## Form **990**

Department of the Treasury Internal Revenue Service

## Change of Accounting Period

## **Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-0047

**2023** 

Open to Public Inspection

Α	For t	he 2023 calen	dar year, or ta	ıx year begi	nning 9/	01	, 2023,	and ending	<b>g</b> 12/	31	,	<b>20</b> 2023			
В	Check	Check if applicable: C									D Employer identification number				
	A	ddress change	LOS ANGE	LES COU	VTY					95-2150231					
	Name change PSYCHOLOGICAL ASSOCIATION									E Telephone number					
		H 16345 BAIROA RIVO BIDG 2 #126								'					
		ENCINO, CA 91316 (816) 904-0410													
		Final return/terminated											4.00		
	-	Amended return								<b>G</b> Gross r		1 1	<u>,160.</u>		
	A	pplication pending	WIRIAM DAMIDE								a group return for subordinates? Yes X No				
			Same As C Above							l subordinates " attach a list	included See inst	? Yes	No		
ī	Tax-	-exempt status:	501(c)(3)	X 501(c) (	6 ) (	insert no.)	4947(a)(1) or	527	,	attaon a not	. 00000				
J	We	bsite: Ww	W.LACPA.						H(c) Group	exemption nu	umber				
K	Forn	n of organization:	X Corporation	Trust	Association	Other	L,	Year of formation				gal domicile: CA	·		
	rt I	Summar					<u> </u>		130			ga			
1 6	1	Briefly describe the organization's mission or most significant activities: TO ADVANCE THE PSYCHOLOGY PROFESSION													
	'	Briefly deseri	be the organiz	2010113 11113	31011 01 111031	3igrillicant	activities. 10	ADVANCE	11111	131010	товт	LUCLESSI	<u> </u>		
<u> </u>															
Governance															
e.	2	Check this bo	if the	o organizati	DE 9/ of itc	not acc									
õ	3		eck this box if the organization discontinued its operations or disposed of more imber of voting members of the governing body (Part VI, line 1a)								<b>3</b>	ecis.	13		
જ	4		dependent vol								4		13		
es	5		r of individuals								5		3		
₹	6		r of volunteers								6		<u></u> 39		
Activities &	7a		ed business re								7a		0.		
~			d business tax								7b		0.		
		Tiot amolator	2 545111055 tax	4510 111001110	7 11 01111	330 1,1 are	1, 1110 111111			Prior Year	, ,,,	Current Y			
	8	Contributions	Contributions and grants (Part VIII, line 1h)								150		,085.		
ne	9		rogram service revenue (Part VIII, line 2g)							146,4 167,2			,003.		
Revenue	10		nent income (Part VIII, column (A), lines 3, 4, and 7d)							39,4			,003.		
ě	11		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							39,4	130.	41	,320.		
_	12		Fotal revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)							353,1	7.5	1 / 5	400		
			imilar amounts							333,1	.73.	143	,408.		
	13														
	14		enefits paid to or for members (Part IX, column (A), line 4)										,711.		
S	15	Salaries, oth	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)								163,757.				
Expenses	16a	Professional	ofessional fundraising fees (Part IX, column (A), line 11e)												
ē	b	Total fundrais	sing expenses	(Part IX, co	olumn (D), lii	ne 25)									
Щ	17				189,269.		100,571.								
	18		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)									166,282.			
	_		evenue less expenses. Subtract line 18 from line 12								/				
	19	Nevenue less expenses. Subtract line to nontrible 12							_		49.		<u>,874.</u>		
9 or	20	<b>-</b>	Total accets (Part V. line 16)							ng of Currer		End of Ye	ear ,623.		
Net Assets			otal assets (Part X, line 16)								840,459.				
i A B	21	Total liabilitie	otal liabilities (Part X, line 26)								348.	3	<u>,886.</u>		
žŽ	22	Net assets or	r fund balance	s. Subtract	line 21 from	line 20				836,6	511.	815	,737.		
Pa	rt II	Signatur	re Block												
Unde	er penal	Ities of perjury, I de	eclare that I have e arer (other than offi	examined this re	turn, including a	ccompanying so	hedules and state	ments, and to t	he best of n	ny knowledge	and belie	f, it is true, correc	t, and		
com	plete. D	eclaration of prepa	arer (other than offi	icer) is based or	n all information	of which prepar	er has any knowle	dge.							
Sig	nr	Signature of	gnature of officer												
Here		T.TSA F	ISA HANCOCK Tre							rer					
			ype or print name and title							LCI					
		Print/Type r	oreparer's name		Preparer's sig	gnature		Date		Check	if F	PTIN			
Paid Preparer			•	ah + a	`	-	: ab+ a				<b>⊐</b> "				
				ce P. Lichter   Lawrence P. Lichter						self-employ	ea ]	200904612			
Use Only		ily Firm's addr								Firm's EIN 26-2785996					
			Woodland Hills, CA 91364						Phone no.	(818	) 789-026	65 <u> </u>			
Ma	y the	IRS discuss th	nis return with	the prepare	r shown abo	ve? See ins	structions					X Yes	No		