

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

For calendar year 2016 or other tax year beginning JUL 1, 2016 and ending JUN 30, 2017

2016

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

Department of the Treasury Internal Revenue Service

Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Form 990-T header section containing organization name (AMERICAN ACADEMY OF ARTS AND SCIENCES), address (136 IRVING STREET, CAMBRIDGE, MA 02138), and identification number (04-2103651).

Form 990-T section H through J, including primary unrelated business activity (INVESTMENTS IN LIMITED PARTNERSHIPS) and books in care of (MARK ROBINSON).

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1a-13 showing total income of 8,790.

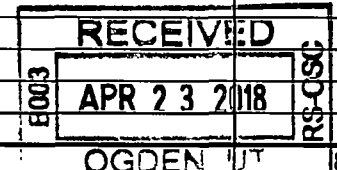


Table with 4 columns: Part II Deductions Not Taken Elsewhere, (A) Income, (B) Expenses, (C) Net. Rows 14-34 showing total deductions of 1,000 and final taxable income of 7,790.

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Part III Tax Computation	
35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ c Income tax on the amount on line 34	35c 1,169.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36
37 Proxy tax. See instructions	37
38 Alternative minimum tax	38
39 Tax on Non-Compliant Facility Income. See instructions	39
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40 1,169.

Part IV Tax and Payments	
41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a
41b Other credits (see instructions)	41b
41c General business credit. Attach Form 3800	41c
41d Credit for prior year minimum tax (attach Form 8801 or 8827)	41d
41e Total credits. Add lines 41a through 41d	41e
42 Subtract line 41e from line 40	42 1,169.
43 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	43
44 Total tax. Add lines 42 and 43	44 1,169.
45a Payments: A 2015 overpayment credited to 2016	45a 595.
45b 2016 estimated tax payments	45b
45c Tax deposited with Form 8868	45c 1,000.
45d Foreign organizations: Tax paid or withheld at source (see instructions)	45d
45e Backup withholding (see instructions)	45e
45f Credit for small employer health insurance premiums (Attach Form 8941)	45f
45g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	45g
46 Total payments. Add lines 45a through 45g	46 1,595.
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	47
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49 426.
50 Enter the amount of line 49 you want: Credited to 2017 estimated tax 426. Refunded	50 0.

Part V Statements Regarding Certain Activities and Other Information (see instructions)		
51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		X
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53 Enter the amount of tax-exempt interest received or accrued during the tax year		\$

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	Signature of officer <i>Mark Roberts</i>	Date 4/18/18	Title CHIEF OPERATING OFFICER
Paid Preparer Use Only	Print/Type preparer's name BRENDA L. BOOTH	Preparer's signature <i>Brenda L. Booth</i>	Date 04/16/18
	Firm's name CBIZ MHM, LLC	Firm's EIN 26-3753134	Check <input type="checkbox"/> if self-employed
	Firm's address 500 BOYLSTON STREET BOSTON, MA 02116	Phone no. 617-761-0600	PTIN P01342395
	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

FORM 990-T

INCOME (LOSS) FROM PARTNERSHIPS
AND S CORPORATIONS

STATEMENT 1

DESCRIPTION

AMOUNT

INVESTMENTS IN LIMITED PARTNERSHIPS

8,790.

TOTAL TO FORM 990-T, PAGE 1, LINE 5

8,790.