNT UNDER THE TAX IDENTIFICATION NUMBER OF APSA. EXPENSE REPORTS ARE SUBMITTED TO APSA ON AN ANNUAL BASIS.

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

FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION'S CONFLICT OF INTEREST POLICY REQUIRES KEY EMPLOYEES AND ALL MEMBERS OF THE COUNCIL INCLUDING THE EDITORS AND PROGRAM CHAIRS TO COMPLETE AN ANNUAL QUESTIONNAIRE AT THE SPRING MEETING IN ORDER TO MONITOR AND ENFORCE COMPLIANCE WITH THE POLICY. LIST OF THE TAXPAYER'S COUNCIL MEMBERS, KEY EMPLOYEES, AND VENDORS IS PROVIDED TO ASSIST THOSE COMPLETING THE QUESTIONNAIRE IN IDENTIFYING POTENTIAL CONFLICTS.

Name of the organization AMERICAN POLITICAL SCIENCE ASSOCIATION	Employer identification number 53-020001
--	---

OVERSIGHT OF THE PROCESS IS PERFORMED BY THE STAFF LIAISON TO THE COUNCIL (THE PROGRAM ASSISTANT FOR GOVERNANCE) UNDER THE DIRECTION OF THE EXECUTIVE DIRECTOR.

IN MATTERS INVOLVING OFFICERS, REPORTS OF CONFLICTS SHALL BE MADE TO THE APSA ADMINISTRATIVE COMMITTEE WHO WILL MAKE THE DETERMINATION AS TO WHETHER A CONFLICT EXISTS AND WHAT SUBSEQUENT ACTION IS APPROPRIATE. THE INVOLVED PARTY SHALL BE RECUSED FROM PARTICIPATING IN DEBATES AND VOTING ON THE MATTER. MATTERS INVOLVING EMPLOYEES SHALL BE RESOLVED BY THE EXECUTIVE DIRECTOR IN CONSULTATION WITH THE ADMINISTRATIVE COMMITTEE. MATTERS INVOLVING COMMITTEE MEMBERS AND COMMITTEE CHAIRS ARE REPORTED TO THE EXECUTIVE DIRECTOR AND RESOLVED IN CONSULTATION WITH THE ADMINISTRATIVE COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15:

A WRITTEN EMPLOYMENT CONTRACT WAS ESTABLISHED UPON THE HIRING OF THE EXECUTIVE DIRECTOR. IT IS REVIEWED ON A FIVE YEAR BASIS BY THE PRESIDENT AND THE ADMINISTRATIVE COMMITTEE. THE COMPENSATION OF THE PERSON IS REVIEWED AND APPROVED BY THE PRESIDENT AND THE ADMINISTRATIVE COMMITTEE, PROVIDED THAT PERSONS WITH CONFLICTS OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT AT ISSUE ARE NOT INVOLVED IN THIS REVIEW AND APPROVAL. THE COMPENSATION OF THE PERSON IS REVIEWED AND APPROVED USING COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS TO ENSURE EXECUTIVE COMPENSATION REMAINS WITHIN FAIR MARKET RANGE FOR THE INDUSTRY. THERE IS CONEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT.

Name of the organization AMERICAN POLITICAL SCIENCE ASSOCIATION	Employer identification number 53-0200001
--	--

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OUTSIDE SERVICES:

PROGRAM SERVICE EXPENSES	601,653.
MANAGEMENT AND GENERAL EXPENSES	45,367.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	647,020.

HONORARIA:

PROGRAM SERVICE EXPENSES	69,201.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	69,201.

PROFESSIONAL DEVELOPMENT:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	21,891.
FUNDRAISING EXPENSES	8,350.
TOTAL EXPENSES	30,241.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 746,462.

FORM 990, PART XII, LINE 2C

FREEDOM HOUSE HAS AN AUDIT COMMITTEE THAT OVERSEES THE AUDIT AND THE SELECTION OF THE AUDIT FIRM. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Form with fields for Name of exempt organization (AMERICAN POLITICAL SCIENCE ASSOCIATION), Employer identification number (EIN) (53-0200001), Address (1527 NEW HAMPSHIRE AVE, NW, WASHINGTON, DC 20036), and Social security number (SSN).

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

Table with 4 columns: Application Is For, Return Code, Application Is For, Return Code. Rows include Form 990 or Form 990-EZ, Form 990-BL, Form 4720 (individual), Form 990-PF, Form 990-T (sec. 401(a) or 408(a) trust), and Form 990-T (trust other than above).

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

HELEN A. MARSHALL

The books are in the care of 1527 NEW HAMPSHIRE AVENUE, NW - WASHINGTON, DC 20036

Telephone No. 202-483-2512

Fax No.

If the organization does not have an office or place of business in the United States, check this box

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN). If this is for the whole group, check this box. If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

I request an additional 3-month extension of time until AUGUST 15, 2017.

For calendar year, or other tax year beginning OCT 1, 2015, and ending SEP 30, 2016.

If the tax year entered in line 5 is for less than 12 months, check reason: Initial return, Final return, Change in accounting period.

State in detail why you need the extension: ADDITIONAL TIME IS REQUIRED TO GATHER THE NECESSARY INFORMATION FROM EXTERNAL THIRD PARTIES TO ALLOW FOR A COMPLETE AND ACCURATE FILING.

Table with 3 columns: Description, 8a, 8b, 8c. Rows include tentative tax (0), refundable credits (0), and balance due (0).

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature: [Signature] Title: C.P.A.

Date: 5/11/17

Form **8868**
(Rev. January 2014)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**
► **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

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

Enter filer's identifying number

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. AMERICAN POLITICAL SCIENCE ASSOCIATION	Employer identification number (EIN) or 53-0200001
	Number, street, and room or suite no. If a P.O. box, see instructions. 1527 NEW HAMPSHIRE AVE, NW	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of Telephone No. Fax No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **MAY 15, 2017** , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year _____ or

► tax year beginning **OCT 1, 2015** , and ending **SEP 30, 2016** .

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

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

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

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0687

For calendar year 2015 or other tax year beginning OCT 1, 2015, and ending SEP 30, 2016

2015

Department of the Treasury Internal Revenue Service

Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A Check box if address changed

Name of organization (Check box if name changed and see instructions.)

D Employer identification number (Employees' trust, see instructions.)

B Exempt under section 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a)

Print or Type

AMERICAN POLITICAL SCIENCE ASSOCIATION

53-0200001

Number, street, and room or suite no. If a P.O. box, see instructions.

1527 NEW HAMPSHIRE AVE, NW

E Unrelated business activity codes (See instructions.)

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

WASHINGTON, DC 20036

541800 900004

C Book value of all assets at end of year 37,610,082.

F Group exemption number (See instructions.)

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. SEE STATEMENT 1

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of HELEN A. MARSHALL Telephone number 202-483-2512

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Cost of goods sold, Gross profit, Capital gain net income, Net gain (loss), Capital loss deduction for trusts, Income (loss) from partnerships and S corporations, Rent income, Unrelated debt-financed income, Interest, annuities, royalties, and rents from controlled organizations, Investment income of a section 501(c)(7), (9), or (17) organization, Exploited exempt activity income, Advertising income, Other income, and Total.

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, Bad debts, Interest (attach schedule), Taxes and licenses, Charitable contributions, Depreciation, Less depreciation claimed on Schedule A and elsewhere on return, Depletion, Contributions to deferred compensation plans, Employee benefit programs, Excess exempt expenses (Schedule I), Excess readership costs (Schedule J), Other deductions (attach schedule), Total deductions, Unrelated business taxable income before net operating loss deduction, Net operating loss deduction, Unrelated business taxable income before specific deduction, Specific deduction, and Unrelated business taxable income.

Part III Tax Computation

Table with 3 columns: Description, Line Number, Amount. Includes rows for Organizations Taxable as Corporations (35), Trusts Taxable at Trust Rates (36), Proxy tax (37), Alternative minimum tax (38), and Total (39).

Part IV Tax and Payments

Table with 3 columns: Description, Line Number, Amount. Includes rows for Foreign tax credit (40a-40e), Other taxes (42), Total tax (43), Payments (44a-44g), Estimated tax penalty (46), Tax due (47), Overpayment (48), and Refunded (49).

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, No. Includes questions about foreign accounts, foreign trusts, and tax-exempt interest.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

Table with 3 columns: Description, Line Number, Amount. Includes rows for Inventory at beginning/end of year, Purchases, Cost of labor, Additional section 263A costs, and Total.

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: EXECUTIVE DIRECTOR, Date, Title

May the IRS discuss this return with the preparer shown below (see instructions)? Yes [X] No

Paid Preparer Use Only: Print/Type preparer's name (PATRICIA A. O'MALLEY, CPA), Preparer's signature, Date, Check self-employed, PTIN (P00285909), Firm's name (RUBINO & COMPANY, CHARTERED), Firm's EIN (52-1186096), Firm's address (BETHESDA, MD 20817-1818), Phone no. (301-564-3636)

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property

Table with 4 rows for property description (1-4).

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions directly connected with the income.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0. (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 5 columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3(a) Straight line depreciation, 3(b) Other deductions, 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions.

Total dividends-received deductions included in column 8 0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5.

Table with 5 columns: 7. Taxable income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10.

Totals 0. 0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

Table with 5 columns: 1. Description of income, 2. Amount of income, 3. Deductions directly connected, 4. Set-asides, 5. Total deductions and set-asides. Totals: 0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

Table with 7 columns: 1. Description of exploited activity, 2. Gross unrelated business income, 3. Expenses directly connected, 4. Net income, 5. Gross income, 6. Expenses attributable, 7. Excess exempt expenses. Totals: 88,875, 21,173, 67,702, 46,433, 46,433.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss), 5. Circulation income, 6. Readership costs, 7. Excess readership costs. Totals: 188,154, 14,108, 174,046, 131,507, 498,115, 174,046.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss), 5. Circulation income, 6. Readership costs, 7. Excess readership costs. Totals from Part I: 188,154, 14,108, 174,046.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percent of time devoted to business, 4. Compensation attributable to unrelated business. Total: 0.

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY STATEMENT 1

ADVERTISING REVENUE, PERSONNEL PLACEMENT, DEBT-FINANCED RENTAL INCOME

TO FORM 990-T, PAGE 1

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 2

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/03	13,243.	13,243.	0.	0.
09/30/04	56,545.	56,545.	0.	0.
09/30/05	55,068.	55,068.	0.	0.
09/30/06	47,962.	47,962.	0.	0.
09/30/07	19,924.	19,924.	0.	0.
09/30/08	97,389.	70,804.	26,585.	26,585.
09/30/09	17,267.	0.	17,267.	17,267.
NOL CARRYOVER AVAILABLE THIS YEAR			43,852.	43,852.

FORM 990-T

SCHEDULE E - UNRELATED DEBT-FINANCED INCOME

STATEMENT 3

1. DESCRIPTION OF PROPERTY	ACTIVITY NUMBER	2. GROSS INCOME	3A. DEPRECIATION EXPENSE	3B. OTHER DEDUCTIONS
OFFICE BUILDING 1528 18TH ST, NW, WASHINGTON DC	1	164,118.	43,260.	79,113.
4. AVERAGE ACQ DEBT	5. AVERAGE ADJUSTED BASIS	6. PERCENT (COL 4/COL 5)	7. REPORTABLE GROSS INCOME	8. ALLOCABLE DEDUCTIONS
1,225,500.	1,807,659.	67.79	111,256.	82,957.

1. DESCRIPTION OF PROPERTY	ACTIVITY NUMBER	2. GROSS INCOME	3A. DEPRECIATION EXPENSE	3B. OTHER DEDUCTIONS
OFFICE BUILDING 1527 NEW HAMPSHIRE AVE, NW, WASHINGTON, DC	2	148,821.	47,840.	184,201.
4. AVERAGE ACQ DEBT	5. AVERAGE ADJUSTED BASIS	6. PERCENT (COL 4/COL 5)	7. REPORTABLE GROSS INCOME	8. ALLOCABLE DEDUCTIONS
258,389.	1,393,028.	18.55	27,606.	43,044.

TOTALS TO FORM 990-T, SCHEDULE E	138,862.	126,001.
----------------------------------	----------	----------

FORM 990-T

SCHEDULE E - DEPRECIATION DEDUCTION

STATEMENT 4

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		43,260.	
	- SUBTOTAL -	1	43,260.
DEPRECIATION		47,840.	
	- SUBTOTAL -	2	47,840.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A)			91,100.

FORM 990-T

SCHEDULE E - OTHER DEDUCTIONS

STATEMENT 5

DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
OTHER RENTAL EXPENSES			79,113.	
	- SUBTOTAL -	1		79,113.
OTHER RENTAL EXPENSES			184,201.	
	- SUBTOTAL -	2		184,201.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)				263,314.

FORM 990-T

AVERAGE ACQUISITION DEBT ON OR
ALLOCABLE TO DEBT-FINANCED PROPERTY

STATEMENT 6

<u>DESCRIPTION</u>	<u>ACTIVITY NUMBER</u>	<u>AMOUNT</u>	<u>TOTAL</u>
NOTES PAYABLE		1,225,500.	
- SUBTOTAL -	1		1,225,500.
NOTES PAYABLE		258,389.	
- SUBTOTAL -	2		258,389.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4			<u>1,483,889.</u>

FORM 990-T

AVERAGE ADJUSTED BASIS OF OR
ALLOCABLE TO DEBT-FINANCED PROPERTY

STATEMENT 7

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
BUILDING		1,807,659.	
- SUBTOTAL -	1		1,807,659.
BUILDING		1,393,028.	
- SUBTOTAL -	2		1,393,028.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 5			3,200,687.

FORM 990-T

SCHEDULE I - EXPLOITED EXEMPT ACTIVITY INCOME

STATEMENT 8

(1) DESCRIPTION OF ACTIVITY	(2) GROSS UBI	(3) UBI EXPENSES	(4) NET INCOME	(5) GROSS INCOME	(6) COL 5 EXPENSES	(7) EXCESS EXEMPT EXP
ANNUAL MEETING PROGRAM	86,400.	8,044.	78,356.		46,433.	46,433.
ADVERTISING FINAL PROGRAM	975.	1,493.	-518.			
ADVERTISING WEB BANNER	1,500.	11,636.	-10,136.			
COLUMN TOTALS	88,875.	21,173.	67,702.		46,433.	46,433.

FORM 990-T

SCHEDULE J - INCOME FROM PERIODICALS REPORTED
ON A CONSOLIDATED BASIS

STATEMENT 9

NAME OF PERIODICAL	GROSS ADV INCOME	DIRECT ADV COSTS	CIRCULATION INCOME	READERSHIP COSTS
APSR	31,384.	791.	13,775.	51,481.
POLITICAL SCIENCE	6,077.	13.	49,732.	188,713.
PERSPECTIVES	11,265.	126.	68,000.	257,921.
JOB BANK	135,878.	13,178.	0.	0.
ONLINE NEWSLETTER ADS	3,550.	0.	0.	0.
TO FM 990-T, SCH J, PART I	188,154.	14,108.	131,507.	498,115.

Form 2220

Underpayment of Estimated Tax by Corporations

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

Attach to the corporation's tax return. FORM 990-T

2015

Information about Form 2220 and its separate instructions is at www.irs.gov/form2220.

Name AMERICAN POLITICAL SCIENCE ASSOCIATION Employer identification number 53-0200001

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

Part I Required Annual Payment table with rows 1-5 and sub-rows 2a, 2b, 2c, 2d.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation must file Form 2220 even if it does not owe a penalty (see instructions).

Part III Figuring the Underpayment table with columns (a) through (d) and rows 9-18.

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

LHA For Paperwork Reduction Act Notice, see separate instructions. Form 2220 (2015)

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). (Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2015 and before 7/1/2015	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 3\%}{365}$	22	\$	\$	\$
23 Number of days on line 20 after 06/30/2015 and before 10/1/2015	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\%}{365}$	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2015 and before 1/1/2016	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\%}{365}$	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2015 and before 4/1/2016	27			
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\%}{366}$	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2016 and before 7/1/2016	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{366}$	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2016 and before 10/01/2016	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{366}$	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2016 and before 1/1/2017	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{366}$	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2016 and before 2/16/2017	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120; line 33; or the comparable line for other income tax returns	38			\$ 0.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form **8868**
(Rev. January 2014)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**
► **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

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

Enter filer's identifying number

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. AMERICAN POLITICAL SCIENCE ASSOCIATION	Employer identification number (EIN) or 53-0200001
	Number, street, and room or suite no. If a P.O. box, see instructions. 1527 NEW HAMPSHIRE AVE, NW	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

HELEN A. MARSHALL

- The books are in the care of ► **1527 NEW HAMPSHIRE AVENUE, NW - WASHINGTON, DC 20036**
Telephone No. ► **202-483-2512** Fax No. ► _____

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year _____ or

► tax year beginning **OCT 1, 2015**, and ending **SEP 30, 2016**.

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

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

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