Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

▶ 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. Inspection

A For the 2014 calendar year, or tax year beginning APR 1, 2014and ending MAR 31, Check if C Name of organization D Employer identification number Address change AMERICAN ACADEMY OF ARTS AND SCIENCES Name change 04-2103651 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 617-576-5000 136 IRVING STREET Final 37,596,965. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amende return CAMBRIDGE, MA 02138 H(a) Is this a group return Applica-tion pending F Name and address of principal officer:MARK ROBINSON for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes 527 Tax-exempt status: X 501(c)(3)) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) 」501(c) (J Website: WWW.AMACAD.ORG **H(c)** Group exemption number ▶ L Year of formation: 1780 M State of legal domicile: MA K Form of organization: X Corporation Trust Association Other > Part I | Summary Briefly describe the organization's mission or most significant activities: THE AMERICAN ACADEMY OF ARTS AND Governance SCIENCES IS AN INDEPENDENT POLICY RESEARCH CENTER THAT CONDUCTS if the organization discontinued its operations or disposed of more than 25% of its net assets. 13 3 Number of voting members of the governing body (Part VI, line 1a) 12 4 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 47 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 650 6 Total number of volunteers (estimate if necessary) 0. 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 7,948,754. 763,992. 8,565,038. Contributions and grants (Part VIII, line 1h) Revenue 936,654. Program service revenue (Part VIII, line 2g) 2,395,358 1,548,956. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11,108,104 11,050,648. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 330,971 288,656. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Ō. Benefits paid to or for members (Part IX, column (A), line 4) 14 3,966,734. 4,478,929. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 4,922,194. 7,380,086. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 11,677,791 9,689,779. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -569,687. 1,360,869. Revenue less expenses. Subtract line 18 from line 12 Pes **Beginning of Current Year End of Year** 74,617,564. 73,057,297. 20 Total assets (Part X, line 16) 3,390,108. 4,186,677. 21 Total liabilities (Part X, line 26) 68,870,620. 71,227,456. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of proper (other than officer) is based on all information of which preparer has any knowledge Signature of officer 016 Sign CHIEF OPERATING OFFICER MARK ROBINSON, Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name c|02/06/16|P01059560 DAVID J. KELLEHER, CPA DAVID J. KELLEHER, Paid 04-2571780 ▶ ALEXANDER, ARONSON, FINNING & CO., P.C. Firm's EIN Preparer Firm's name Firm's address 21 EAST MAIN STREET Use Only WESTBORO, MA 01581 Phone no. 508 - 366 - 9100 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

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Pai	till Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: THE AMERICAN ACADEMY OF ARTS AND SCIENCES IS A NATIONAL HONORARY	
	SOCIETY FOUNDED IN 1780 BY JOHN ADAMS AND OTHER LEADERS OF THE	_
	MASSACHUSETTS BAY COLONY. ITS APPROXIMATELY 4,600 FELLOWS INCLUDE	_
	DISTINGUISHED SCHOLARS, PRACTITIONERS, BUSINESS LEADERS, AND PUBLIC	_
2	Did the organization undertake any significant program services during the year which were not listed on	_
	the prior Form 990 or 990-EZ?	o
	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 N	o
	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 \$ 3,747,646. Including grants of \$ 288,656.) (Revenue \$ ACADEMY PROJECTS AND STUDIES - CONSISTS OF STUDIES AND OTHER ACADEMIC	_)
	ENDEAVORS FUNDED FROM INTERNAL AND EXTERNAL SOURCES.	_
		_
		_
		_
		_
		_
		_
		_
		_
		_
		_
4b	(Code:) (Expenses \$ 1,507,981 • including grants of \$) (Revenue \$ 88,924 •)
	PROJECT OUTREACH AND EVENTS - INCLUDES CONFERENCES, SYMPOSIA, MEETINGS	
	AND OTHER ACTIVITIES FOR THE ACADEMY MEMBERSHIP AND OTHER INTERESTED	
	PARTIES ON TOPICS RELATED TO PROJECTS AND OTHER WORK.	
		_
		_
		_
		_
		_
		_
4-	(Code:) (Expenses \$ 1,417,855. including grants of \$) (Revenue \$ 713,560.	_
4c	(Code:) (Expenses \$	_)
	MAIN FACILITY AS WELL AS USE OF THE FACILITY FOR FUNCTIONS.	_
		_
		_
		_
		_
		_
		_
		_
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 1,108,969 • including grants of \$) (Revenue \$ 134,170 •)	
4e	Total program service expenses ▶ 7,782,451.	

Form 990 (2014) AMERICAN ACA Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	444	Х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the exemplation report on amount for other liabilities in Part X, line 353 If "Yes," complete Schedule D, Part X	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		- 22
'	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- ' ''		
124	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	izu		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
		14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	L
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2014) AMERICAN ACADEMY C Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			٠,,
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			٦,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			٦,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	l	\ .	
	Part V, line 1	34	X	
35a	, , , , , , , , , , , , , , , , , , , ,	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		77	
•-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_ v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		Х	
	Note. All Form 990 filers are required to complete Schedule O	38	$\Gamma \Delta$	

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							
			Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 47							
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0							
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
_	(gambling) winnings to prize winners?	1c	Х					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
Lu	filed for the calendar year ending with or within the year covered by this return 2a 47							
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)							
32	604.000	За		Х				
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	35						
- a	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х				
h	If "Yes," enter the name of the foreign country:	T a						
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
		5c		- 25				
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5 C						
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-		Х				
L	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		21				
b		6h						
7	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).	7-		Х				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b		-25				
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7-		Х				
	to file Form 8282? If "Yes." indicate the number of Forms 8282 filed during the year 7d	7c		21				
	,	7-		Х				
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X				
Ť	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		-25				
		7g						
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
_	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.	0-						
	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12							
	1 / / / / / / / / / / / / / / / / / / /							
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders 11a							
D	Gross income from other sources (Do not net amounts due or paid to other sources against							
40-	amounts due or received from them.) Continue 1007(-M4) many supports the principle of the properties filling Form 1001(1).	40-						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note. See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans							
	Enter the amount of reserves on hand	4.5		v				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	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.

	Creck it Scriedule O contains a response or note to any line in this Part VI			77
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MA			
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) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	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:			
	AMERICAN ACADEMY OF ARTS AND SCIENCES - 617-576-5000			
	136 IRVING STREET, CAMBRIDGE, MA 02138			

Form 990 (2014)

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.

(A)	(B)			(C Pos	C)			(D)	(E)	(F)
Name and Title	Average hours per		not c	heck	more	than is bot		Reportable compensation	Reportable compensation	Estimated amount of
	week	offi				r/trus		from	from related	other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JERROLD MEINWALD	1.00									
SECRETARY		Х		Х				0.	0.	0
(2) DON M. RANDEL	1.00							_	_	_
CHAIR OF THE BOARD		X		Х				0.	0.	0
(3) DIANE P. WOOD	1.00	۱							•	
VICE CHAIR OF BOARD	1 00	Х		Х				0.	0.	0
(4) ALAN M. DACHS	1.00	x		х				0.	0.	0
VICE CHAIR OF BOARD (5) CARL H. PFORZHEIMER III	1.00	^		^				0.	0.	
TREASURER	1.00	X		х				0.	0.	0
(6) NANCY ANDREWS	1.00									
MEMBER		X						0.	0.	0
(7) NANNERL O. KEOHANE	1.00									
MEMBER		X						0.	0.	0
(8) VENKATESH NARAYANAMURTI	1.00									
MEMBER		Х						0.	0.	0
(9) PAULINE YU	1.00	ļ							•	
MEMBER	1 00	Х						0.	0.	0
(10) LOUISE H. BRYSON	1.00	Į.,							0	_
MEMBER	1.00	Х						0.	0.	0
(11) IRA KATZNELSON MEMBER	1.00	X						0.	0.	0
(12) JONATHAN FANTON	40.00	123							•	
PRESIDENT		x		x				247,472.	0.	25,124
(13) DAVID FROHNMAYER	1.00	 							•	
MEMBER		X						0.	0.	0
(14) STEVEN W. DANSBY	40.00									
DIRECTOR OF FINANCE		L		L		Х		140,139.	0.	21,094
(15) MARY BRANDT	40.00									
DIR. OF EXTERNAL AFFAIRS						Х		220,292.	0.	39,803
(16) MARK ROBINSON	40.00]						04.0.00	_	
CHIEF OPERATING OFFICER	0.10	<u> </u>				Х		210,083.	0.	35,274
(17) PHYLLIS BENDELL	40.00	1				,,		141 120	^	26 262
EDITOR						Х		141,139.	0.	36,069

Form **990** (2014)

Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees/	, an	d Hi	ighe	st C	ompensated Employe	es (continued)				
(A)	(B)	(C)					(D)	(E)			(F)		
Name and title	Average	(do		Pos heck		ገ e than	one	Reportable	Reportable	÷	Es	timate	d:
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation			nount	of
	week (list any	-	l a		1	1	1	from	from related			other	4:
	hours for	lirecto				_		the organization	organization (W-2/1099-MIS			pensa om th	
	related	9e Or (stee			sate		(W-2/1099-MISC)	(W 2/ 1033 WIR	50,		anizat	
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		(** =* ** = * * * * * * * * * * * * * *			•	d relat	
	below	idual	tution	-e	Key employee	est co	Jer.				orga	anizati	ons
	line)	Indiv	Instii	Officer of the contract of the	Keye	High emp	Former						
(18) DAVID PEARSON	40.00	1						400 000			_		- ^
ASSISTANT DIRECTOR OF DEVELOPMENT						Х		128,996.		0.	1	5,5	58.
(19) LESLIE BERLOWITZ	0.00	1						105 505					-
FORMER PRESIDENT & CEO							Х	195,707.		0.		9,6	72.
_													
1b Sub-total							▶	1,283,828.		0.	18	2,5	94.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)								1,283,828.		0.	18	2,5	94.
2 Total number of individuals (including but	not limited to th	nose	liste	ed al	bov	e) wl	no re	eceived more than \$100	0,000 of reportab	ile			
compensation from the organization													11
										г		Yes	No
3 Did the organization list any former officer			e, ke	ey er	nplo	oyee	, or l	highest compensated e	mployee on			.,	
line 1a? If "Yes," complete Schedule J for											3	Х	
4 For any individual listed on line 1a, is the s												х	
and related organizations greater than \$15											4	^	
5 Did any person listed on line 1a receive or accrue compensation from a					•	•	elat	ed organization or indiv	idual for services	,	_		Х
rendered to the organization? If "Yes," cor Section B. Independent Contractors	прієте Ѕспеаиі	e J ī	or s	ucn	pers	son .					5		
Complete this table for your five highest or	ompensated in	dene	ende	ent o	ont	racto	ors t	hat received more than	\$100,000 of con	npens:	ation f	rom	
the organization. Report compensation for		-											
(A)	,			<u> </u>			T	(B)	<u> </u>		(C	;)	
Name and busines	s address							Description of s	services	C		nsatio	n

(A) Name and business address	(B) Description of services	(C) Compensation
LATTICE BUSINESS APPLICATIONS		
22 PINE PLAIN ROAD, BOXFORD, MA 01921	WEB DESIGN/DATABASE	233,038.
RESTAURANT ASSOCIATES		
132 WEST 31ST STREET, NEW YORK, NY 10001	CATERING	155,831.
CLEANCO MAINTENANCE CORP., 318 BEAR HILL		
RD - SUITE 8, WALTHAM, MA 02451	CLEANING COMPANY	131,252.
RUBENSTEIN COMMUNICATIONS, INC, 1345	PUBLIC RELATIONS	
AVENUE OF THE AMERICAS, NEW YORK, NY 10105	ADVISOR	122,478.
NORTHEAST DOCUMENT CONSERVATION CENTER		
100 BRICKSTONE SQUARE, ANDOVER, MA 01810	DOCUMENT RESTORATION	119,289.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
\$100,000 of compensation from the organization > 5		

Page 9

Form 990 (2014) AMERICAL Part VIII Statement of Revenue AMERICAN ACADEMY OF ARTS AND SCIENCES

		Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	1,103,925.				
S, (С	Fundraising events	1c					
la Et		Related organizations						
imi	е	Government grants (contribut	ions) 1e	300,000.				
rior S	f	All other contributions, gifts, gran	ts, and					
la pri		similar amounts not included above	ve 1f	7,161,113.				
da	g	Noncash contributions included in lines	1a-1f: \$					
<u>ම</u> දි	h	Total. Add lines 1a-1f		>	8,565,038.			
				Business Code				
မွ	2 a	NORTON WOODS FEES		900099	713,560.	713,560.		
e <u>Z</u> i	b	SALES PUBLICATION		511120	223,094.	223,094.		
Program Service Revenue	С							
eve	d							
Pog R	е							
ᇫ	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f			936,654.			
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		>	1,458,591.			1,458,591.
	4	Income from investment of tax						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	26,636,682					
	b	Less: cost or other basis						
		and sales expenses	26,546,317	.				
	С	Gain or (loss)		_				
		Net gain or (loss)			90,365.			90,365.
a		Gross income from fundraising						
une		including \$	•					
Other Rever		contributions reported on line						
<u>ہ</u> ا		Part IV, line 18		ıl I				
the	b	Less: direct expenses						
0		Net income or (loss) from fund						
		Gross income from gaming ac						
		Part IV, line 19		ıl I				
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale						
ľ		Miscellaneous Revenu		Business Code				
İ	11 a			1				
	b							
	c							
		All other revenue						
		Total. Add lines 11a-11d						
		Total revenue. See instructions.		·····	11,050,648.	936,654.	0.	1,548,956.

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). X Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (C) (A) Total expenses Do not include amounts reported on lines 6b, Program service expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 104,156. 104,156. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 184,500. 184,500. 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 405,244. 202,622. 162,098. 40,524. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 3,222,435. 2,370,320. 244,960. 607,155. Other salaries and wages 7 Pension plan accruals and contributions (include 278,279 164,818. 36,169 77,292. section 401(k) and 403(b) employer contributions) 1,239. 28,792. 339,114. 309,083. Other employee benefits 9 31,265. 233,857. 158,235. 44,357. Payroll taxes 10 Fees for services (non-employees): a Management 127,378. 145,402. 18,024. Legal 33,539. 33,539. Accounting Lobbying Professional fundraising services. See Part IV, line 17 21,183. 21,183. Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 1,491,219 1,374,419. 48,589. 68,211. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 689,142. 514,578. 94,551. 80,013. 13 Office expenses 115,799. 110,924. 375. 4,500. Information technology 14 15 Royalties 123,456. 123,456. 16 Occupancy 610,770. 584,137. 25,743. 890. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 694,117. 664,879. 12,910. 16,328. Conferences, conventions, and meetings 19 59,273. 59,273. 20 21 Payments to affiliates 656,756. 656,756. Depreciation, depletion, and amortization 22 87,600. 15,358. 72,242. 23 Other expenses. Itemize expenses not covered 24 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.) '..... 148,688. 100,480. 30,959. 17,249. OTHER 45,250. FEES AND HONORARIA 45,250. С All other expenses 9,689,779. 7,782,451. 922,017. 985,311. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

Check here

educational campaign and fundraising solicitation.

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

Form 990 (2014) Part X Balance Sheet

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or note to any line	in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		199,794.	1	147,561.
	2	Savings and temporary cash investments		14,199,025.	2	10,943,307.
	3	Pledges and grants receivable, net		1,072,423.	3	1,785,222.
	4	Accounts receivable, net		108,163.	4	70,547.
	5	Loans and other receivables from current and former officer				
		trustees, key employees, and highest compensated employ	ees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons				
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9				
છ		employees' beneficiary organizations (see instr). Complete F			6	
Assets	7	Notes and loans receivable, net			7	
ğ	8	Inventories for sale or use		8,335.	8	7,700. 147,933.
	9			41,500.	9	147,933.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a 1	.6,115,856.			
	b	Less: accumulated depreciation 10b	6,946,635.	9,372,247.	10c	9,169,221.
	11	Investments - publicly traded securities	38,203,920.	11	40,150,530.	
	12	Investments - other securities. See Part IV, line 11		1,266,670.	12	2,896,480.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11	8,585,220.	15	9,299,063.	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	73,057,297.	16	74,617,564.	
	17	Accounts payable and accrued expenses	1,126,855.	17	420,925.	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Sc	hedule D		21	
es	22	Loans and other payables to current and former officers, dir	ectors, trustees,			
Liabilities		key employees, highest compensated employees, and disq				
ia ge		Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrelated third pa		3,059,822.	23	2,969,183.
	24	Unsecured notes and loans payable to unrelated third partie			24	
	25	Other liabilities (including federal income tax, payables to re				
		parties, and other liabilities not included on lines 17-24). Cor	nplete Part X of			
		Schedule D		1 106 677	25	2 200 100
	26	Total liabilities. Add lines 17 through 25		4,186,677.	26	3,390,108.
		Organizations that follow SFAS 117 (ASC 958), check he	re ▶ 🔼 and			
ces		complete lines 27 through 29, and lines 33 and 34.		25,027,435.	07	29,248,331.
a	27	Unrestricted net assets		12,842,669.	27	10,587,737.
Ва	28	Temporarily restricted net assets		31,000,516.	28	31,391,388.
Net Assets or Fund Balances	29	Permanently restricted net assets		31,000,310.	29	31,391,300.
Ē		Organizations that do not follow SFAS 117 (ASC 958), ch	eck nere			
Š.	00	and complete lines 30 through 34.			00	
set	30	Capital stock or trust principal, or current funds			30	
: As	31	Paid-in or capital surplus, or land, building, or equipment fur			31	
Ne.	32	Retained earnings, endowment, accumulated income, or other transfer or fund belonger		68,870,620.	32 33	71,227,456.
	33	Total lie bilities and not assets /fund balances		73,057,297.	34	74,617,564.
	34	Total liabilities and net assets/fund balances		13,031,231.	34	Form 990 (2014)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments	1 2 3 4 5 6 7 8	11,05 9,68 1,36 68,8	50,6 39,7 50,8	48. 79. 69.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		3	39.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	71,22	27,4	56.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> X</u>
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.	_	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: Separate basis Separate basis Both consolidated and separate basis Both consolidated and separate basis	e basis,	2b	Х	
•	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Act and OMB Circular A-133?	edule O. ngle Audit	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2014)

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

Open to Public Inspection

Name of the organization

AMERICAN ACADEMY OF ARTS AND SCIENCES

Employer identification number 04 - 2103651

Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.				
he o	organi	ization is not a private found	ation because it is: (For lines 1 through 11, o	heck only	one box.)					
1		A church, convention of ch	urches, or associatio	on of churches describe	d in sectio	n 170(b)(1	I)(A)(i).				
2		A school described in secti	on 170(b)(1)(A)(ii).	Attach Schedule E.)							
3		A hospital or a cooperative		· · · · · · · · · · · · · · · · · · ·	ection 170	(b)(1)(A)(ii	ii).				
4		A medical research organiz						the hospital's name.			
		city, and state:	•					•			
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
_		section 170(b)(1)(A)(iv). (Complete Part II.)									
6											
	X	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
•		section 170(b)(1)(A)(vi). (Co	•	and part of its support	rom a gov	ommonta	unit of from the general	pablic accorded in			
8		A community trust describe	•	(1)(A)(vi) (Complete Par	+ II \						
9		An organization that norma				contribution	one mambarehin faas a	nd gross receipts from			
9		activities related to its exen	•	•	-			-			
			•	·				-			
		income and unrelated busin See section 509(a)(2). (Cor		(less section of reak) if	om busine	sses acqu	illed by the organization	arter durie 30, 1973.			
10		An organization organized a	. ,	ively to toot for public or	ofaty Can	naction EC)(/a)/4)				
11	H		•	•	•			nurnages of one or			
• •		An organization organized a more publicly supported organization	· ·	•	•		•				
			•					FIECK THE DOX III			
_		lines 11a through 11d that	• •			•	, ,	r airrin a			
а		Type I. A supporting orga		•							
		the supported organization			a majority (or the alree	ctors or trustees of the s	supporting			
		organization. You must o	•		4: · · · · · · · · · · · · · · · · ·						
D		Type II. A supporting orga	· ·					-			
		control or management o			ame perso	ons that co	ontrol or manage the sup	рропеа			
		organization(s). You mus	- ·			ula a sa dula sa		1241-			
С		Type III functionally inte	-				• •	ea with,			
		its supported organization		· ·				(-)			
a		Type III non-functionally									
		that is not functionally int	-	•	-		-	iveness			
		requirement (see instructi	·	-							
е		Check this box if the orga					i Type i, Type ii, Type iii				
_		functionally integrated, or									
Т		r the number of supported o									
9		ride the following information Name of supported	i about the supporte		(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of			
	,	organization	(-7	(described on lines 1-9	listed i	n your	support (see	other support (see			
				above or IRC section	governing of Yes	No No	Instructions)	Instructions)			
				(see instructions))	103	110					
- Ota											

Schedule A (Form 990 or 990-EZ) 2014 AMERICAN ACADEMY OF ARTS AND SCIENCES 04-2103651 Page 2

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.)

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	7,663,277.	5,916,042.	9,600,193.	7,948,754.	8,565,038.	39,693,304.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	7,663,277.	5,916,042.	9,600,193.	7,948,754.	8,565,038.	39,693,304.			
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)						10,243,863.			
	Public support. Subtract line 5 from line 4.						29,449,441.			
	Section B. Total Support									
	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total			
7	Amounts from line 4	7,663,277.	5,916,042.	9,600,193.	7,948,754.	8,565,038.	39,693,304.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar sources	1,222,344.	1,169,827.	931,629.	1,098,132.	1,437,408.	5,859,340.			
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							45,552,644.			
12	Gross receipts from related activities,						,146,764.			
13	First five years. If the Form 990 is for	-	s first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)				
800	organization, check this box and stop ction C. Computation of Publ						<u> </u>			
	<u>.</u>			- 1 (6)		44	64.65 %			
	Public support percentage for 2014 (14	<u> </u>			
15	Public support percentage from 2013 33 1/3% support test - 2014. If the discounting the support test - 2014 is the discounting test - 2014.					15				
Ioa	• •	•		,		•	x and ► X			
h	stop here. The organization qualifies33 1/3% support test - 2013. If the organization									
	and stop here. The organization qual						IS DOX			
170							or more			
11 a	10% -facts-and-circumstances tes and if the organization meets the "fac	ū					Ť			
	meets the "facts-and-circumstances"			-	•	-				
h	10% -facts-and-circumstances tes									
IJ	more, and if the organization meets the	_								
	organization meets the "facts-and-cire									
18										
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s ▶□			

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.)

Se	ction A. Public Support	siew, piedee cerri	piete i dit ii.)				
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and			, ,			,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
·	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support					•	
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	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.)						
	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi	zation,
	check this box and stop here	·····					>
Se	ction C. Computation of Publi	c Support Pe	ercentage				
15	Public support percentage for 2014 (li	ine 8, column (f) c	divided by line 13,	column (f))		15	%
	Public support percentage from 2013					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19	a 33 1/3% support tests - 2014. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	e organization qua	lifies as a publicly	supported organi	zation	▶□
ł	33 1/3% support tests - 2013. If the	•			•	•	
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The org	anization qualifies	as a publicly supp	oorted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14 19	a or 19b check t	his box and see in	structions	

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in *part VI* how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	_		
	2		
	3a		
	3b		
	3с		
	4-		
	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	0-		
	9a		
	9b		
	9с		
	10a		
	.04		
	105		
	10b	^ F-	0011
n 9	90 or 99	υ-EZ)	2014

За

trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in *Part VI* the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2014 AMERICAN ACADEMY OF ARTS AND SCIENCES 04-2103651 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d 3 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) Multiply line 5 by .035 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

Schedule A (Form 990 or 990-EZ) 2014

instructions).

Sche Par	dule A (Form 990 or 990-EZ) 2014 AMERICAN ACAD † V Type III Non-Functionally Integrated 509			4-2103651 Page 7
	on D - Distributions	(a)(o) capporting orga	(continued)	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		<u> </u>
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
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	he organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				

Schedule A (Form 990 or 990-EZ) 2014

d Excess from 2013e Excess from 2014

Schedule A	(Form 990 or 9	990-EZ) 2014	AMERI	.CAN A	ACADEM	Y OF	ARTS	AND	SCIENC	CES	04-21	.03651	Page 8
Part VI	Suppleme	ntal Infor	mation. F	Provide th	e explanation	ons requir	ed by Pa	rt II, line	10; Part II, li	ne 17a or	17b; and F	Part III, line	12.
	Also complete	e this part fo	r any additi	ional infor	mation. (Se	e instructi	ions).						

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" to 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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

AMERICAN ACADEMY OF ARTS AND SCIENCES

Employer identification number 04-2103651

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Pa			
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e		rically important land area
	Protection of natural habitat	Preservation of a certific	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of	f a conservation easement on the last
	day of the tax year.		
	,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements in	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements dur	ring the year
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the	he year ▶ \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense s	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes th	ne organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections o		her Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtherand	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of publ	lic service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial o	gain, provide
	the following amounts required to be reported under SFAS 1	, ,	
а	Revenue included in Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990, Part X		\$

Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, o	r Othe	r Simila	ar Asse	t s (contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that	are a sig	nificant i	use of its	collection	ı item	าร
	(check all that apply):									
а	Y Public exhibition	d	Loan or excl	hange prograr	ns					
b	Scholarly research	е	Other							
С	X Preservation for future generations									
4	Provide a description of the organization's co	llections and explair	n how they further th	he organizatio	n's exem	npt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit or	r receive donations o	of art, historical trea	sures, or othe	r similar a	assets	_	_		_
_	to be sold to raise funds rather than to be ma							Yes	L X	No
Par	t IV Escrow and Custodial Arrang	-	te if the organizatio	n answered "\	es" to F	orm 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi		•					٦.,		٦
	on Form 990, Part X?						L	」Yes		∐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:							
	Destination below-					1		Amount		
	Beginning balance									
	Additions during the year									
	Distributions during the year					1e				
	Ending balance Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.					.y:		_ 1 6 5		
Par).				
		(a) Current year	(b) Prior year	(c) Two years			ears back	(e) Four	vears	hack
1a	Beginning of year balance	38,176,157.	34,479,274.	31,511		, .	82,364.	` '		760.
	b Contributions 118,970. 2,139,000. 3,215,000. 150,									,000.
	c Net investment earnings, gains, and losses 1,507,134. 3,230,262. 1,820,7891,147,0									,759.
	d Grants or scholarships									
	e Other expenditures for facilities									
	and programs	2,105,373.	1,672,379.	2,068	,208.	2,1	73,580.	2,	244	,155.
f	Administrative expenses					-				
	End of year balance	37,696,888.	38,176,157.	34,479	,274.	31,5	11,693.	34,	682,	,364.
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, column (a	a)) held as:	•					
а	Board designated or quasi-endowment	12.59	%							
	Permanent endowment ► 75.40	%	_							
С	Temporarily restricted endowment ▶12	2.01 _%								
	The percentages in lines 2a, 2b, and 2c should	ld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administer	ed for the	e organiz	ation	_		
	by:								Yes	No
	(i) unrelated organizations							3a(i)	X	
	(ii) related organizations									Х
b	If "Yes" to 3a(ii), are the related organizations							. 3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Par	t VI Land, Buildings, and Equipm		D 1 1 1 1 1 1 0	5 000	D 1 1 1 1	40				
	Complete if the organization answered							() 5 .		
	Description of property	(a) Cost or of				cumulate	ed	(d) Book	valu	е
. .	Land	basis (investr	nent) basis	(Other)	depr	reciation				
	Land		13 //	4,415.	1 R	60,8	07	8,583	3 6	0.8
	Buildings		15,44	-, -1J •	- ,0	00,0	- 	0,50.	, ,	55.
c Leasehold improvements									5 6	13.
	Equipment Other		2,07	_,	<u> </u>	55,0	- ` • -	30.	,, 0	<u> </u>
	Add lines 1a through 1e. (Column (d) must ed		X column (R) line 1	(Oc.)				9,169) , 2	21.
ıvıa	i Add iiles Ta tillough Te. Joolunin Juj Must et	quair oini 330, i ait.	A, COIGITIII (D), IIIIE I	00./			Schodule		_	

Part VII	Investments - Other Securities.				
	Complete if the organization answered "Yes"				
	otion of security or category (including name of security)	(b) Book value	(c) Method of v	/aluation: Cost or end	d-of-year market value
	al derivatives				
	-held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)	h) must squal Form 000 Part V sal (P) line 10)				
	b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related.				
i ait viii	-	to Form 000 Dort IV	line 11e Coe Form 000	Dort V. line 12	
	Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of	valuation: Cost or end	d-of-year market value
(1)	(a) Description of investment	(b) Book value	(c) Mounda of	valuation. Cost of chic	a or your market value
(1)					
(2)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX					
	Complete if the organization answered "Yes"	to Form 990, Part IV	, line 11d. See Form 990,	Part X, line 15.	
		Description	•		(b) Book value
(1) PF	REPAID LAND LEASE				504,377.
(2) DU	JE FROM AFFILIATE				5,785,195.
(3) BE	ENEFICIAL INTEREST IN PE	RPETUAL TR	UST		2,964,854.
(4) OT	THER ASSETS				44,637.
(5)					
(6)					
(7)					
(8)					
(9)					
	ımn (b) must equal Form 990, Part X, col. (B) line	e 15.)		>	9,299,063.
Part X	Other Liabilities.				
	Complete if the organization answered "Yes"	to Form 990, Part IV	,	n 990, Part X, line 25.	
<u>1.</u>	(a) Description of liability		(b) Book value		
	deral income taxes				
(2)				_	
(3)				_	
(4)					
(5)					
(6)					
(7)					
(8)				-	
(9)	ımn (b) must equal Form 990, Part X, col. (B) line	25)			
i Utai. (COIL	iiiii (D) iiiust Equari Oiiii 330, Fart A, COl. (B) Illi	<i>- ∠∪.)</i>			

^{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 XIII Supplemental Information (continued)

ACADEMY-DESIGNATED ENDOWMENTS HAVE NO EXTERNAL RESTRICTIONS BUT HAVE DESIGNATED LIMITATIONS INITIATED BY THE ACADEMY. THESE LIMITATIONS MAY BE CANCELED AT THE DIRECTION OF THE BOARD. THESE ENDOWMENTS INCLUDE, AMONG OTHER THINGS, "FUND FOR MAJOR REPAIRS" WHICH IS AN ACADEMY-DESIGNATED RESERVE FUND FOR MAJOR PROPERTY AND EQUIPMENT ADDITIONS AND REPAIRS.

TEMPORARILY RESTRICTED ENDOWMENTS REPRESENT AMOUNTS RECEIVED OR COMMITTED WITH DONOR RESTRICTIONS, WHICH HAVE NOT YET BEEN EXPENDED FOR THEIR DESIGNATED PURPOSE. TEMPORARILY RESTRICTED ENDOWMENTS ALSO INCLUDE A BUILDING FUND AND THE APPRECIATION ON CERTAIN PERMANENTLY RESTRICTED ENDOWMENTS.

PERMANENTLY RESTRICTED ENDOWMENTS ARE RESTRICTED AGAINST ANY EXPENDITURES OF PRINCIPAL. INCOME EARNED ON PRINCIPAL WILL BE USED FOR CERTAIN SPECIFIC PURPOSES, IF RESTRICTIONS APPLY. OTHERWISE THE INCOME EARNED ON PRINCIPAL MAY BE USED FOR GENERAL PURPOSES.

THE ENDOWMENT FUNDS ARE USED TO GENERATE INCOME, BASED ON AN APPROVED SPENDING POLICY OF THE BOARD, TO SUPPORT PROGRAM AND ADMINISTRATIVE ACTIVITIES OF THE ACADEMY.

PART X, LINE 2:

THE ACADEMY ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH THIS STANDARD CLARIFIES THE ACCOUNTING FOR ASC TOPIC, INCOME TAXES. UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE CONSOLIDATED FINANCIAL STATEMENTS REGARDING A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. ACADEMY HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH

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

2014

Open to Public Inspection

Name of the organization

Employer identification number

AMI	ERICAN ACADEM	Y OF ART	S AND SC	EIENCES		04-210365	1
Pai	rt I General Info	rmation on A	ctivities Ou	tside the United States. Comple	ete if the organ	nization answered "Y	es" on
	Form 990, Part IV	/, line 14b.					
1	For grantmakers. Does	the organization	n maintain recor	ds to substantiate the amount of its gra	ants and other	assistance,	
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or ass	istance?	Yes L No
2	For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance outs	side the
	United States.						
3	Activities per Region. (TI	he following Part	I, line 3 table ca	an be duplicated if additional space is			
	(a) Region	(b) Number of	(c) Number of			vity listed in (d)	(f) Total
		offices	employees, agents, and	(by type) (e.g., fundraising, program		gram service,	expenditures for and
		in the region	independent contractors	services, investments, grants to recipients located in the region)		e specific type ce(s) in region	investments
			in region	recipients located in the region)	Of Service	Se(s) in region	in region
	RAL AMERICA AND						
THE	CARIBBEAN	0	0	INVESTMENTS			2,501,584.
		_	_				0 504 501
	Sub-total	0	0				2,501,584.
b	Total from continuation	_	_				_
	sheets to Part I	0	0				0.
С	Totals (add lines 3a						
	and 3b)	0	0				2,501,584.

			Outside the United States. Cated if additional space is ne		rganization answered	d "Yes" on Form	990, Part IV, line 15, fo	r any
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enterted mark	unaliniant currents !!	no linto di alto con distribuit		foundam				
			recognized as charities by the n 501(c)(3) equivalency letter					
3 Enter total number of	other organizations	or entities						

Part III Grants and Other Assistan			ates. Complete i	f the organization answered "Yes"	on Form 990, Parl	t IV, line 16.	
Part III can be duplicated if a	additional space is need	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2014 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	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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	X 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)	X 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)	X 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	X 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 file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2014

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Complete if the organization answered "Yes" to 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
2014

Open to Public Inspection

Employer identification number

		OF ARTS AND	SCIENCES				04-2103651		
Part I General Information on Grants									
1 Does the organization maintain records									
criteria used to award the grants or ass							X Yes No		
2 Describe in Part IV the organization's pr									
Part II Grants and Other Assistance to	Domestic Organ	izations and Domest	tic Governments. C	complete if the orga	anization answered "	Yes" to Form 990, Part	IV, line 21, for any		
recipient that received more than	\$5,000. Part II ca	n be duplicated if add	itional space is need	ded.	(0.14.11.1.6		-		
Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
RESEARCH FOUNDATION OF CITY									
UNIVERSITY OF NEW YORK - 230 WEST							REIMBURSEMENT FOR COSTS		
41ST ST - 7TH FL - NEW YORK, NY							RELATED TO INDEPENDENT		
10036	13-1988190	501(C)(3)	52,486.	0.			STUDY		
DICKINSON COLLEGE P.O. BOX 1773							REIMBURSEMENT FOR COSTS RELATED TO INDEPENDENT		
CARLISLE, PA 17013	23-1365954	501(C)(3)	51,670.	0.			STUDY		
2 Enter total number of section 501(c)(3)	and government o	rganizations listed in t	he line 1 table				<u> </u>		
3 Enter total number of other organization									

(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
NDEPENDENT STUDY GRANTS	6	184,500.	. 0.		
Part IV Supplemental Information. Provide the information r	equired in Part I, lin	ne 2, Part III, column	n (b), and any other a	dditional information.	
PART I, LINE 2:					
THE ACADEMY OF ARTS AND SCIENCES	VISITING	SCHOLAR PR	ROGRAM PROV	IDES	
RESIDENTIAL FELLOWSHIPS FOR JUNIO	R FACULTY	MEMBERS A	AND POSTDOC	TORAL	
SCHOLARS IN THE HUMANITIES AND SC	CIAL SCIE	NCES. HOUS	SED AT THE	HEADQUARTERS	
OF THE ACADEMY, VISITING SCHOLARS	S PARTICIP	ATE IN ACA	ADEMY-SPONS	ORED	
CONFERENCES, SEMINARS, AND INFORM	MAL GATHER	ING WHILE	ADVANCING	THEIR	
SCHOLARLY RESEARCH.					

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

► Attach to Form 990.

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

Inspection

Employer identification number

OMB No. 1545-0047

Open to Public

Name of the organization

Department of the Treasury Internal Revenue Service

AMERICAN ACADEMY OF ARTS AND SCIENCES

04-2103651

Pa	art I Questions Regarding Compensation						
	·		Yes	No			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,						
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	X First-class or charter travel						
	Travel for companions Payments for business use of personal residence						
	Tax indemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account Personal services (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	1b	Х				
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.						
	X Compensation committee						
	Independent compensation consultant Independent compensation consultant Independent compensation consultant						
	Form 990 of other organizations X Approval by the board or compensation committee						
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a related organization:						
а	Receive a severance payment or change-of-control payment?	4a		X			
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X			
С	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 in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the revenues of:			37			
а	The organization?	5a		X			
b	Any related organization?	5b		_^			
_	If "Yes" to line 5a or 5b, describe in Part III.						
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the net earnings of:			Х			
a	The organization?	6a		X			
b	Any related organization?	6b		_^			
_	If "Yes" to line 6a or 6b, describe in Part III.						
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	_		v			
_	not described in lines 5 and 6? If "Yes," describe in Part III	7		X			
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v			
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X			
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53.4958-6(c)?	9	ı	I			

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

Schedule J (Form 990) 2014

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 in 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.

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred benefits		(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990
			compensation	compensation				
(1) JONATHAN FANTON	(i)	247,472.	0.	0.	24,500.	624.	272,596.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STEVEN W. DANSBY	(i)	140,139.	0.	0.	14,186.	6,908.		0.
DIRECTOR OF FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARY BRANDT	(i)	220,292.	0.	0.	33,101.	6,702.		0.
DIR. OF EXTERNAL AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MARK ROBINSON	(i)	210,083.	0.	0.	21,750.	13,524.	245,357.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) PHYLLIS BENDELL	(i)	141,139.	0.	0.	22,388.	13,681.	177,208.	0.
EDITOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LESLIE BERLOWITZ	(i)	195,707.	0.	0.	0.	9,672.	205,379.	
FORMER PRESIDENT & CEO	(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)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 1A:
DURING FISCAL YEAR 2015, THERE WERE TRIP TICKETS PURCHASED THAT WERE EITHER
FIRST CLASS OR UPGRADED TO FIRST CLASS FOR THE ACADEMY PRESIDENT. FIRST
CLASS TRAVEL IS ALLOWED UNDER THE POLICIES OF THE ACADEMY AND ALL FIRST
CLASS TRAVEL FOR FISCAL YEAR 2015 MET THE POLICY GUIDELINES.

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service **Supplemental Information on Tax-Exempt Bonds**

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part VI.

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

2014
Open to Public Inspection

Name of the organization

AMERICAN ACADEMY OF ARTS AND SCIENCES

Employer identification number 04-2103651

Part I Bond Issues SE	E PART VI	FOR COLUM	NS (A) AN	D (F)	CONTI	NUATIONS	}						_
(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issu	ie price	(f) Descripti	ion of purpos	se (g) De	efeased	(h) On of is:		(i) Po	
								Yes	No	Yes	No	Yes	N
MASSACHUSETTS HEALTH AND						REFINANC							
A EDUCATIONAL FACILITIES	04-2456011	57586ELD1	08/01/09	3,374	,212.	PRE-EXIS	TING T	AX	Х		Х	X	
В													
С													
D													
Part II Proceeds								·					
1 Amount of bonds retired			A	0,639.		В		С			D		
2 Amount of bonds legally defeased													
3 Total proceeds of issue													
4 Gross proceeds in reserve funds			4	2,272.									
5 Capitalized interest from proceeds													
6 Proceeds in refunding escrows													
7 Issuance costs from proceeds													
8 Credit enhancement from proceeds													
9 Working capital expenditures from proceeds													
10 Capital expenditures from proceeds													
11 Other spent proceeds													
12 Other unspent proceeds													
13 Year of substantial completion			2	009									
			Yes	No	Yes	No	Yes	No		Yes	_	No	
14 Were the bonds issued as part of a current ref													
15 Were the bonds issued as part of an advance				X							\bot		
16 Has the final allocation of proceeds been mad	le?										\bot		
17 Does the organization maintain adequate books and records to	to support the final allocation	on of proceeds?	Х								\bot		
Part III Private Business Use													
			<u> </u>	•	_	B	1	C			D		
1 Was the organization a partner in a partnershi			Yes	No 37	Yes	No	Yes	No		Yes	+	No	
which owned property financed by tax-exemp				X							+		
2 Are there any lease arrangements that may re				v									
bond-financed property?				X						dule K			

Par	t III Private Business Use (Continued)								
			Α		В		C	[)
За	Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No
	business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		Х						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
	counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by								
	entities other than a section 501(c)(3) organization or a state or local government	3	5.00 %		%		%		%
5	Enter the percentage of financed property used in a private business use as a result of								
	unrelated trade or business activity carried on by your organization, another								
	section 501(c)(3) organization, or a state or local government		%		%		%		%
6	Total of lines 4 and 5	3	5.00 %		%		%		%
7	Does the bond issue meet the private security or payment test?		Х						
8a	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
	of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
	1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified								
	bonds of the issue are remediated in accordance with the requirements under								
	Regulations sections 1.141-12 and 1.145-2?	X							
Par	t IV Arbitrage								
			Α		В	(Ç	[)
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
	Rebate not due yet?	X							
b	Exception to rebate?		X						
c	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed								
3	Is the bond issue a variable rate issue?	X							
4a	Has the organization or the governmental issuer entered into a qualified								
	hedge with respect to the bond issue?		X						
b	Name of provider								
	Term of hedge								
d	Was the hedge superintegrated?								
	Was the hedge terminated?								

Part IV Arbitrage (Continued)								
	-	4	B No Yes No			С	Г	D
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
b Name of provider		•		•				•
c Term of GIC								,
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х						
7 Has the organization established written procedures to monitor the requirements of								
section 148?		X						
Part V Procedures To Undertake Corrective Action			•		•			
	-	4	E	3		С	Г	D
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of								
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation is not available under applicable								
regulations?		X						
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedul	e K (see instr	ructions).		•			
SCHEDULE K, PART I, BOND ISSUES:								
(A) ISSUER NAME: MASSACHUSETTS HEALTH AND EDUCAT	IONAL I	FACILIT	IES AU	THORITY	•			
(F) DESCRIPTION OF PURPOSE:								
REFINANCE OF PRE-EXISTING TAX EXEMPT DISTRIBUTION	N							

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.

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

AMERICAN ACADEMY OF ARTS AND SCIENCES

Employer identification number 04-2103651

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: MULTIDISCIPLINARY STUDIES OF COMPLEX AND EMERGING PROBLEMS. CURRENT ACADEMY RESEARCH FOCUSES ON SCIENCE AND GLOBAL SECURITY, SOCIAL POLICY, THE HUMANITIES AND CULTURE, AND EDUCATION.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OFFICIALS. THE PRINCIPAL ACTIVITY OF THE ACADEMY IS TO SPONSOR INTERDISCIPLINARY STUDIES ON TOPICS IN THE PUBLIC INTEREST. REPORTS OF SUCH PROJECTS APPEAR IN THE ACADEMY'S QUARTERLY JOURNAL, "DAEDALUS", AND IN OTHER PUBLICATIONS.

PROJECT PUBLICATIONS AND COMMUNICATIONS - COMPRISES THE PUBLISHING OF THE QUARTERLY JOURNAL, "DAEDALUS", THE QUARTERLY MAGAZINE, "BULLETIN", BOOKS AND OTHER OCCASIONAL PAPERS RELATED TO THE PROJECTS, STUDIES AND OTHER WORK OF THE ACADEMY. ACADEMY PUBLICATIONS EFFORTS ALSO INCLUDE COMMUNICATION ACTIVITIES TO THE ACADEMY MEMBERS, PUBLIC OFFICIALS AND OTHER INTERESTED PARTIES.

MEMBERSHIP AND ELECTIONS - CONSISTS OF ACTIVITIES RELATED TO THE MAINTAINING OF THE HONORARY SOCIETY AND ELECTING FELLOWS TO THE ACADEMY.

INCLUDING GRANTS OF \$ 0.

EXPENSES \$ 304,745. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

REVENUE \$ 134,170.

EXPENSES \$ 804,224.

Name of the organization

AMERICAN ACADEMY OF ARTS AND SCIENCES

Employer identification number 04-2103651

THE ACADEMY'S MEMBERSHIP CONSISTS OF FELLOWS, ELECTED FROM CITIZENS OR

RESIDENTS OF THE UNITED STATES OF AMERICA, AND FOREIGN HONORARY MEMBERS,

ELECTED FROM CITIZENS OR RESIDENTS OF OTHER NATIONS. THE ACADEMY'S MEMBERS

ARE ORGANIZED IN VARIOUS CLASSES BASED ON THE ARTS, SCIENCES, AND

PROFESSIONS IN WHICH THESE MEMBERS ARE PROFICIENT.

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

FELLOWS IN GOOD STANDING MAY NOMINATE AND VOTE FOR OFFICERS, DIRECTORS, AND COUNCIL MEMBERS.

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

THE FORM 990 IS REVIEWED BY MEMBERS OF SENIOR STAFF, THE CHAIR OF THE BOARD, THE TREASURER AND THE AUDIT COMMITTEE. THE BOARD OF DIRECTORS IS PROVIDED, REVIEWS AND APPROVES THE FINAL FORM OF THE RETURN BEFORE FILING.

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

CONFLICT OF INTEREST STATEMENTS ARE UPDATED ANNUALLY BY THE BOARD, TRUSTEE,

AND PROJECT FELLOWS.

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

THE ACADEMY'S COMPENSATION COMMITTEE CONSISTS OF FIVE MEMBERS OF THE BOARD OF DIRECTORS INCLUDING THE CHAIR, THE TWO VICE CHAIRS AND THE TREASURER.

THE COMMITTEE MEETS ANNUALLY TO REVIEW AND DETERMINE THE SALARY OF THE PRESIDENT AND TO REVIEW THE SALARIES OF OTHER KEY EMPLOYEES. IN 2014, THE COMPENSATION COMMITTEE ENGAGED AN INDEPENDENT COMPENSATION CONSULTANT REGARDING THE REASONABLENESS OF THE PRESIDENT'S TOTAL COMPENSATION. IN 2015, THE ACADEMY ENGAGED A SECOND COMPENSATION CONSULTANT TO CONDUCT A SALARY ANALYSIS FOR THE TOP STAFF POSITIONS. MINUTES OF THE MEETINGS WERE

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization AMERICAN ACADEMY OF ARTS AND SCIENCES	Employer identification number 04-2103651
MAINTAINED AND REVIEWED BY THE BOARD OF DIRECTORS. THE	BOARD OF DIRECTORS
APPROVES THE RECOMMENDATIONS OF THE COMPENSATION COMMIT	TEE.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ACADEMY'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST	POLICY AND
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
EDITING:	
PROGRAM SERVICE EXPENSES	26,696.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	20,950.
TOTAL EXPENSES	47,646.
BUILDING AND GROUNDS REPAIRS AND MAINTENANCE:	
PROGRAM SERVICE EXPENSES	293,682.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	293,682.
SECURITY SERVICES:	
PROGRAM SERVICE EXPENSES	60,914.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	60,914.
PROGRAM CONSULTING:	
PROGRAM SERVICE EXPENSES 432212	855,256.
TOLE IL	

Name of the organization AMERICAN ACADEMY OF ARTS AND SCIENCES	Employer identification number 04-2103651
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	855,256.
AGENCY PLACEMENT:	
PROGRAM SERVICE EXPENSES	28,125.
MANAGEMENT AND GENERAL EXPENSES	7,944.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	36,069.
OTHER:	
PROGRAM SERVICE EXPENSES	109,746.
MANAGEMENT AND GENERAL EXPENSES	40,645.
FUNDRAISING EXPENSES	47,261.
TOTAL EXPENSES	197,652.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,491,219.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
INCREASE IN BENEFICIAL INTEREST IN PERPETUAL TRUST	339.
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT BEEN CHANGED FROM THE PRIOR YEAR.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

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

2014

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

AMERICAN ACADEMY OF ARTS AND SCIENCES

 $\begin{array}{c} \text{Employer identification number} \\ 0.4-2.103651 \end{array}$

Part I Identification of Disregarded Entities Complete	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.					
(a)	(b)	(c)	(d)	(e)		(f)		
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state o foreign country)	or Total inco	income End-of-year assets		ots Direct cor enti		9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations Complete if the organization a	inswered "Yes" on Form 990	, Part IV, line 34 b	ecause it had one o	or more rela	ated tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		conti	g) 512(b)(13) rolled tity?
-		, , , , , , , , , , , , , , , , , , , ,		501(c)(3))		•	Yes	No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec.	i) ction
Name, address, and EIN of related organization	Primary activity	(state or foreign country)		Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		(i) ction (b)(13) trolled tity?
				·				Yes	No
NORTON'S WOODS, INC 04-3388917			AMERICAN						
136 IRVING STREET			ACADEMY OF						
CAMBRIDGE, MA 02138	EVENT SERVICES	MA	ARTS AND	C CORP	238,061.		100.00%	X	
									<u> </u>
									<u> </u>

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

Yes No

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

b Gift, grant, or capital contribution to related organization(s)				1b		X
c Gift, grant, or capital contribution from related organization(s)				1c		X
d Loans or loan guarantees to or for related organization(s)				1d		X
e Loans or loan guarantees by related organization(s)				1e		X
f Dividends from related organization(s)				1f		X
g Sale of assets to related organization(s)				1 g		X
h Purchase of assets from related organization(s)				1h		X
i Exchange of assets with related organization(s)				1i		Х
j Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k Lease of facilities, equipment, or other assets from related organization(s)				1k		X
I Performance of services or membership or fundraising solicitations for related orga				11		X
m Performance of services or membership or fundraising solicitations by related orga				1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organizat				1n	Х	
Sharing of paid employees with related organization(s)				10		X
p Reimbursement paid to related organization(s) for expenses				1 p		X
q Reimbursement paid by related organization(s) for expenses				1q		X
r Other transfer of cash or property to related organization(s)				1r		<u> X</u>
s Other transfer of cash or property from related organization(s)				1 s		X
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete t	his line, including covered re	lationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	/olved		
(1) NORTON WOODS, INC.	N	730,576.F	AIR MARKET VALUE			
(2)						
(3)						
(4)						
(5)						
(6)						
132163 08-14-14	ı		Schedule	R (Forn	n 990\	2014
02.00			Conedule	. (. 0111	555)	_0 17

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are a partners 501(c) orgs.)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners	S Sec.	Share of	Share of	Disp	ropor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	or Percentage
of entity		(state or foreign	excluded from tax under	orgs.)(3) .?	total	end-of-year	alloca	tions?	of Schedule K-1	partne	ownership
		country)	sections 512-514)	Yes I		income	assets	Yes	No	(Form 1065)	Yes N	О
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Form 886	88 (Rev. 1-2014)					Page 2
• If you a	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check this	box	>	X
Note. On	ly complete Part II if you have already been granted an a	automatic	3-month extension on a previously fi	led Form	8868.	
• If you a	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I (on page 1).			
Part II				al (no co	ppies needed).	
	• •				ig number, see ins	tructions
Type or	Name of exempt organization or other filer, see instru	ıctions			identification numb	
print	Traine of exempt organization of ether mor, see more	.01.01.01		Linployer	a critino a crommania) (Lii i) (I
File by the	AMERICAN ACADEMY OF ARTS AND	D SCI	ENCES		04-210365	1
due date for	Number, street, and room or suite no. If a P.O. box, s			Social se	curity number (SSN	
filing your	136 IRVING STREET	ee manuc	dons.	Oociai se	curity riumber (551)	,
return. See instructions.	City, town or post office, state, and ZIP code. For a fe	oroian ada	Iross soo instructions			
	CAMBRIDGE, MA 02138	oreigir auc	iress, see iristructions.			
	CHIBRIDGE, IM 02150					
	D					0 1
Enter the	Return code for the return that this application is for (file	e a separa	ite application for each return)			. [0] 1
		12.	I			1
Applicati	on	Return	Application			Return
Is For		Code	Is For			Code
Form 990	or Form 990-EZ	01				
Form 990)-BL	02	Form 1041-A			08
Form 472	20 (individual)	03	Form 4720 (other than individual)			09
Form 990)-PF	04	Form 5227			10
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	0-T (trust other than above)	06	Form 8870			12
STOP! D	o not complete Part II if you were not already granted	d an autor	natic 3-month extension on a prev	iously file	d Form 8868.	
	AMERICAN ACADEI	MY OF	ARTS AND SCIENCES			
• The bo	poks are in the care of ▶ 136 IRVING STR	EET -	CAMBRIDGE, MA 021	38		
Teleph	none No. ► 617-576-5000		Fax No. ▶			
-	organization does not have an office or place of business	s in the Ur	nited States, check this box			
	is for a Group Return, enter the organization's four digit					heck this
box ▶ [. If it is for part of the group, check this box	7				
			ARY 15, 2016			
	calendar year, or other tax year beginning			MAR	31, 2015	
	ne tax year entered in line 5 is for less than 12 months, or			Final r		
Ŭ <u></u>	Change in accounting period	nicon read	on maarotam		otarri	
7 Sta	tte in detail why you need the extension					
	FORMATION NEEDED TO FILE A 1	RETITE	N TS NOT VET AVAIL	ARLE.		
	VIOLULII ON MUDDED TO TIBE IT		N ID NOT THE TIVITED	•		
	nis application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any			•
	nrefundable credits. See instructions.			8a	\$	0.
b If th	nis application is for Forms 990-PF, 990-T, 4720, or 6069), enter an	y refundable credits and estimated			
tax	payments made. Include any prior year overpayment al	lowed as a	a credit and any amount paid			_
pre	eviously with Form 8868.			8b	\$	0.
c Bal	lance due. Subtract line 8b from line 8a. Include your pa	ayment wit	th this form, if required, by using			
EF	TPS (Electronic Federal Tax Payment System). See instru	uctions.		8c	\$	0.
	Signature and Verificat	ion mu	st be completed for Part II c	nly.		
Under pen	alties of perjury, I declare that I have examined this form, includ	ling accomp	panying schedules and statements, and to	the best o	f my knowledge and b	elief,
it is true, c	orrect, and complete, and that I am authorized to prepare this fo	orm.			-	
Signature	► Title ► C	CHIEF	OPERATING OFFICER	Date	>	
	<u> </u>			_		