EXTENDED TO MAY 15, 2018

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

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

ΑI	For the	• 2016 calendar year, or tax year beginning JUL L, 2016 and	ل ending	UN 30, 2017				
В	Check if applicable	C Name of organization		D Employer identifi	cation number			
	Addres	AMERICAN ACADEMY OF ARTS AND SCIENCES						
	Name change	Doing business as		04-2	103651			
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 136 IRVING STREET	Room/suite	E Telephone numbe	r 576-5000			
	termin- ated			G Gross receipts \$	30,438,854.			
	Ameno return	CAMBRIDGE, MA 02130		H(a) Is this a group r	eturn			
	Application			for subordinates? Yes X No				
	pendin	SAME AS C ABOVE	H(b) Are all subordinates in	ncluded? Yes No				
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) o	or 527	1	list. (see instructions)			
		e: NWW.AMACAD.ORG		H(c) Group exemption				
	orm of art I	organization: X Corporation	L Year	of formation: 1780	M State of legal domicile: MA			
	1	Briefly describe the organization's mission or most significant activities: $ { m THE} $	AMERIC	AN ACADEMY	OF ARTS AND			
Governance	'	SCIENCES IS AN INDEPENDENT POLICY RESEARC						
'n	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets.			
Ş.	3	Number of voting members of the governing body (Part VI, line 1a)		3	17			
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			16			
δ S	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	61			
Ϋ́È	6	Total number of volunteers (estimate if necessary)		6	700			
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	8,790.			
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	7,790.			
				Prior Year	Current Year			
ē	8	Contributions and grants (Part VIII, line 1h)		7,538,975.	16,624,043.			
ē	9	Program service revenue (Part VIII, line 2g)		772,795.	907,267.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		949,166.	2,003,459.			
	יין	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,260,936.	0.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		344,500.	19,534,769.			
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		344,500.	299,974.			
		Benefits paid to or for members (Part IX, column (A), line 4)		5,463,683.	5,618,102.			
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.			
Expenses	h	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 1,507,31	12.	<u> </u>	0.			
ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,415,808.	5,609,225.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		11,223,991.	11,527,301.			
	1	Revenue less expenses. Subtract line 18 from line 12		-1,963,055.	8,007,468.			
- Jo		Total de les experiess. Castraet inte 16 nom inte 12	Be	ginning of Current Year	End of Year			
ets	20	Total assets (Part X, line 16)		75,833,851.	89,738,855.			
ASS	21	Total liabilities (Part X, line 26)		3,245,828.	3,163,795.			
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		72,588,023.	86,575,060.			
P	art II	Signature Block						
Und	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	/ knowledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.				
		2: / #:						
Sig	n	Signature of officer		Date				
Here		MARK ROBINSON, CHIEF OPERATING OFFICER Type or print name and title	•					
			Ιr	Date Check [PTIN			
De!		Print/Type preparer's name PRENDA T. BOOTH	l l	4/16/18 clif-employ				
Paid		BRENDA L. BOOTH Firm's name CBIZ MHM, LLC	<u> </u> U		P01342395 26-3753134			
	parer Only	Firm's address 500 BOYLSTON STREET		Firm's EIN ▶	70-2122T24			
096	Only	BOSTON, MA 02116		Phone no 61	7-761-0600			
Mar	v the IC	RS discuss this return with the preparer shown above? (see instructions)		FIIOHE HO. O I	X Yes No			
ivid	y ti iC II	to diocade this retain with the proparer shown above: (see instructions)			163110			

EXTENDED TO MAY 15, 2018

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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OMB No. 1545-0047

<u>A</u>	For t	ne 2016 calendar year, or tax year beginning	UL 1, 2016 and	ending i	JUN 30, 2017	
В	Check applica	f C Name of organization			D Employer identif	
	Add char	99 AMERICAN ACADEMY OF AR	TS AND SCIENCES			
	Nam Char	ge Doing business as			04-2	103651
	Initia retu	n Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite	•	
	Fina retu term	D TYATING SIKEET	617-576-5000			
_	ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	30,438,854.
F	retur App	CAMBRIDGE, MA UZI38	AMITANT EL ERATEGAS		H(a) Is this a group r	
L	tion pend	F Name and address of principal officer: U OIN	ATHAN F. FANTON		for subordinates	
$\overline{}$	Taylo			or 52	H(b) Are all subordinates i	
		ite: ► WWW.AMACAD.ORG	(IIIsert 110.) 4947(a)(1) 6	0r [] 52	H(c) Group exemption	list. (see instructions)
_			ssociation Other	I Year		M State of legal domicile; MA
LYNCHIS				<u> L. 1001</u>	or formation, 1700	otate of legal dofficile, 1111
	1	Briefly describe the organization's mission or most	significant activities: THE	AMERIO	CAN ACADEMY	OF ARTS AND
Activities & Governance		SCIENCES IS AN INDEPENDENT				
r a	2		ntinued its operations or dispos	ed of more	than 25% of its net as	sets.
Š	3	Number of voting members of the governing body			3	17
ري 2	4	Number of independent voting members of the government				16
es	5	Total number of individuals employed in calendar y	ear 2016 (Part V, line 2a)		5	61
į	6	Total number of volunteers (estimate if necessary)			<u>6</u>	700
Act	7 a	Total unrelated business revenue from Part VIII, co				8,790.
	b	Net unrelated business taxable income from Form	990-T, line 34	<u></u>		7,790.
en	8	Contributions and grants (Part VIII, line 1h)		-	Prior Year 7,538,975.	Current Year
	9	D			772,795.	16,624,043. 907,267.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)		949,166.	2,003,459.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	0 40 144 \		0.	2,003,439.
	12	Total revenue - add lines 8 through 11 (must equal			9,260,936.	19,534,769.
	13	Grants and similar amounts paid (Part IX, column (344,500.	299,974.
	14	Benefits paid to or for members (Part IX, column (A			0.	0.
s	15	Salaries, other compensation, employee benefits (F			5,463,683.	5,618,102.
nse	16a	Professional fundraising fees (Part IX, column (A), li			0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line	$(25) \rightarrow 1,507,31$.2.	and the first state	
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		5,415,808.	5,609,225.
	18	Total expenses. Add lines 13-17 (must equal Part I)			11,223,991.	11,527,301.
	19	Revenue less expenses. Subtract line 18 from line	12		-1,963,055.	8,007,468.
Net Assets or				Be	eginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)			75,833,851.	89,738,855.
et A	21	Total liabilities (Part X, line 26)			3,245,828.	3,163,795.
	22	Net assets or fund balances. Subtract line 21 from Signature Block	line 20		72,588,023.	86,575,060.
THE RESERVE		alties of perjury, I declare that I have examined this return,	including accompanying pohedulos	and statem	anto and to the best of we	described as and bullet to the
		st, and complete. Declaration of preparer (other than office				Knowledge and belief, it is
ii uo,	, 001101	and complete becaution of pregalet (their than times) is based off all illiorniation of will	icii preparei	Has any knowledge.	₹
Sign	n	Signature of officer			Date	0
Her		MARK ROBINSON, CHIEF OF	ERATING OFFICER			
		Type or print name and title				
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN
Paid		BRENDA L. BOOTH		lc	4/16/18 self-employ	P01342395
	arer	Firm's name ▶ CBIZ MHM, LLC			Firm's EIN ▶	26-3753134
Use	Only	Firm's address ► 500 BOYLSTON STRE	ET			
		BOSTON, MA 02116			Phone no. 61	7-761-0600
		RS discuss this return with the preparer shown above				X Yes No
63200	11-1	1-16 LHA For Paperwork Reduction Act Notice	e, see the separate instruction	15.		Form 990 (2016)

Page 2 Part III | Statement of Program Service Accomplishments X Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: THE AMERICAN ACADEMY OF ARTS AND SCIENCES IS AN INTERNATIONAL LEARNED SOCIETY WITH A DUAL MISSION: TO HONOR AND ELECT TO MEMBERSHIP WOMEN AND MEN OF EXCEPTIONAL ACHIEVEMENT, DRAWN FROM SCIENCE, SCHOLARSHIP, BUSINESS, PUBLIC AFFAIRS, AND THE ARTS; AND TO MOBILIZE THE Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 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. 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. 4,911,942. including grants of \$ 299,974.) (Revenue \$ 119.938.) (Expenses \$ ACADEMY PROJECTS AND STUDIES - DRAWING FROM EVERY FIELD OF RESEARCH AND PROFESSIONAL PRACTICE, THE ACADEMY BRINGS TOGETHER SCHOLARS, ARTISTS, POLICY-MAKERS, BUSINESS LEADERS, AND OTHER EXPERTS TO EXAMINE THE MOST PRESSING PROBLEMS FACING OUR WORLD. OFTEN, THE ACADEMY'S INFLUENTIAL STUDIES HELP PIONEER NEW FIELDS THAT TRANSCEND DISCIPLINARY BOUNDARIES. 1,230,345. including grants of \$ **607,557.**)) (Expenses \$) (Revenue \$ PROJECT OUTREACH AND EVENTS - THE ACADEMY REGULARLY SPONSORS MEETINGS, LECTURES, PANEL DISCUSSIONS, AND INFORMAL GATHERINGS AROUND THE COUNTRY. TOPICS ARE DRAWN FROM ACADEMY PROJECTS AS WELL AS THE RESEARCH AND WRITINGS OF ACADEMY MEMBERS. 758,095. including grants of \$ 179,772.) (Revenue \$ PUBLICATIONS - THE ACADEMY MAINTAINS AN ACTIVE PUBLICATIONS PROGRAM TO DISSEMINATE NEW KNOWLEDGE AS WELL AS RECOMMENDATIONS FROM ACADEMY RESEARCH. OUR PUBLICATIONS INFLUENCE SCHOLARS, POLICY-MAKERS, AND OTHER LEADERS IN HIGHER EDUCATION, GOVERNMENT, THE ARTS, BUSINESS, PUBLIC AFFAIRS, AND PHILANTHROPHY. Other program services (Describe in Schedule O.) 1,332,663. including grants of \$ 8,233,045. Total program service expenses

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		<u> </u>
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
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, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
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		<u> </u>
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		X
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u></u>
	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		000	X
		Form	220	(2016)

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
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	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
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		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		_X_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		_X_
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		_X_
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	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		.,	
	Note. All Form 990 filers are required to complete Schedule O	38	X 000	

Form 990 (2016) AMERICAN ACADEMY OF ARTS AND SCIENCES 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	<u></u>	<u></u>	<u></u>				
					Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	58					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole 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,							
	filed for the calendar year ending with or within the year covered by this return	2a	61					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За	X			
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	O		3b	X			
4a	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 a	ccoun	t)?	4a		<u>X</u>		
b	If "Yes," enter the name of the foreign country: ▶							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Action 114, Report of Foreign Bank Action 114, Report of Foreign Bank Action 114, Rep	ccount	s (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit			_		
	any contributions that were not tax deductible as charitable contributions?			6a		_X_		
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or	gifts					
	were not tax deductible?			6b				
7	Organizations that may receive deductible contributions under section 170(c).							
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		_X_		
				7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	iired			7.7		
	to file Form 8282?	i		7с		<u> </u>		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7e		Х		
е	7, 7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		_X_		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	9					
	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? Section 501(a)(7) organizations. Enter:			9b				
10	Section 501(c)(7) organizations. Enter:	10a						
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a						
11	Section 501(c)(12) organizations. Enter:	וטט						
		11a						
	Gross income from other sources (Do not net amounts due or paid to other sources against	110						
J	amounts due or received from them.)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	$\overline{}$)	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		u				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	In the comparison than Proposed to have a good first to a little of the comparison to the comparison t			13a				
_	Note. See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans	13b						
С	Enter the amount of reserves on hand	13c						
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X		
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule	e O		14b				
					990	(2016)		

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.

						X	
Sec	tion A. Governing Body and Management						
			1		Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17	4			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b	16				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	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						
	of officers, directors, or trustees, or key employees to a management company or other person?			3		<u> X</u>	
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		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 ap	point (one or				
	more members of the governing body?			7a	X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, 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	r by the	e following:				
а	The governing body?			8a	Х	<u> </u>	
b	Each committee with authority to act on behalf of the governing body?			8b	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the				
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			9		X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	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 ch	apters	, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х	<u> </u>	
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
b	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	<u> </u>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	licts?	12b	Х	<u> </u>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," d	escribe				
	in Schedule O how this was done			12c	X	<u> </u>	
13	Did the organization have a written whistleblower policy?			13	Х	<u> </u>	
14	Did the organization have a written document retention and destruction policy?			14	Х		
15	Did the process for determining compensation of the following persons include a review and approva	l by ind	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
	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 arrangen	nent w	ith a				
	taxable entity during the year?			16a		X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ						
	exempt status with respect to such arrangements?			16b			
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶MA						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Secti	on 501(c)(3)s only) a	vailable	9		
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website X Another's website X Upon request Other (explain		•				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor	iflict of	interest policy, and	l financ	ial		
	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 boo	ks and	d records:				
	MARK ROBINSON - 617-576-5023						
	136 TRVING 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.

Check this box if neither the organization (A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(-1-		Pos	ition			Reportable	Reportable	Estimated
	hours per		not cl					compensation	compensation	amount of
	week	offi	cer an	d a di	irecto	r/trus	tee)	from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				pe		organization	(W-2/1099-MISC)	from the
	related	tee o	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				and related
	below	vidua	itutio	cer	em p	hest (Former			organizations
	line)	Indi	Inst	Officer	Key	High	Fori			
(1) DON M. RANDEL	1.00								_	_
CHAIR OF THE BOARD		Х		Х				0.	0.	0.
(2) JONATHAN F. FANTON	40.00									
PRESIDENT		Х		Х				502,194.	0.	27,982.
(3) DIANE P. WOOD	1.00									
VICE CHAIR OF BOARD		Х		Х				0.	0.	0.
(4) ALAN M. DACHS	1.00									
VICE CHAIR OF BOARD		Х		Х				0.	0.	0.
(5) GERALDINE L. RICHMOND	1.00									
SECRETARY		Х		Х				0.	0.	0.
(6) CARL H. PFORZHEIMER III	1.00									
TREASURER		Х		Х				0.	0.	0.
(7) NANCY C. ANDREWS	1.00									
MEMBER		Х						0.	0.	0.
(8) LOUSIE H. BRYSON	1.00									
MEMBER		Х						0.	0.	0.
(9) IRA KATZNELSON	1.00									
MEMBER		Х						0.	0.	0.
(10) NANNERL O. KEOHANE	1.00									
MEMBER		Х						0.	0.	0.
(11) JOHN LITHGOW	1.00									
MEMBER		Х						0.	0.	0.
(12) VENKATESH NARAYANAMURTI	1.00									
MEMBER		Х						0.	0.	0.
(13) NATASHA TRETHEWEY	1.00									
MEMBER		Х						0.	0.	0.
(14) PAULINE YU	1.00									
MEMBER		Х						0.	0.	0.
(15) KWAME ANTHONY APPIAH	1.00									
MEMBER		Х			L	L	L	0.	0.	0.
(16) CHERRY A. MURRAY	1.00									
MEMBER		Х			L	L	L	0.	0.	0.
(17) LARRY JAY SHAPIRO	1.00									
MEMBER		Х						0.	0.	0.
632007 11-11-16	•									Form 990 (2016

632007 11-11-16

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (A) (C) (D) (E) (F) Position Average Reportable Name and title Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC) from the lighest compensated related nstitutional trustee (W-2/1099-MISC) organization organizations ey employee and related below organizations line) (18) MARK ROBINSON 40.00 CHIEF OPERATING OFFICER X 235,682. 0. 39,731. (19) PHYLLIS BENDELL 40.00 0. X 155,006. 41,566. DIR. OF PUBLISHING 40.00 (20) STEVEN DANSBY 151,554 0. DIRECTOR OF FINANCE Х 23,005. (21) DAVID PEARSON 40.00 ASSOC. DIR. OF DEV. X 137,101. 0. 21,465. 40.00 (22) SONJA PLESSET CHIEF ADVANCEMENT OFFICER Х 209,032. 0. 21,847. 40.00 (23) FRANCESCA PURCELL PROGRAM DIRECTOR X 141,204. 0. 20,995. 773. 1,531, 1b Sub-total 0. 0. c Total from continuation sheets to Part VII, Section A 1.531.773. 0. 196.591. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 15 compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on Х 3 line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х

Section B. Independent Contractors

rendered to the organization? If "Yes." complete Schedule J for such person

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
LATTICE BUSINESS APPLICATIONS		
22 PINE PLAIN RD, BOXFORD, MA 01921	WEB DESIGN/DATABASE	296,063.
CASABLANCA SERVICES, INC.	CONSTRUCTION/LANDSCA	
4 BENNETT ST, EVERETT, MA 02149	PING/SNOW REMOVAL	280,949.
CLEANCO MAINTENANCE, 318 BEAR HILL RD,		-
SUITE 8, WALTHAM, MA 02451	CLEANING SERVICES	146,108.
JOHN TESSITORE		
50 PARMENTER RD, FRAMINGHAM, MA 01701	PROGRAM CONSULTING	130,490.
ALL ELECTRIC WORKS	ELECTRICAL	
40 MAPLE LANE, NORTHBOROUGH, MA 01532	CONTRACTOR	124,250.
2 Total number of independent contractors (including but not limited to those list	ed above) who received more than	
\$100,000 of compensation from the organization • 6		
		- 000

Form 990 (2016) AMERICA Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any line	in this Part VIII			
		Cricon il Corredate o corre	anio a response		(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenuè excluded from tax under
						exempt function revenue	business revenue	sections 512 - 514
(0, (0	1.0	Federated campaigns	1a			10701100	10101100	312 - 314
Contributions, Gifts, Grants and Other Similar Amounts	ı a			1,308,125.				
ij d	D	Membership dues	·····	1,300,123.				
fts, Ar	C	Fundraising events						
ig ig	a	Related organizations		309,164.				
ns, Sirr	e	Government grants (contributi		307,104.				
utio	ī	All other contributions, gifts, gran		15,006,754.				
ë ‡		similar amounts not included above		13,000,734.				
o d	9	Noncash contributions included in lines			16,624,043.			
O a	n	Total. Add lines 1a-1f			10,024,045.			
	•	NORTON'S WOODS FEES		900099	607,557.	607,557.		
ice	_			511120	· · · · · ·	· · · · · ·		
er.	b	FEE FOR SERVICE		900099	179,772.	179,772.		
n S	_			900099	119,938.	119,938.		
ar Be	d							
Program Service Revenue	e							
ъ.		All other program service reve			907,267.			
		Total. Add lines 2a-2f			907,207.			
	3	Investment income (including			1 001 343		8,790.	992,553.
		other similar amounts)			1,001,343.		0,730.	992,333.
	4	Income from investment of tax	•	Г				
	5	Royalties						
	•	Out to word	(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	/ a	Gross amount from sales of	(i) Securities 11,906,201	(ii) Other				
		assets other than inventory	11,500,201	+				
	D	Less: cost or other basis	10,904,085					
	_	and sales expenses						
		Gain or (loss)			1,002,116.			1,002,116.
		Net gain or (loss)			1,002,110.			1,002,110.
ne	Оа	including \$	•					
ven		contributions reported on line						
Re		Part IV, line 18	•	,				
Other Revenu	h	Less: direct expenses		<u>'</u>				
₽		: Net income or (loss) from fund		` 				
		Gross income from gaming ac	~					
	Ja	Part IV, line 19		,				
	h	Less: direct expenses						
		: Net income or (loss) from gam		>				
		Gross sales of inventory, less						
	10 a	and allowances						
	h	Less: cost of goods sold						
		: Net income or (loss) from sale:						
		Miscellaneous Revenue		Business Code				
	11 a			Dusiness Code				
	ıı a b							
	C							
		All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.		T I	19,534,769.	907,267.	8,790.	1,994,669.
	14	iotal icvellue. See ilistructions.		·····	,,,	201,201.	0,130.	_,,

	Otatomont of Fanotional Expense				
<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	74,974.	74,974.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	225,000.	225,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	C11 722		C11 720	
	trustees, and key employees	611,732.		611,732.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	3,959,213.	2,735,694.	399,452.	824,067.
7 8	Other salaries and wages	J,JJJ, <u>4</u> 13.	4,133,034.	333,434.	044,00/•
•	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	369,474.	243,928.	40,712.	84,834.
9	Other employee benefits	339,132.	238,556.	45,438.	55,138.
10	Payroll taxes	338,551.	227,109.	53,351.	58,091.
11	Fees for services (non-employees):	330,331.	227,103.	33,331.	30,031.
''	Management				
b	Legal	35,913.	27,788.	4,407.	3,718.
	Accounting	54,000.	38,568.	8,371.	7,061.
		0 - 7 0 0 0 1	20,000	7,01-1	.,,
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	15,200.	5,500.	1,194.	8,506.
g	Other. (If line 11g amount exceeds 10% of line 25,			-	-
_	column (A) amount, list line 11g expenses on Sch O.)	1,643,861.	1,373,133.	141,048.	129,680.
12	Advertising and promotion	100.	100.		
13	Office expenses	48,756.	34,569.	7,271.	6,916.
14	Information technology	54,308.	35,567.	4,696.	14,045.
15	Royalties				
16	Occupancy	127,591.	101,608.	14,095.	11,888.
17	Travel	764,378.	612,478.	146,137.	5,763.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	014 046	770 272	02 010	40.055
19	Conferences, conventions, and meetings	914,246.	779,373.	93,918. 11,179.	40,955.
20	Interest	72,113.	51,504.	11,1/9.	9,430.
21	Payments to affiliates	861,350.	615,194.	133,526.	112,630.
22	Depreciation, depletion, and amortization	88,892.	68,545.	11,037.	9,310.
23 24	Other expenses. Itemize expenses not covered	00,092.	00,545.	11,057.	J, J±U•
24	above. (List miscellaneous expenses in trovered 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 0.)				
а	PRINTING AND PUBLICATIO	280,972.	229,698.	14,029.	37,245.
b	SUPPLIES	258,152.	223,339.	9,505.	25,308.
c	POSTAGE AND SHIPPING	190,084.	130,719.	21,471.	37,894.
d	TELEPHONE	63,394.	54,429.	4,883.	4,082.
е	All other expenses	135,915.	105,672.	9,492.	20,751.
25	Total functional expenses. Add lines 1 through 24e	11,527,301.	8,233,045.	1,786,944.	1,507,312.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

rai	πX	Dalance Sheet					
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing		240,348.	1	212,765.	
	2	Savings and temporary cash investments			4,122,280.	2	5,224,437.
	3	Pledges and grants receivable, net			2,017,141.	3	8,418,153.
	4	Accounts receivable, net		88,405.	4	8,788.	
	5	Loans and other receivables from current and for	fficers, directors,				
		trustees, key employees, and highest compensa-	ted em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualif					
		section 4958(f)(1)), persons described in section	4958(c	c)(3)(B), and contributing			
		employers and sponsoring organizations of secti	on 501	(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr).	Compl	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use			10,201.	8	8,733.
	9	Prepaid expenses and deferred charges			240,309.	9	156,607.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	18,548,518.			
	b	Less: accumulated depreciation		9,599,966.	10c	9,916,825.	
	11	Investments - publicly traded securities			36,747,691.	11	37,753,237.
	12	Investments - other securities. See Part IV, line 1			13,127,489.	12	17,808,308.
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets			14	40.004.000	
	15	Other assets. See Part IV, line 11		9,640,021.	15	10,231,002.	
	16	Total assets. Add lines 1 through 15 (must equa	75,833,851.	16	89,738,855.		
	17	Accounts payable and accrued expenses	474,556.	17	500,473.		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to current and former					
≣		key employees, highest compensated employees		' '			
Liabilities					0 001 000	22	0 (62 200
_	23	Secured mortgages and notes payable to unrela			2,771,272.	23	2,663,322.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	•				
		Schedule D		Г	2 245 020	25	2 162 705
	26			V	3,245,828.	26	3,163,795.
		Organizations that follow SFAS 117 (ASC 958)		k nere 🕨 🔼 and			
Ses	07	complete lines 27 through 29, and lines 33 and			24,994,825.	27	28,502,711.
auc	27	Unrestricted net assets			11,472,974.	28	17,967,412.
Ba	28	Temporarily restricted net assets Permanently restricted net assets			36,120,224.	29	40,104,937.
<u>p</u>	29	Organizations that do not follow SFAS 117 (AS)) aback hara	30,120,224.	29	40,104,557.
Ę			OC 930	o), check here			
SO	30	and complete lines 30 through 34.			30		
set	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or eq				31	
As	31						
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc			72,588,023.	32	86,575,060.
_	33	Total liabilities and not assets/fund balances			75,833,851.	34	89,738,855.
	34	Total liabilities and net assets/fund balances			13,033,031.	ა4	1 00,100,000.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,53</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u> </u>	,52	7,3	01.
3	Revenue less expenses. Subtract line 2 from line 1	3	8	,00	7,4	<u>68.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	72	<u>,58</u>	8,0	23.
5	Net unrealized gains (losses) on investments	5	5	<u>,97</u>	9,5	69 .
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				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	86	,57	5,0	<u>60.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	l			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.	l			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	t			
	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	ed audit	:			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2016)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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 C	Charity Status 🖟	All organizations must co	mplete th	is part.) Se	e instructions.				
he o	organi	zation is not a private found									
1	_	A church, convention of chu)(A)(i).				
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
		city, and state:	·					•			
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental unit describ	ed in			
		section 170(b)(1)(A)(iv). (C		,	•	, 0					
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).				
		An organization that normal	-					public described in			
		section 170(b)(1)(A)(vi). (Co	-	mai pair or no capport n	o a go		arms or morn and gomera.				
8		A community trust describe		1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org			-	ed in coniu	inction with a land-grant	college			
•		or university or a non-land-g				-	-	-			
		university:	ram comogo or agnor	andro (655 mondonomo).			, and class of the comeg				
10		An organization that normal	lly receives: (1) more	than 33 1/3% of its supp	oort from o	contributio	ns, membership fees, ar	nd gross receipts from			
		activities related to its exem	•					-			
		income and unrelated busin	-					-			
		See section 509(a)(2). (Cor		(,,,,,,,,,			, g				
11		An organization organized a	•	velv to test for public sa	fetv. See	section 50)9(a)(4).				
12		An organization organized a	•	•	•			purposes of one or			
		more publicly supported org	•	•	•		•	•			
		lines 12a through 12d that of									
а		Type I. A supporting orga	* *					giving			
		the supported organization	•		•	-					
		organization. You must c			, ,						
b		Type II. A supporting orga			ion with its	s supporte	d organization(s), by ha	/ing			
		control or management of	· ·					-			
		organization(s). You mus			•						
С		Type III functionally integ	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,			
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.				
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	vith its supported organi	zation(s)			
		that is not functionally into	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and an attenti	veness			
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	٧.				
е		Check this box if the orga	nization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III				
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.					
f	Ente	r the number of supported o	rganizations								
g		ide the following information			L (iv) le the eras	anization listed		1			
	(i	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
		Organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)			

Schedule A (Form 990 or 990-EZ) 2016 AMERICAN ACADEMY OF ARTS AND SCIENCES 04-2103651 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7948754.	8565038.	7043866.	7538975.	16624043.	47720676.
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	7948754.	8565038.	7043866.	7538975.	16624043.	47720676.
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)						14497740.
6	Public support. Subtract line 5 from line 4.						33222936.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	7948754.	8565038.	7043866.		16624043.	47720676.
	Gross income from interest,						
_	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	1098132.	1437408.	183,630.	772,795.	1001343.	4493308.
9	Net income from unrelated business			, , , , , ,	,		
_	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						-
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						52213984.
	Gross receipts from related activities,	etc (see instruction	nns)			12 3	3,731,282.
	First five years. If the Form 990 is for	•	,				7
	organization, check this box and stor	•			•	. , . ,	
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2016 (I	ine 6. column (f) di	vided by line 11. c	olumn (f))		14	63.63 %
	Public support percentage from 2015					15	62.58 %
	33 1/3% support test - 2016. If the o					ore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2015. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	_	
b	10% -facts-and-circumstances test						
	more, and if the organization meets the	J			, , ,	,	
	organization meets the "facts-and-circ		•				>
18	Private foundation. If the organization			•			s
			<u>-</u>	<u> </u>			0 or 990-EZ) 2016

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public	Support						
Calendar year (or fiscal	year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, con	tributions, and						
membership fees	received. (Do not						
include any "unu	sual grants.")						
2 Gross receipts from merchandise sold formed, or facilitie any activity that is organization's tax	d or services per- es furnished in						
3 Gross receipts from	om activities that						
are not an unrela iness under secti	1						
4 Tax revenues levi	ed for the organ-						
ization's benefit a	and either paid to						
or expended on i	ts behalf						
5 The value of serv	ices or facilities						
furnished by a go	vernmental unit to						
the organization	without charge						
6 Total. Add lines	1 through 5	_					
7a Amounts include	d on lines 1, 2, and						
3 received from o	lisqualified persons						
b Amounts included on li from other than disqual exceed the greater of \$ amount on line 13 for th	ified persons that						
c Add lines 7a and							
8 Public support.							
Section B. Total				•	•	•	
Calendar year (or fiscal	year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from lin	e 6						
10a Gross income fro dividends, payme securities loans, i	m interest, ents received on						
b Unrelated business	taxable income						
(less section 511 ta	xes) from businesses						
acquired after June	30, 1975						
c Add lines 10a and							
11 Net income from activities not included whether or not the regularly carried of the company of the compan	uded in line 10b, e business is						
12 Other income. Do or loss from the s							
13 Total support. (Add	, ,						
14 First five years.	If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
	nd stop here			<u></u>	<u></u>	<u> </u>	>
Section C. Comp	utation of Public	Support Per	centage				
15 Public support pe	ercentage for 2016 (lir	ne 8, column (f) di	vided by line 13, c	olumn (f))		15	(
16 Public support pe						16	
Section D. Comp	utation of Invest	ment Income	Percentage			, ,	
17 Investment incon	ne percentage for 20°	16 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	
18 Investment incon	. •	•				18	
19a 33 1/3% support		-					7 is not
	%, check this box and						
	tests - 2015. If the	· ·			•	•	
	e than 33 1/3%, chec						
20 Private foundation	on. If the organization	ı did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	▶∟

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
3a		
3b		
0.0		
3с		
30		
_		
4a		
4b		
4c		
F-		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
0-		
9с		
10a		
10b		

ı a	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
360	tion b. Type i Supporting Organizations		V	Na
4	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
1	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	uctions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
L	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
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.	3b		
		,		1

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E.	,
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	Ilv integrate	ed Type III supporting orga	enization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Schedule A (Form 990 or 990-EZ) 2016

and 4c

8 Breakdown of line 7:

b Excess from 2013c Excess from 2014d Excess from 2015e Excess from 2016

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► 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

Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.	
		(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 wi	_	
	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor ad		-
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	
Day			
Par			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed		storically important land area
	Protection of natural habitat	Preservation of a cer	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а			
b			
С	Number of conservation easements on a certified historic struc		
d	Number of conservation easements included in (c) acquired aff		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation ease	The state of the s	
5	Does the organization have a written policy regarding the period		
_	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing con	servation easements during the year
_	Assemble 6 and a second because the second by the second b		Para a sana a sana a da aban da a sana a
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserva	ation easements during the year
		antinfiction was viscous and a first time 170	(I-)(A)(D)(i)
8	Does each conservation easement reported on line 2(d) above		
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation		
9	include, if applicable, the text of the footnote to the organization	·	·
	conservation easements.	on s ilitariciai statements that describes	the organization's accounting for
Par		Art. Historical Treasures. or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
	If the organization elected, as permitted under SFAS 116 (ASC		ment and balance sheet works of art
	historical treasures, or other similar assets held for public exhibit		· ·
	the text of the footnote to its financial statements that describe		area or public corvice, provide, irri arrivin,
b	If the organization elected, as permitted under SFAS 116 (ASC		t and balance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, edu		
	relating to these items:	realien, er recearer in rankrierance er pa	is in service, provide the renewing amounts
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			S
2	If the organization received or held works of art, historical treas		
-	the following amounts required to be reported under SFAS 116		3, provide
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		

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Schedule D (Form 990) 2016

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value				
1a Land								
b Buildings		13,204,389.	5,403,418.	7,800,971.				
c Leasehold improvements		570,268.	244,716.	325,552.				
d Equipment		4,773,861.	2,983,559.	1,790,302.				
e Other								
otal. Add lines 1a through 1e. (Column (d) must equal Form 990. Part Y. column (R), line 10c.)								

Schedule D (Form 990) 2016

632052 08-29-16

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D - 1 1/11	1	$\overline{}$

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) MULTI-STRATEGY FUNDS	8,302,477.	END-OF-YEAR MARKET	VALUE
(B) HEDGE FUNDS - DOMESTIC			
(C) EQUITIES	6,312,269.		
(D) PRIVATE EQUITY FUNDS	3,193,562.	END-OF-YEAR MARKET	VALUE
(E)			
(F)			
(G)			
(H)	45 000 000		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	17,808,308.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
	are Farmer 000. Don't IV. line	11d Co. Form 000 Dark V Sec 15	
Complete if the organization answered "Yes"	Description	11d. See Form 990, Part X, line 15.	(b) Book value
(1) OTHER ASSETS	Description		45,205.
(2) DUE FROM AFFILATES			6,890,511.
	בייוואו. ייפוופיי		2,809,091.
	ETOAL INOSI		486,195.
			400,175.
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15)	.	10,231,002.
Part X Other Liabilities.	,	44.0 E 000 B 1V ! 05	
Complete if the organization answered "Yes" (a) Description of liability		11e or 11f. See Form 990, Part X, line 25. (b) Book value	
		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
<u>(7)</u>			
(3)			

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

Schedule D (Form 990) 2016

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)▶

PART III, LINE 4:

THE AMERICAN ACADEMY OF ARTS AND SCIENCES' COLLECTION OF WORKS OF ART,

HISTORICAL DOCUMENTS AND OBJECTS CHRONICLE THE ACADEMY'S HISTORY,

MEMBERSHIP, PROGRAMS AND PUBLICATIONS FOR MORE THAN 230 YEARS. THE

COLLECTION INCLUDES PUBLICATIONS, WORKS OF ART, SCIENTIFIC INSTRUMENTS AND

MANUSCRIPTS DATING FROM THE EARLIEST YEARS OF THE COUNTRY.

PART V, LINE 4:

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 ACADEMY'S BOARD OF DIRECTORS. 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 REPRESENTS 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 OF DIRECTORS, TO SUPPORT PROGRAM AND

ADMINISTRATIVE ACTIVITIES OF THE ACADEMY.

PART X, LINE 2:

THE ACADEMY ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN THAT A RECOGNITION

THRESHOLD AND MEASUREMENT STANDARD IS APPLIED TO A TAX POSITION TAKEN OR

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016

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.

2016
Open to Public Inspection

Name of the organization

Employer identification number

Schedule F (Form 990) 2016

	ERICAN ACADEM				04-210365							
Pa	rt I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organization answered "\	es" on						
	Form 990, Part IV	/, line 14b.										
1												
	the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No											
2												
	United States.											
3				n be duplicated if additional space is no		(n T						
	(a) Region	(b) Number of offices	employees	(d) Activities conducted in the region (by type) (such as, fundraising, pro-	(e) If activity listed in (d) is a program service,	(f) Total expenditures						
		in the region	agents, and independent	gram services, investments, grants to	describe specific type	for and						
			contractors	recipients located in the region)	of service(s) in the region	investments in the region						
			in the region			and region						
CENT	TRAL AMERICA AND											
THE	CARIBBEAN	0	0	INVESTMENTS		4,655,141.						
						 						
	Sub-total	0	0			4,655,141.						
b	Total from continuation	_	_									
	sheets to Part I	0	0			0.						
С	Totals (add lines 3a	_				4 655 444						
	and 3b)	0	0			4,655,141.						

632071 09-21-16

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

Schedule F (Form 990) 2016

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			recognized as charities by the					
the IRS, or for which t			501(c)(3) equivalency letter			······ 💍		

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

			tes. Complete i	f the organization answered "Yes'	on Form 990, Part	IV, line 16.	
(a) Type of grant or as	dditional space is neede	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2016 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)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	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)	X Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) (2016)

Name of the organization	A CADEMY O		COLEMORO		-		Employer identification number
Part I General Information on Grants		F ARTS AND	SCIENCES				04-2103651
Does the organization maintain records	to substantiate the						
criteria used to award the grants or ass	stance?		finale in the History	Ctataa			X Yes No
2 Describe in Part IV the organization's properties of the Part II Grants and Other Assistance to					onization analysed "V	/aa" aa Farm 000 Dart	IV line O1 for any
recipient that received more than					anization answered if	es on Form 990, Part	iv, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TEXAS AT AUSTIN P.O. BOX 7159 AUSTIN, TX 78713	74-6000203	GOV'T	0.	37,500.			REIMBURSEMENT FOR COSTS RELATED TO INDEPENDENT STUDY
UNIVERSITY OF MISSISSIPPI 113 FAULKNER UNIVERSITY, MS 38677	64-6001159	GOV'T	0.	37,474.			REIMBURSEMENT FOR COSTS RELATED TO INDEPENDENT STUDY
 2 Enter total number of section 501(c)(3) : 3 Enter total number of other organization 	-		e line 1 table		<u> </u>		

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
INDEPENDENT STUDY GRANTS	5	225,000.	0.		
INDEFENDENT STODI GRANTS		223,000.	0.		
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	I Iditional information.	
PART I, LINE 2:					
THE ACADEMY OF ARTS AND SCIENCES V	ISITING S	CHOLARS PF	ROGRAM PROV	IDES	
RESIDENTIAL FELLOWSHIPS FOR JUNIOR	FACULTY	MEMBERS AN	ND POSTDOCT	ORAL	
SCHOLARS IN THE HUMANITIES AND SOC				HEADQUARTERS	
OF THE ACADEMY, VISITING SCHOLARS	PARTICIPA	TE IN ACAL	DEMY-SPONSO	RED	
CONFERENCES, SEMINARS, AND INFORMA	L GATHERI	NGS WHILE	ADVANCING	THEIR	
SCHOLARLY RESEARCH.					

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

Part I Questions Regarding Compensation

AMERICAN ACADEMY OF ARTS AND SCIENCES

Employer identification number 04-2103651

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	X First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
	Any related organization?	5b		_X_
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		<u> </u>
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 (1958-6/c)2	۱۵		

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

Schedule J (Form 990) 2016

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base (ii) Bonus & incentive compensation		(iii) Other reportable compensation	compensation	Derients	(5)(1)-(0)	reported as deferred on prior Form 990	
(1) JONATHAN F. FANTON	(i)	497,250.	0.	4,944.	26,500.	1,482.	530,176.	0.	
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) MARK ROBINSON	(i)	234,392.	0.	1,290.	23,000.	16,731.	275,413.	0.	
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) PHYLLIS BENDELL	(i)	153,787.	0.	1,219.	24,675.	16,891.	196,572.	0.	
DIR. OF PUBLISHING	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) STEVEN DANSBY	(i)	148,357.	0.	3,197.	15,141.	7,864.	174,559.	0.	
DIRECTOR OF FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) DAVID PEARSON	(i)	134,234.	0.	2,867.	13,722.	7,743.	158,566.	0.	
ASSOC. DIR. OF DEV.	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) SONJA PLESSET	(i)	208,480.	0.	552.	20,417.	1,430.	230,879.	0.	
CHIEF ADVANCEMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) FRANCESCA PURCELL	(i)	140,461.	0.	743.	13,417.	7,578.	162,199.	0.	
PROGRAM DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 1A:
DURING FISCAL YEAR 2017, THERE WERE TRIP TICKETS PURCHASED THAT WERE EITHER
FIRST CLASS OR UPGRADED TO FIRST CLASS FOR THE ACADEMY PRESIDENT. FIRST
CLASS TRAVEL IS ALLOWED UNDER THE POLICIES OF THE ACADEMY AND ALL FIRST
CLASS TRAVEL FOR FISCAL YEAR 2017 MET THE POLICY GUIDELINES.

SCHEDULE K (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

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

2016
Open to Public Inspection

Name of the organization

AMERICAN ACADEMY OF ARTS AND SCIENCES

Employer identification number 04-2103651

Part I Bond Issues SEE PART VI FOR COLUMN) (F) C	ONTIN	UATIONS				103			
(a) Issuer name (b) Issuer EIN (c) CUSIP #	(d) Date issued	(e) Issu	e price	(f) Description	on of purpose	(g) De	efeased	(h) On of is:		(i) Po	
						Yes	No	Yes	No	Yes	No
MASSACHUSETTS HEALTH AND				REFINANC:					, ,		
A EDUCATIONAL FACILITIES A 04-2456011 57586ELD1	08/01/09	3,374	<u>,212.</u>	PRE-EXIS'	ring ta	K-	Х		Х	Х	
В											
_c											
D											
Part II Proceeds		<u> </u>	I			·	1				
	А			В	С				D		
1 Amount of bonds retired											
2 Amount of bonds legally defeased	·	4,212.									
3 Total proceeds of issue	_	3,742.									
4 Gross proceeds in reserve funds	. 3	3,742.									
5 Capitalized interest from proceeds											
6 Proceeds in refunding escrows											
7 Issuance costs from proceeds	<u>- </u>										
8 Credit enhancement from proceeds	<u>. </u>										
9 Working capital expenditures from proceeds	-										
10 Capital expenditures from proceeds	<u>. </u>										
11 Other spent proceeds	<u>. </u>										
12 Other unspent proceeds		000									
Year of substantial completion		009		1					$\overline{}$		
	Yes	No	Yes	No	Yes	No		Yes	+	No	—
14 Were the bonds issued as part of a current refunding issue?		Х							+		
Were the bonds issued as part of an advance refunding issue?	х Х	Λ							+		
16 Has the final allocation of proceeds been made?	X								+		
Does the organization maintain adequate books and records to support the final allocation of proceeds?	<u> A </u>										
Part III Private Business Use				В	С						
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No No	Yes	No		Yes	<u> </u>	No	
which owned property financed by tax-exempt bonds?	162	X	162	INO	162	NO		162	+	INO	
Are there any lease arrangements that may result in private business use of		21							+		
bond-financed property?		х									
632121 10-19-16 LHA For Paperwork Reduction Act Notice, see the Instructions for Forn				1	L		Sche	dule K	(Forn	n 990\	1 20.

Pa	rt III Private Business Use (Continued)									
			Ą		В		(Ç	l	<u> </u>
3a	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	o 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?									
	: Are there any research agreements that may result in private business use of bond-financed property?		X							
c	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		.00 %	6		%		%		%
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		.00 %	6		%		%		%
6	Total of lines 4 and 5		.00 %	6		%		%		%
7	Does the bond issue meet the private security or payment test?		X							
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	o If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed		•							
	of		9	6		%		%		%
- 0	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								
Pa	rt IV Arbitrage		•		•	•				•
			Α		В		(С	ı	<u> </u>
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No		Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		X							
2	If "No" to line 1, did the following apply?									
	Rebate not due yet?		X							
b	Exception to rebate?		X							
	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									
c	Was the hedge superintegrated?									
	Was the hedge terminated?									

Part IV Arbitrage (Continued)								
	,	Α	E	3		Ç	Г	D.
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
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?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		X						
Part V Procedures To Undertake Corrective Action		•				<u>-</u>	-	
	,	4	E	3		Ç	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 isn't available under applicable								
regulations?		X						
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	K. See instru	uctions					
SCHEDULE K, PART I, BOND ISSUES:								
(A) ISSUER NAME: MASSACHUSETTS HEALTH AND EDUCATI	ONAL F	ACILITI	ES AUTH	ORITY				
(F) DESCRIPTION OF PURPOSE:								
REFINANCE OF PRE-EXISTING TAX-EXEMPT BOND ISSUE								
								<u> </u>

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

2016
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

AMERICAN ACADEMY OF ARTS AND SCIENCES

Employer identification number 04-2103651

FORM 990, PART 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. PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FORM 990, INTELLECTUAL RESOURCES NEEDED TO ANTICIPATE AND CONDUCT A VARIED PROGRAM OF PROJECTS AND STUDIES FOCUSED ON COMPLEX ISSUES THAT BENEFIT FROM THE ACADEMY'S CROSS-DISCIPLINARY APPROACH, TO IDENTIFY SOLUTIONS TO THOSE ISSUES, AND TO PROMOTE NONPARTISAN RECOMMENDATIONS RESPONSIVE TO THE NEEDS AND PROBLEMS OF TODAY'S GLOBAL SOCIETY. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: ARCHIVES EXPENSES \$ 157,509. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. MEMBER ENGAGEMENT - OUTREACH TO ACADEMY MEMBERS EXPENSES \$ 418,545. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. MEMBERSHIP AND ELECTIONS - CONSISTS OF ACTIVITIES RELATED TO THE MAINTAINING OF THE HONORARY SOCIETY AND ELECTING FELLOWS TO THE ACADEMY. EXPENSES \$ 314,376. INCLUDING GRANTS OF \$ 0. REVENUE \$ COMMUNICATIONS EXPENSES \$ 442,233. INCLUDING GRANTS OF \$ 0. REVENUE 0.

632211 08-25-16

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization AMERICAN ACADEMY OF ARTS AND SCIENCES **Employer identification number** 04-2103651

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

THE ACADEMY'S MEMBERSHIP CONSISTS OF FELLOWS, ELECTED FROM CITIZENS OR RESIDENTS OF THE UNITED STATES OF AMERICA, AND INTERNATIONAL 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 A, LINE 7B:

MEMBERS HAVE THE RIGHT TO VOTE ON THE PRESIDENT'S APPOINTMENT BY THE BOARD, AFTER THE FIRST 5 YEAR PERIOD, FOR ANY SUBSEQUENT 5 YEAR PERIODS.

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

THE FORM 990 IS REVIEWED BY MEMBERS OF SENOR 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:

THE ACADEMY ANNUALLY UPDATES ITS CONFLICT OF INTEREST DECLARATIONS OF THE BOARD OF DIRECTORS, OFFICERS, MEMBERS OF A COMMITTEE WITH GOVERNING BOARD-DELEGATED POWERS AND MANAGEMENT STAFF. THE ANNUAL STATEMENTS ARE REVIEWED BY STAFF, AND A REPORT FROM MANAGEMENT IDENTIFYING POTENTIAL CONFLICTS THAT MAY REQUIRE FURTHER REVIEW IS PROVIDED TO THE CHAIR OF THE ACADEMY'S AUDIT COMMITTEE, WHO IS RESPONSIBLE FOR REVIEWING THE STATEMENTS Schedule O (Form 990 or 990-EZ) (2016)

Schedule O (Form 990 or 9	90-EZ) (2016)	Page :
Name of the organization	AMERICAN ACADEMY OF ARTS AND SCIENCES	Employer identification number 04-2103651
AND REFERRING	POTENTIAL CONFLICTS TO THE GOVERNING BOARD O	OR APPROPRIATE
COMMITTEE FOR	RESOLUTION CONSISTENT WITH THE ACADEMY'S CON	FLICT OF INTEREST
POLICY.		
FORM 990, PART	VI, SECTION B, LINE 15:	
THE ACADEMY'S	COMPENSATION COMMITTEE CONSISTS OF FIVE MEME	BERS OF THE BOARD
OF DIRECTORS I	NCLUDING THE CHAIR, THE TWO VICE-CHAIRS AND	THE TREASURER.
THE COMMITTEE	MEETS ANNUALLY TO REVIEW AND DETERMINE THE S	SALARY OF THE
PRESIDENT AND	TO REVIEW THE SALARIES OF OTHER OFFICERS. T	THE COMPENSATION
SETTING PROCEI	OURES USED DATA AS TO COMPARABLE COMPENSATION	FOR SIMILARLY
QUALIFIED PERS	SONS IN FUNCTIONALLY COMPARABLE POSITIONS AT	SIMILARLY
SITUATED ORGAN	IIZATIONS. THERE WAS CONTEMPORANEOUS DOCUMEN	TATION AND
RECORDKEEPING	FOR DELIBERATIONS AND DECISIONS REGARDING TH	IE COMPENSATION
ARRANGEMENTS.		
FORM 990, PART	VI, SECTION C, LINE 19:	
THE ACADEMY'S	GOVERNING DOCUMENTS, CONFLICT OF INTEREST PO	DLICY AND
FINANCIAL STAT	EMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART	IX, LINE 11G, OTHER FEES:	
CONSULTING:		
PROGRAM SERVIC	CE EXPENSES	965,614.
MANAGEMENT AND	GENERAL EXPENSES	31,750.
FUNDRAISING EX	IPENSES	51,296.
TOTAL EXPENSES	3	1,048,660.
INFORMATION TE	ECHNOLOGY:	
PROGRAM SERVIC		4,250.
632212 08-25-16	Sche	dule O (Form 990 or 990-EZ) (2016

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	4,250.
EDITING AND PHOTOGRAPHY:	
PROGRAM SERVICE EXPENSES	63,952.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	20,800.
TOTAL EXPENSES	84,752.
BUILDING AND GROUNDS REPAIRS AND MAINTENANCE:	
PROGRAM SERVICE EXPENSES	207,626.
MANAGEMENT AND GENERAL EXPENSES	44,446.
FUNDRAISING EXPENSES	37,491.
TOTAL EXPENSES	289,563.
SECURITY SERVICES:	
PROGRAM SERVICE EXPENSES	54,393.
MANAGEMENT AND GENERAL EXPENSES	11,806.
FUNDRAISING EXPENSES	9,959.
TOTAL EXPENSES	76,158.
CONTRACT LABOR:	
PROGRAM SERVICE EXPENSES	77,298.
MANAGEMENT AND GENERAL EXPENSES	53,046.
FUNDRAISING EXPENSES	10,134.
TOTAL EXPENSES	140,478.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 632212 08-25-16 Scl	1,643,861. hedule O (Form 990 or 990-EZ) (2016)

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.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

AMERICAN ACADI	EMY OF ARTS AND SCI	ENCES				04-21036	<u>,51</u>	
Part I Identification of Disregarded Entities. Comple	ete if the organization answered "Yes'	on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) r Total inco	me End-of-year		Direct o	(f) controlling ntity)
	_		_					
Part II Identification of Related Tax-Exempt Organizations during the tax years	ations. Complete if the organization	answered "Yes" on Form 990	, Part IV, line 34 b	ecause it had one o	or more i	related tax-exen	npt	
organizations during the tax year. (a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) ct controlling entity		g) 512(b)(13) rolled ity?
	_	g,,		501(c)(3))			Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(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	h) ortionate itions?	(i) Code V-UBI amount in box 20 of Schedule	(j) General managir partner	(k) Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(h) Percentage ownership	512(b contr enti	tion b)(13) rolled tity?
NORTON'S WOODS, INC 04-3388917			AMERICAN					Yes	No
136 IRVING STREET			ACADEMY OF						
CAMBRIDGE, MA 02138	EVENT SERVICES	MA	ARTS AND	C CORP	477,062.	0.	100%	Х	
PERMANENT SCIENCE FUND TR U/DECL -			AMERICAN						
04-6091592, BNY MELLON, NA - P.O. BOX 185,]		ACADEMY OF						
PITTSBURGH, PA 15230-0185	TRUST	MA	ARTS AND	TRUST	125,688.	0.	100%	X	

Schedule R (Form 990) 2016

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?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<i>'</i>			1a		X
	Gift, grant, or capital contribution to related organization(s)				1b		Х
С	Gift, grant, or capital contribution from related organization(s)				1c		Х
	Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		X
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)				1k		X
- 1	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11		X
m	Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n	X	
0	Sharing of paid employees with related organization(s)				10		X
р	Reimbursement paid to related organization(s) for expenses				1p		X
	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 whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instruction of the above is "Yes," in the above is "Yes," and "Yes," in the above is "Yes," in t	ho must complete th	is 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 inv	olved		
1)]	NORTON'S WOODS, INC.	N	607,557.	FAIR MARKET VALUE			
٥١							
2)							
3)							
<u> </u>							
4)							
•,							
5)							
6)							
	3 09-06-16			Schedule	R (Forr	n 990	2016

Page 4

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- iate tions?		Genera manag partne	(k) Percentage ownership
			30000010 012 011)	res No		res	NO	(1.61111.1535)	res	10
	_									
	1									
									H	
	-								$\frac{1}{1}$	
									$\frac{ }{ }$	
	-									900) 0040

632165 09-06-16 Schedule R (Form 990) 2016