#### CHANGE OF ACCOUNTING PERIOD

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

Α	For the	2014 calendar year, or tax year beginning $APR~1$ , $2015$ and ending	ng J	UN 30, 2015					
В	Check if applicable	C Name of organization		D Employer identifi	cation number				
	Addres	AMERICAN ACADEMY OF ARTS AND SCIENCES		0.4.0	102651				
Ļ	Name change				103651				
L	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address)  136 IRVING STREET	n/suite	617-576-5000					
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	7,578,070.				
	Ameno	CAMBRIDGE, MA 02138		H(a) Is this a group re					
	Applic	F Name and address of principal officer: ITATURE TROBERDOR		for subordinates					
	pendir	SAME AS C ABOVE		<b>H(b)</b> Are all subordinates i					
1	Tax-exe	empt status: X 501(c)(3) 501(c) ( ) ( (insert no.) 4947(a)(1) or	527	•	list. (see instructions)				
		e: ▶ WWW.AMACAD.ORG		H(c) Group exemption					
			_ Year o	of formation: 1780	M State of legal domicile: MA				
P	art I	Summary	DTO	ANT ACADEMS	OE ADMC AND				
ė	1	Briefly describe the organization's mission or most significant activities: THE AME	CEN	AN ACADEMY	OF AKIS AND				
Governance	.	SCIENCES IS AN INDEPENDENT POLICY RESEARCH							
ēr	2	Check this box  if the organization discontinued its operations or disposed of			ssets.				
ģ	3	Number of voting members of the governing body (Part VI, line 1a)			12				
જ	4	Number of independent voting members of the governing body (Part VI, line 1b)			47				
Activities &	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)  Total number of volunteers (estimate if necessary)			650				
ξi	7.	Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C), line 12			0.				
¥	l 'a	Net unrelated business taxable income from Form 990-T, line 34			0.				
	+ -	Net differenced business taxable moonic from 1 cm 1000 1, iiii 001	<u> </u>	Prior Year	Current Year				
•	8	Contributions and grants (Part VIII, line 1h)		8,565,038.	7,043,866.				
ne	9	Program service revenue (Part VIII, line 2g)	ı	936,654.	183,630.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,527,773.	350,574.				
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11,029,465.	7,578,070.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	81,000.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,767,585.	1,244,484.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
ğ	b	Total fundraising expenses (Part IX, column (D), line 25) 248,475.			4 040 FEC				
Ш	1/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,901,011.	1,012,576.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	.	9,668,596.	2,338,060.				
- (		Revenue less expenses. Subtract line 18 from line 12		1,360,869.	5,240,010.				
ets or	3			ginning of Current Year	End of Year 79,705,071.				
Sse	20	Total assets (Part X, line 16)		74,617,564. 3,390,108.	3,355,164.				
Net Asse	21	Total liabilities (Part X, line 26)		$\frac{3,390,100.}{71,227,456.}$	76,349,907.				
		Net assets or fund balances. Subtract line 21 from line 20	<u> </u>	11,221,450.	70731373071				
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and	stateme	ents, and to the best of m	y knowledge and belief, it is				
tru	onrren	t, and complete. Declaration of preparer (other than officer) is based on all information of which pr	reparer	has any knowledge.	, ,				
	5, 001100	A Lach Collins		2/11/	2016				
Sig	ın	Signature of officer		Date					
He		MARK ROBINSON, CHIEF OPERATING OFFICER							
Type or print name and title									
		Print/Type preparer's name Preparer's signature		ate Check	PTIN				
Pai	id	DAVID J. KELLEHER, CPA DAVID J. KELLEHER,	C 0	2/06/16 if self-employ	<sub>/ed</sub> P01059560				
Pre	parer	Firm's name ALEXANDER, ARONSON, FINNING & CO.,	Ρ.		04-2571780				
Us	Only	Firm's address 21 EAST MAIN STREET							
_		WESTBORO, MA 01581		Phone no.50	8-366-9100				
Ma	v the If	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				

Pai	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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 892,991 • including grants of \$ 81,000 • ) (Revenue \$)
	ACADEMY PROJECTS AND STUDIES - CONSISTS OF STUDIES AND OTHER ACADEMIC
	ENDEAVORS FUNDED FROM INTERNAL AND EXTERNAL SOURCES.
4b	(Code: ) (Expenses \$ 456,107. including grants of \$ ) (Revenue \$ 35,772.)
	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.
	250 747
4c	(Code: ) (Expenses \$ 259,747. including grants of \$ ) (Revenue \$ 143,761.)
	HOUSE AND CONFERENCE SERVICES - INCLUDES MAINTENANCE OF THE ACADEMY'S MAIN FACILITY AS WELL AS USE OF THE FACILITY FOR FUNCTIONS.
	MAIN FACILITI AS WELL AS USE OF THE FACILITY FOR FUNCTIONS.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 254, 207 • including grants of \$ ) (Revenue \$ 4,097 •)
4e	Total program service expenses ► 1,863,052.
	= 000 (act t)

## 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 O 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		X
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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? 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		Х
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а		28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a		35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

### 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					
~	<b>Note.</b> 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						
		35						
<del>-</del> a	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?							
h	If "Yes," enter the name of the foreign country:	4a		Х				
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?	<b>5</b> C						
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-		Х				
<b>L</b>	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).	7a		Х				
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?							
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7c		Х				
	to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year							
	,	7e		Х				
_	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?							
Ť	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X				
		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						
	<b>Note.</b> 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			21
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 0.			
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		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	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
<u>Sec</u>	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	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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	Х	
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			77
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
0	exempt status with respect to such arrangements?	16b		
	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	ıvaılab	ie	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Upon req			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	I 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			

### 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)	nor any related organization compensa						(D)	(E)	(F)
Name and Title	Average	Position (do not check more			than		Reportable	Reportable	Estimated amount of other	
	hours per week	box offi	box, unless person is both an officer and a director/trustee)				h an tee)	compensation from		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JERROLD MEINWALD	1.00									_
SECRETARY		Х		Х				0.	0.	0
(2) DON M. RANDEL	1.00	ļ								
CHAIR OF THE BOARD	1 00	Х		Х				0.	0.	0
(3) DIANE P. WOOD	1.00	ļ ,,		,,					0	•
VICE CHAIR OF BOARD	1.00	Х		Х				0.	0.	0
(4) ALAN M. DACHS VICE CHAIR OF BOARD	1.00	x		х				0.	0.	0
(5) CARL H. PFORZHEIMER III	1.00	^		^				0.	0.	0
TREASURER	1.00	x		х				0.	0.	0
(6) NANCY ANDREWS	1.00							0.	•	
MEMBER		X						0.	0.	0
(7) NANNERL O. KEOHANE	1.00									
MEMBER		Х						0.	0.	0
(8) VENKATESH NARAYANAMURTI	1.00									
MEMBER		Х						0.	0.	0
(9) PAULINE YU	1.00								_	_
MEMBER		Х						0.	0.	0
(10) LOUISE H. BRYSON	1.00	ļ								
MEMBER	1 00	Х						0.	0.	0
(11) IRA KATZNELSON	1.00	ļ ,,							0	•
MEMBER	40.00	Х						0.	0.	0
(12) JONATHAN FANTON	0.10	x		х				0.	0.	0
PRESIDENT (13) DAVID FROHNMAYER	1.00	^		^				0.	0.	0
MEMBER	1.00	X						0.	0.	0
MEMBER		^						0.	0.	0
		1								
		1								
		Ì								
					<u> </u>					

Form **990** (2014)

Page 8

Section A. Officers, Directors, Trus	stees, Key Em	ploy	<u>rees</u>	, and	a Hi	gne	st C	ompensated Employe	es (continuea)				
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related	on	an	(F) stimate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer	the organization (W-2/1099-MISC)	organizatior (W-2/1099-MI		fr org and	pensa om the anizati d relate anizatio	e ion ed
	,	트	띡	Ю	- Ke	王占	2						
		<del>                                     </del>											
		_											
1b Sub-total c Total from continuation sheets to Part V							<b>▶</b>	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	0.		0.			0.
<ul> <li>Total number of individuals (including but a compensation from the organization</li> </ul>	not limited to th	nose	liste	ed al	bove	e) wł	no re	eceived more than \$100	0,000 of reportab	ole			C
3 Did the organization list any former officer	, director, or tr	uste	e, ke	y en	nplo	yee.	, or l	highest compensated e	mployee on	!		Yes	No
line 1a? If "Yes," complete Schedule J for s  4 For any individual listed on line 1a, is the s								her compensation from			3		Х
and related organizations greater than \$15	60,000? <i>If</i> "Yes,	," co	mple	ete S	Sche	edule	e J f	or such individual			4		X
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con							elate	ed organization or indiv	idual for services	3	5		Х
Section B. Independent Contractors		_							<b>4100 000 1</b>		<u></u>		
Complete this table for your five highest country     the organization. Report compensation for	=	-								npens	ation	rom	
(A) Name and business	s address	NC	INC	3				(B) Description of s	services	С	Ompe		n
<ul><li>Total number of independent contractors ( \$100,000 of compensation from the organ</li></ul>		ıot lir	mite	d to		se lis 0	sted	l above) who received n	nore than				

AMERICAN ACADEMY OF ARTS AND SCIENCES 04-2103651 Page 9 Form 990 (2014) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Related or Total revenue Unrelated from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 568,300. **b** Membership dues ..... 1b c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above  $\frac{1}{1}$  [6, 475, 566. g Noncash contributions included in lines 1a-1f: \$ 7,043,866. h Total. Add lines 1a-1f ..... Business Code 900099 143,762. 143,762. 2 a NORTON WOODS FEES Program Service Revenue 39,868. 511120 b SALES PUBLICATION 39,868. С f All other program service revenue 183,630. g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 350,574. 350,574. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ...... c Rental income or (loss) d Net rental income or (loss) . 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a Other b Less: direct expenses \_\_\_\_\_ b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances \_\_\_\_\_a **b** Less: cost of goods sold ..... **c** Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b

7,578,070.

183,630.

d All other revenue

**Total revenue.** See instructions.

e Total. Add lines 11a-11d

#### 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 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 81,000. 81,000. 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, 135,120. 67,560. 54,048. 13,512. 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) 890,458. 666,862. 66,112. 157,484. Other salaries and wages 7 Pension plan accruals and contributions (include 72,309 42,215. 10,403. 19,691. section 401(k) and 403(b) employer contributions) 104,238. 9,651. 94,039. 548. Other employee benefits 9 10,897. 42,359. 18,481. 12,981. Payroll taxes 10 Fees for services (non-employees): 11 a Management 820. 820. Legal 19,098. 19,098. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other, (If line 11g amount exceeds 10% of line 25, 260,519 245,844. 7,725. 6,950. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 156,163. 117,505. 29,713. 8,945. 13 Office expenses 41,827. 37,264. 4,500. 63. Information technology 14 15 Royalties 14,503. 14,503. 16 Occupancy 141,330. 129,598. 3,982. 7,750. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 196,200. 186,267. 4,871. 5,062. Conferences, conventions, and meetings 19 13,215. 13,215. Interest 20 21 Payments to affiliates ..... 103,964. 103,964. Depreciation, depletion, and amortization ..... 22 19,366. 6,968. 12,398. 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.) '..... 17,467. 17,467. FEES AND HONORARIA 14,567. 14,567. SPACE RENTAL OTHER 13,537. 5,733. 5,855. 1,949. С d All other expenses е 2,338,060. 1,863,052. 226,533. 248,475. 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 educational campaign and fundraising solicitation.

Check here

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

## Form 990 (2014) Part X | Balance Sheet

· u	ιΛ	balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			<u></u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	147,561.	1	122,200.
	2	Savings and temporary cash investments	10,943,307.	2	10,346,816.
	3	Pledges and grants receivable, net	1,785,222.	3	7,045,136.
	4	Accounts receivable, net	70,547.	4	20,270.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use	7,700.	8	8,606.
	9	Prepaid expenses and deferred charges	147,933.	9	182,822.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 16,339,705.			
	b	Less: accumulated depreciation 10b 7,048,579.	9,169,221.	10c	9,291,126.
	11	Investments - publicly traded securities	40,150,530.	11	40,405,195.
	12	Investments - other securities. See Part IV, line 11	2,896,480.	12	2,882,288.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	9,299,063.	15	9,400,612.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	74,617,564.	16	79,705,071.
	17	Accounts payable and accrued expenses	420,925.	17	482,051.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
jab		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties	2,969,183.	23	2,873,113.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	2 200 100	25	2 255 464
	26	Total liabilities. Add lines 17 through 25	3,390,108.	26	3,355,164.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Ses		complete lines 27 through 29, and lines 33 and 34.	00 040 221		25 105 247
au	27	Unrestricted net assets	29,248,331.	27	25,105,247.
Bal	28	Temporarily restricted net assets	10,587,737.	28	15,150,237.
Fund Balances	29	Permanently restricted net assets	31,391,388.	29	36,094,423.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
Š		and complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds	71 227 456	32	76 240 007
~	33	Total net assets or fund balances	71,227,456.	33	76,349,907.
	34	Total liabilities and net assets/fund balances	74,617,564.	34	79,705,071.

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	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	1 2	7,57	8,0	60.			
3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
5	Net unrealized gains (losses) on investments 5							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<4	7,2	03.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	76,34	9,9	07.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
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	0		Yes	No			
2a			2a		Х			
20	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							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat							
С	consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?		. 3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b					

#### **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 <b>sectio</b>	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	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit describ	ped in			
_		section 170(b)(1)(A)(iv). (C		,	•	, 3					
6			-	nental unit described in	section 17	70(b)(1)(A)	(v).				
	X	☐ A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b> ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
•		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8		A community trust 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.)

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5,916,042.	9,600,193.	7,948,754.	8,565,038.	7,043,866.	39,073,893.
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	5,916,042.	9,600,193.	7,948,754.	8,565,038.	7,043,866.	39,073,893.
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)						12,936,140.
	Public support. Subtract line 5 from line 4.						26,137,753.
	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·					
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	5,916,042.	9,600,193.	7,948,754.	8,565,038.	7,043,866.	39,073,893.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	1 160 005	021 620	1 000 100	1 425 400	102 620	4 000 606
_	and income from similar sources	1,169,827.	931,629.	1,098,132.	1,437,408.	183,630.	4,820,626.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.)						43,894,519.
	Total support. Add lines 7 through 10	ete (eee inetweetis	200)			12 3	,704,898.
	Gross receipts from related activities, First five years. If the Form 990 is for			d fourth or fifth to			, 104,0501
13	organization, check this box and stop	· ·	inst, second, triir	a, rourtir, or mitrical	x year as a section	1 30 1(0)(3)	ightharpoonup
Sec	ction C. Computation of Publ		rcentage				
	Public support percentage for 2014 (I			olumn (f))		14	59.55 %
	Public support percentage from 2013					15	67.38 %
	33 1/3% support test - 2014. If the o					-	
	stop here. The organization qualifies	•		,		,	
b	33 1/3% support test - 2013. If the o						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ū					•
	meets the "facts-and-circumstances"			=	=	-	
b	10% -facts-and-circumstances tes						
_	more, and if the organization meets the	ū				•	
	organization meets the "facts-and-circ				-		<b>&gt;</b>
18	<b>Private foundation.</b> If the organizatio		•	•			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	now, produce com	proto r ure m.,				
	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</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						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🖊	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi:	zation,
	check this box and stop here						<b>_</b>
	ction C. Computation of Publi					1 1	
	Public support percentage for 2014 (li					15	<u>%</u>
	Public support percentage from 2013					16	<u>%</u>
	ction D. Computation of Inves					14-1	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18   22.1/20/ and line:	% 17 is not
198	a 33 1/3% support tests - 2014. If the						
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2013. If the	•			•	•	
20	line 18 is not more than 33 1/3%, che <b>Private foundation.</b> If the organization						······· <b>[</b>

#### 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 <b>Par</b>	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 <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	<del></del>	
	(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

Part			nental Infor										Juline 12.
			lete this part fo						,	,			
PAR'	r II,	SHC	RT YEAR	EXPL	ANATI	ON:							
THE	ACADI	EMY	CHANGED	YEAR	ENDS	DURING	FISCAL	YEAR	2015	FROM	MARCH	31	TO
JUN	E 30.												

#### **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	t 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		ed 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		
	impermissible private benefit?	, , , , ,	
Pa	t II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization	<del>-</del>	,
_	Preservation of land for public use (e.g., recreation or e	` <u> </u>	rically important land area
	Protection of natural habitat	Preservation of a certifi	
	Preservation of open space	, , , , , , , , , , , , , , , , ,	
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form o	f a conservation easement on the last
_	day of the tax year.	ned deficer valient definition in the form o	Ta donder varion eacoment on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			2.
c	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
u	( / 1	•	2d
3	listed in the National Register		
3	year	neased, extinguished, or terminated by the	organization during the tax
4	Number of states where property subject to conservation ea	soment is located	
_			
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		— —
6			
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	-	
	include, if applicable, the text of the footnote to the organizar	tion's financial statements that describes tr	ne organization's accounting for
Da	conservation easements.  † III   Organizations Maintaining Collections o	f Art Historical Treasures or Otl	har Similar Assats
ı u	Complete if the organization answered "Yes" to Form		ner ommur Assets.
12	If the organization elected, as permitted under SFAS 116 (AS	· · · · · · · · · · · · · · · · · · ·	ont and balance shoot works of art
ıa	historical treasures, or other similar assets held for public ext		
			ce of public service, provide, in Part Alli,
	the text of the footnote to its financial statements that described a promitted under SEAS 110 (AS		
D	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, en	uucation, or research in furtherance of publ	lic service, provide trie following amounts
	relating to these items:		<b>•</b> •
	(i) Revenue included in Form 990, Part VIII, line 1		
_			
2	If the organization received or held works of art, historical tre		gain, provide
	the following amounts required to be reported under SFAS 1		<b>.</b>
a	Revenue included in Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		<b>▶</b> \$

Pai	t III Organizations Maintaining C	collections of A	rt, Historical Tr	easures, or Otl	ner Sir	nilar Asse	t <b>s</b> (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that are a	significa	ant use of its	collection	items
	(check all that apply):							
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	е	Other					
С	X Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further t	ne organization's ex	kempt pi	ırpose in Par	t XIII.	
5	During the year, did the organization solicit of						_	
_	to be sold to raise funds rather than to be ma						Yes	X No
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Par	-	ete if the organizatio	n answered "Yes" t	o Form !	990, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod						Yes	□ No
h	on Form 990, Part X?						⊥ res	□ NO
ь	ii res, explain the arrangement in Part Alli	and complete the to	nowing table.				Amount	
^	Reginning halance				1		Amount	
	Beginning balance Additions during the year					d		
	Distributions during the year							
f	Ending balance				·····   ·			
	Did the organization include an amount on F					·	Yes	□ No
	If "Yes," explain the arrangement in Part XIII.				•	······		
Pai								
	·	(a) Current year	(b) Prior year	(c) Two years back	-	ee years back	(e) Four	years back
1a	Beginning of year balance	37,696,888.	38,176,157.	34,479,274		1,511,693.	34,	682,364.
	<b>b</b> Contributions 5,051,000. 118,970. 2,139,000. 3,215,000. 150,00							
	Net investment earnings, gains, and losses	376,783.	1,507,134.	3,230,262		1,820,789.	<1,	147,091.
	Grants or scholarships							
	Other expenditures for facilities							
	and programs	526,343.	2,105,373.	1,672,379	.  :	2,068,208.	2,	173,580.
f	Administrative expenses							
	End of year balance	42,598,328.	37,696,888.	38,176,157	. 3	4,479,274.	31,	511,693.
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a	a)) held as:				
а	Board designated or quasi-endowment	10.10	_%					
	Permanent endowment ► 77.89	%	_					
С	Temporarily restricted endowment ▶ 1	2.01 <sub>%</sub>						
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%.						
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered for	the org	anization	_	
	by:							Yes No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations							X
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Pai	t VI Land, Buildings, and Equipm							
	Complete if the organization answere							
	Description of property	(a) Cost or o basis (investr		' '	Accumu epreciat	I .	(d) Book	value
1a	Land						•	
	Buildings		13,15	9,496. 4	,770,	221.	8,389	,275.
С	Leasehold improvements				<u> </u>			
d	Equipment		3,18	0,209. 2	, 278	358.	901	.,851.
	Other						0 001	100
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0c.)		<b></b>	_	,126.
						Cobodule	II /Earm	990) 2014

Part VII	Investments - Other Securities.

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		line 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
<u>(4)</u> (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		line 11d. See Form 990, Part X, line 15.	1
DDEDATE TAME TEACH	Description		(b) Book value
(1) PREPAID LAND LEASE (2) DUE FROM AFFILIATE			502,357.
(-)	RPETUAL TRU	rem	5,936,650. 2,917,651.
(-7	KFETOAL IKO	51	43,954.
(5) (5) (5)			43,334.
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		9,400,612.
Part X Other Liabilities.			
Complete if the organization answered "Yes"	to Form 990, Part IV, I		5.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)		
2. Liability for uncertain tax positions. In Part XIII. provide	•	te to the organization's financial statement	s that reports the

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

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. THE ACADEMY HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUALIFY FOR

#### 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** 

AMERICAN						04-210365	
Part I Ge	eneral Info	rmation on A	ctivities Ou	tside the United States. Comple	ete if the organ	ization answered "	Yes" on
For	rm 990, Part I\	/, line 14b.					
				ds to substantiate the amount of its gr			
the grante	ees' eligibility fo	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assi	stance?	Yes  No
		ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and of	ther assistance out	side the
United Sta							
				an be duplicated if additional space is			
<b>(a)</b> Re	gion	(b) Number of	employees	(d) Activities conducted in region		vity listed in (d)	(f) Total expenditures
		offices in the region	agents, and independent	(by type) (e.g., fundraising, program services, investments, grants to		gram service, specific type	for and
		In the region	contractors	recipients located in the region)		ce(s) in region	investments
			in region	i i i i i i i i i i i i i i i i i i i	0.00		in region
GENTER 11 11/ER							
CENTRAL AMER			_	TANKERGEMENTING			2 526 002
THE CARIBBEA	N.	0	0	INVESTMENTS			2,536,082.
							1
							<del> </del>
							<del>                                     </del>
3 a Sub-total		0	0				2,536,082.
	continuation						
	Part I	0	0				0.
c Totals (ad							<u> </u>
		0	0				2,536,082.

			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	the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter  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

AMERICAN	ACADEMY C	F ARTS AND	SCIENCES				04-2103651
Part I General Information on Grants a	and Assistance						
1 Does the organization maintain records							
criteria used to award the grants or assi	stance?						X Yes No
2 Describe in Part IV the organization's pr							
Part II Grants and Other Assistance to	_				anization answered "	Yes" to Form 990, Part IV	, line 21, for any
recipient that received more than			· ·	1	(f) Method of	<del> </del>	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) a  Enter total number of other organization			he line 1 table				<b>_</b>

(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
INDEPENDENT STUDY GRANTS	6	81 000	0.		
		, , , , , ,		(e) Method of valuation (book, FMV, appraisal, other)  additional information.  VIDES  CTORAL  HEADQUARTERS  SORED	
		recipients cash grant cash assistance (book, FMV, appraisal, other 6 81,000. 0.  6 81,000. 0.  6 81,000. 0.  ISITING SCHOLAR PROGRAM PROVIDES  FACULTY MEMBERS AND POSTDOCTORAL  IAL SCIENCES. HOUSED AT THE HEADQUARTERS  PARTICIPATE IN ACADEMY-SPONSORED			
	mation. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.  RTS AND SCIENCES VISITING SCHOLAR PROGRAM PROVIDES OWSHIPS FOR JUNIOR FACULTY MEMBERS AND POSTDOCTORAL HUMANITIES AND SOCIAL SCIENCES. HOUSED AT THE HEADQUARTERS VISITING SCHOLARS PARTICIPATE IN ACADEMY-SPONSORED INARS, AND INFORMAL GATHERING WHILE ADVANCING THEIR				
Part IV Supplemental Information. Provide the information	required in Part I, lir	ne 2, Part III, columr	n (b), and any other a	dditional information.	
PART I, LINE 2:					
THE ACADEMY OF ARTS AND SCIENCES	VISITING	SCHOLAR PF	ROGRAM PROV	IDES	
RESIDENTIAL FELLOWSHIPS FOR JUNI	OR FACULTY	MEMBERS A	AND POSTDOC	TORAL	
SCHOLARS IN THE HUMANITIES AND S	plemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.  LINE 2:  EMY OF ARTS AND SCIENCES VISITING SCHOLAR PROGRAM PROVIDES  IAL FELLOWSHIPS FOR JUNIOR FACULTY MEMBERS AND POSTDOCTORAL  IN THE HUMANITIES AND SOCIAL SCIENCES. HOUSED AT THE HEADQUARTERS				
OF THE ACADEMY, VISITING SCHOLAR	S PARTICIP	ATE IN ACA	ADEMY-SPONS	ORED	
CONFERENCES, SEMINARS, AND INFOR	MAL GATHER	ING WHILE	ADVANCING	THEIR	
SCHOLARLY RESEARCH.					

#### 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 S	EE PART VI			1D (F)	CONTI	NUATIONS	3			103	<del></del>		
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	d (e) Issu	e price	(f) Descript	ion of purpose	(g) De	efeased	(h) On of is		(i) Po	
									Yes	No	Yes	No	Yes	No
	SSACHUSETTS HEALTH AN						REFINANC							
A ED	UCATIONAL FACILITIES	04-2456011	57586ELD1	08/01/09	3,374	<u>,212.</u>	PRE-EXIS	STING TA	X	X		Х	X	_
В														
С														<u></u>
D	_													L
Part II	Proceeds													
				<u> </u>	06,070.		В	С				D		
	mount of bonds retired			•••	96,070.									
	mount of bonds legally defeased									-				
	otal proceeds of issue				13,433.					_				
	ross proceeds in reserve funds				13,433.					_				
	apitalized interest from proceeds									-				
_	roceeds in refunding escrows									-				
	suance costs from proceeds									-				
	redit enhancement from proceeds													
	orking capital expenditures from proceeds									-				
	apital expenditures from proceedsther spent proceeds									-				
_	ther unspent proceeds									-				
	ear of substantial completion				2009					_				
10 10	ear or substantial completion			Yes	No	Yes	No	Yes	No		Yes	$\neg \vdash$	No	
14 W	ere the bonds issued as part of a current r	efunding issue?			110	100	110	1.00	140		100	+	110	
	ere the bonds issued as part of an advance				X							$\dashv$		
	as the final allocation of proceeds been ma											$\neg$		
	pes the organization maintain adequate books and record											$\top$		
	Private Business Use			•			•	<u>.                                      </u>						
	_				١		В	С				D		
1 W	as the organization a partner in a partners	hip, or a member of ar	ı LLC,	Yes	No	Yes	No	Yes	No		Yes	$\top$	No	
	hich owned property financed by tax-exem	•			X									
	re there any lease arrangements that may i													
bo	ond-financed property?				X									

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?								
а	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	E	3		С	Г	D
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
<b>b</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			•		•			
	-	<u> </u>	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

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Open to Public

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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.

**REVENUE \$ 4,097.** EXPENSES \$ 178,021. INCLUDING GRANTS OF \$ 0.

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

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

REVENUE \$ 0. EXPENSES \$ 76,186. INCLUDING GRANTS OF \$ 0.

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

Name of the organization  AMERICAN ACADEMY OF ARTS AND SCIENCES	Employer identification number 04-2103651
MAINTAINED AND REVIEWED BY THE BOARD OF DIRECTORS. THE B	OARD OF DIRECTORS
APPROVES THE RECOMMENDATIONS OF THE COMPENSATION COMMITTE	E.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ACADEMY'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST P	OLICY AND
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
EDITING:	
PROGRAM SERVICE EXPENSES	1,991.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,991.
BUILDING AND GROUNDS REPAIRS AND MAINTENANCE:	
PROGRAM SERVICE EXPENSES	56,327.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	56,327.
SECURITY SERVICES:	
PROGRAM SERVICE EXPENSES	15,405.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	15,405.
PROGRAM CONSULTING:	
PROGRAM SERVICE EXPENSES	109,840.

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	109,840.
AGENCY PLACEMENT:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	7,214.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7,214.
OTHER:	
PROGRAM SERVICE EXPENSES	62,281.
MANAGEMENT AND GENERAL EXPENSES	511.
FUNDRAISING EXPENSES	6,950.
TOTAL EXPENSES	69,742.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	260,519.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
INCREASE IN BENEFICIAL INTEREST IN PERPETUAL TRUST	-47,203.
FORM 990, PART XII, LINE 2C:	
THE PROCESS DID NOT CHANGE DURING THE 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	me End-of-year	assets		ontrolling ntity	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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Direct o	(f) controlling ntity	conti	<b>g)</b> 512(b)(13) rolled tity?
-		, , , , , , , , , , , , , , , , , , , ,		501(c)(3))		•	Yes	No

Page 2

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. Part III

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop alloca	ortionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managir	(k) Percentage ownership

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	Legal domicile (state or foreign country)	Direct controlling entity	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	52,298.		100.00%	X	
	]								
	]								
									<u> </u>
	]								
	]								
									<u> </u>

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

Yes No

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

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

<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b		_X_
c Gift, grant, or capital contribution from related organization(s)				1c		X
d Loans or loan guarantees to or for related organization(s)				1d		X
e Loans or loan guarantees by related organization(s)				1e		X
f Dividends from related organization(s)				1f		X
g Sale of assets to related organization(s)				1g		Х
h Purchase of assets from related organization(s)				1h		X
i Exchange of assets with related organization(s)				1i		X
j Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k Lease of facilities, equipment, or other assets from related organization(s)						X
I Performance of services or membership or fundraising solicitations for related organizations						Х
m Performance of services or membership or fundraising solicitations by related orga	anization(s)			1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organizate	tion(s)			1n	Х	
Sharing of paid employees with related organization(s)				10		X
<b>p</b> Reimbursement paid to related organization(s) for expenses						X
q Reimbursement paid by related organization(s) for expenses				1q		X
r Other transfer of cash or property to related organization(s)				1r		X
s Other transfer of cash or property from related organization(s)				1s		X
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete t	his line, including covered re	elationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved		
(1) NORTON WOODS, INC.	N	143,761.	FAIR MARKET VALUE			
(2)						
(3)						
(~)						
(4)						
(5)						
(5)						
(6)					000	00::
H32163 08-14-14			Schedule	н (Forn	n 990)	2014

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- nate	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	o
	1											
	1											
	1											
	1											
	-											
				$\vdash$				$\vdash$	$\vdash$	-	$\vdash$	+
	-											
	-											
				$\sqcup$							$\sqcup$	
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				$\sqcup$								
	1											
	•		•					•		•		000\ 0044

#### Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 ·

OMB No. 1545-1709

	u are filing for an Automatic 3-Month Extension, comple				<b>&gt;</b>	X	
,	u are filing for an <b>Additional (Not Automatic) 3-Month Ex</b>	,		,			
	complete Part II unless you have already been granted a						
	<b>onic filing <sub>(e-file)</sub> .</b> You can electronically file Form 8868 if y						
require	ed to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically fi	e Form 88	368 to request an ex	xtension	
of time	to file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for T	ransfers A	Associated With Ce	rtain	
Persor	nal Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details o	n the elec	tronic filing of this f	orm,	
visit w	ww.irs.gov/efile and click on e-file for Charities & Nonprofits						
Part	Automatic 3-Month Extension of Time	. Only s	submit original (no copies nee	eded).			
A corp	oration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and o	complete			
Part I	only				<b>&gt;</b>		
All oth	er corporations (including 1120-C filers), partnerships, REM	ICs, and t	rusts must use Form 7004 to reques	t an exten	sion of time		
to file income tax returns.				Enter filer's identifying number			
Type o	Name of exempt organization or other filer, see instru	ctions.	En		mployer identification number (EIN) or		
print							
File by th	AMERICAN ACADEMY OF ARTS AND SCIENCES				04-2103651		
due date	te for Number, street, and room or suite no. If a P.O. box, see instructions.			Social se	ocial security number (SSN)		
return. Si instruction	ee						
	CAMBRIDGE, MA 02138						
	0.2.3						
Enter t	he Return code for the return that this application is for (file	a senara	te application for each return)			0 1	
LITTOI	The recurred de lor the return that this application is for this	a separa	te application for each return,			ــــــــــــــــــــــــــــــــــــــ	
Application			Application			Return	
Is For		Return Code	Is For			Code	
Form 990 or Form 990-EZ		01	Form 990-T (corporation)			07	
Form 990-BL		02	Form 1041-A			08	
Form 4720 (individual)		03	Form 4720 (other than individual)			09	
Form 990-PF		03	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11	
						<del>                                     </del>	
Form 990-T (trust other than above)   06   Form 8870   12  AMERICAN ACADEMY OF ARTS AND SCIENCES						12	
■ The	books are in the care of  136 IRVING STRI			3.8			
	ephone No. ► 617 – 576 – 5000						
If the organization does not have an office or place of business in the United States, check this box  If this is face Crown Potum, extent the organization of our digit Crown Eventual Number (CEN)  If this is face the organization of the organiz							
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box $\blacktriangleright$ If it is for part of the group, check this box $\blacktriangleright$ and attach a list with the names and EINs of all members the extension is for.							
box •					ers the extension is	TOr.	
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2016, to file the exempt organization return for the organization named above. The extension							
-							
	is for the organization's return for:						
ļ	►						
ļ	► X tax year beginning APR 1, 2015	, an	d ending UUN 30, 2013		_·		
				<b>-</b> . , .			
2	2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return						
X Change in accounting period							
					_	^	
-	nonrefundable credits. See instructions.			3a	\$	0.	
	this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and				_	^	
-	estimated tax payments made. Include any prior year overp			3b	\$	0.	
	Balance due. Subtract line 3b from line 3a. Include your pa				_	^	
	by using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.	
Cautio	on. If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8	453-EO ar	nd Form 8879-EO fo	r payment	

instructions.