EXTENDED TO MAY 15, 2018

Department of the Treasury

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)

▶ 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.lrs.gov/form990.

Inspection-

ΑF	or the	2016 calendar year, or tax year beginning $JUL~1$, 2016 and ending	<u> </u>	
B C	heck if oplicable:	C Name of organization	D Employer identific	ation number
	Address change	AMERICAN ACADEMY OF RELIGION, INC.		
	Name change	Doing business as	**_**	*8525
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/su		107 7000
Ļ	Final return/ termin-	825 HOUSTON MILL RD NE 300		7,038,855.
<u>(</u>	ated Amende	City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA 30329	G Gross receipts \$ H(a) Is this a group ref	
H	⊒return]App!ica ⊒tion	ATHANIA, GA 30323	for subordinates?	
	pending	825 HOUSTON MILL ROAD, ATLANTA, GA 30329	H(b) Are all subordinates in	······ — —
T	ax-exe			ist. (see instructions)
		a: ► AARWEB.ORG	H(c) Group exemption	
KF	orm of	organization: X Corporation Trust Association Other L Ye	ear of formation: 2005 M	State of legal domicile; GA
Pá		Summary	·	······························
ø	1 E	Briefly describe the organization's mission or most significant activities: FOSTER E	KCELLENCE IN '	PHE
Activities & Governance		ACADEMIC STUDY OF RELIGION AND ENHANCE THE P		
ern	1	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of m	11	
Š		Number of voting members of the governing body (Part VI, line 1a)		12 12
જ		Number of independent voting members of the governing body (Part VI, line 1b)	·····	16
ties		Total number of individuals employed in calendar year 2016 (Part V, line 2a)	·····	1500
ξį		Total number of volunteers (estimate if necessary)	·	0.
Ac	1	Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34	······ 	0.
		Tet differated business taxable income from 1990-1, line 94	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	211,949.	55,210.
nge	1	Program service revenue (Part VIII, line 2g)	2,491,435.	2,426,098.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	169,290.	241,969.
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-79,931.	-83,850.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,792,743.	2,639,427.
		Grants and simitar amounts paid (Part IX, column (A), lines 1-3)	123,466.	261,690.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
ý,	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,270,072.	1,242,544.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
xpe	b	Total fundraising expenses (Part IX, column (D), line 25) 35, 251.	and religions to the second	
ш	17	Other expenses (Part IX, column (A), lines 11a·11d, 11f·24e)	1,340,971.	1,456,173.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,734,509.	2,960,407.
		Revenue less expenses. Subtract line 18 from line 12	58,234.	
Net Assets or	2		Beginning of Current Year	End of Year
Sset	일 20	Total assets (Part X, line 16)	11,223,605.	11,378,488.
et A	21	Total liabilities (Part X, line 26)	1,690,559. 9,533,046.	9,820,267.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20	J,555,040.	J, 020, 207.
		alties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of m	ny knowledge and helief, it is
		ct, and complete. <u>Declaration of preparer (other than officer)</u> is based on all information of which prej		ij monabyo ana bonon iz a
шu	0, 00110	1 Cillauth Sources	1 2/2	01/18
Si	an	Signature of officer	Date	- 1/1-13
	ere	DEBORAH B. MINOR, CFO		
•••		Type or print name and title		
_		Print/Type preparer's name Prepared's spineture Duix	Date Check	PTIN
Pa	id	DEBORAH L. PRIEST CPA DEBORAH L. PRIEST (P01/30/18 # self-emplo	P00148240
Pr	eparer	Firm's name WINDHAM BRANNON, P.C.	Firm's EIN ▶	**-***3439
Us	e Only	Firm's address 3630 PEACHTREE RD., NE, SUITE 600		
		ATLANTA, GA 30326	Phone no.4 (04-898-2000
М	av the l	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

632002 11-11-16

Form 990 (2016) AMERICAN ACA
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		Ì	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	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		<u>x</u>
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?			v
	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	اما	х	
	endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	- 22	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	Х	
h	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		Х
c	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		X
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		11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v-	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	14.	Ì	_v
	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 14a	_	X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	148		
D	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		Х
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	ļ	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		1	
	complete Schedule G, Part III	19	000	X
		F	. aan	(2016)

Form 990 (2016) AMERICAN ACADEMY (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
	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	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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			ĺ
	Schedule J	23	X	ļ
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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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			\ \v
	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			1
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	1		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		ļ	۱.,
	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	7.7.7.7.		
	instructions for applicable filing thresholds, conditions, and exceptions):	00-		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	 	X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	 	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			Ī
	If "Yes," complete Schedule N, Part I	31	<u> </u>	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			х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			1
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	<u> </u>
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		<u> </u>	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	1	+-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			\Box
	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	<u> </u>	$oldsymbol{ol}}}}}}}}}}}}}}}}}}$

Form 990 (2016) AMERICAN ACADEMY OF RELIGION, II Part V Statements Regarding Other IRS Filings and Tax Compliance

ta Enter the number reported in Box 3 of Form 1006. Enter C+ if not applicable 1 ta 28 16 10 0 b Enter the number of Forms W.26 included in line 1s. Enter C+ if not applicable 1 to 10 10 10 0 c Dick the organization correlly with backup withholding rules for reportable payment to vendors and reportable gaming (gambing) withouting to the visual reportable payments to vendors and reportable gaming (gambing) withouting to the visual reportable payments to vendors and reportable gaming (gambing) withouting to the visual reportable payments to vendors and reportable gaming (gambing) withouting to the visual reports the contributions of the contributions of the contributions of the organization flows and 1st seture 1 to 1 10 10 10 10 10 10 10		Check if Schedule O contains a response or note to any line in this Part V	······		<u></u>		
b Enter the number of Forms W2G included in line 1a. Enter 0- if not applicable						Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to 6-file (see instructions) 3a If the visa, in the calendar year and 2a is greater than 250, you may be required to 6-file (see instructions) 3b If the visa, in the calendar year, if the organization file all required federal employment tax returns? 3a X 3b If visa, in the dark of the see of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account (FBAF). 3b If visa, in the the region country (such as a bank account, securities account, or other financial account (FBAF). 3c If visa, in the capinization a party to a prohibitorial visa a bank account, securities account, or other financial account (FBAF). 3c If visa, in the segnitization a party to a prohibitorial visa was or is a party to a prohibitorial extender than 3100,000, and did the organization to be organization that was or is a party to a prohibitorial extender party or thributions that were not tax deductible? 3c If visa, in the segnitization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 3c If visa, in the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 3c If visa, in the organization state than year every the second of the visa organization state than year every the second of the visa organization state than year every the second o	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	28			
(gambling) winnings to prize winners? Enter the number of employees reported on Form W.S., Transmittal of Wage and Tax Statements. Filed for the calendar year ending with or within the year covered by this return. It is a teast one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 30. Did the organization have unrelated business gross income of \$1,000 or more during the year? 41. A vary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a strangerial account? (such as a bank account, accordine account, or other financial account)? 42. A vary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a strangerial account? (such as a bank account, accordine account, or other financial account)? 43. B if "Yes," enter the name of the foreign country (such as a bank account, accordine account, or other financial accounts (FBAR). 44. B if "Yes," enter the name of the foreign tax shelter transaction at any time during the tax year? 45. B if "Yes," enter the name of the foreign tax shelter transaction at any time during the tax year? 46. B if "Yes," in the file organization that it was or is a party to a prohibled tax shelter transaction at any time during the tax year? 47. B if "Yes," indictions that we not tax deductibles of Error BBBE?" 48. If "Yes," indictions that we not tax deductibles a charitatele contributions? 49. If "Yes," indictions that were not tax deductibles a charitatele contribution or grifts were not tax deductibles a charitatele contribution or grifts were not tax deductibles a charitatele contribution or grifts were not tax deductibles as charitatele contributions? 40. If "Yes," indicate the number of Forms 2822 filed during the year 41. If yes, "indicate the number of Forms 2822 filed during the year 42. If yes, "indic				0			
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. If it all east one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a	C	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportat	ole gaming			
filled for the calendary year ending with or within the year covered by this return If all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1s and 2a is greater than 250, you may be required to e-file (see instructions) 3a Dot the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the calendary 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 accountly over, a financial account in a foreign country such as a bank account, securities account, or other financial accountly over, a financial account in a foreign country such as a bank account, securities account, or other financial accountly over, a financial account in a foreign country. ▶ 5b Was the organization or party to a prohibited tax sheller transaction of any time during the tax year? 5c lift Yea, 's line fis or 5t, did the organization that it was or is a party to a prohibited tax sheller transaction? 5c lift Yea, 's line fis or 5t, did the organization that it was or is a party to a prohibited tax sheller transaction? 5c lift Yea, 's line fis or 5t, did the organization that it was or is a party to a prohibited tax sheller transaction? 5c lift Yea, 's line fis or 5t, did the organization that it was or is a party to a prohibited tax sheller transaction? 5c lift Yea, 's line fis or 5t, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c lift Yea, 's line fis organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 6c lift Yea, 's line organization that may receive deductible contributions under section 170(c). 8d lift we organization shall may receive deductible on the value of the organization file organization file					10	Х	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If this sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	l				
Note, If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3.0 Did the organization have unrelated business gross incomo of \$1,000 or nore during the year? 4.8 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is no freing occurring when as a bank account, securities account, or other financial accountly over, a financial account in 16 oreing occurring when as a bank account, securities account, or other financial accountly over, a financial account in 5 oreing occurring when a bank account, securities account, or other financial accountly over, a financial account in 5 oreing occurring when a bank account, securities account, or other financial account (FBAR). 5.6 Was the organization of the foreign country; ▶ 5.7 See instructions for files roughly one of Foreign Bank and Financial Accounts (FBAR). 5.8 Was the organization in file for particular file Foreign Bank and Financial Accounts (FBAR). 5.9 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5.0 Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions hat were not tax deductible as charitable contributions? 6.0 Dest the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). 8. If I'ves, ' did the organization include with every solicitation an express statement that such contributions or gills were not tax deductible? 9. If I'ves, ' did the organization notify the donor of the value of the goods are services provided? 9. If I'ves, ' did the organization notify the donor of the value of the goods are services provided? 9. If I'ves, ' include an include with every solicitation and partly for goods and services provided to the payo							
38 Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 980-T for this year? If "No," to line 3b, provide an explanation in Schedule O d 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 accounts (FIBAR). See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial accounts (FIBAR). Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Was the organization a party to a prohibited tax shelter transaction? 5 Did any txabile party notify the organization file form 8886-T? 5 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If if "Yes," did the organization notify the donor of the value of the goods or services provided? 9 Did the organization receive a psyment in excess of \$15 made party as a contribution and party for goods and services provided to the payor? 7 To the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 10 Did the organization received a psyment in excess of \$15 made party as a contribution and party for goods and services provided to the payor? 10 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? 11 Did the organization of the provided to made the property of the organization in the payor. 12 Did the organization of the provided to made the prov	b				2b		X
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9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 112 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand	Ū	• • •	,		8		
a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	9	· · · · · · · · · · · · · · · · · · ·				2.77.77	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12					9a		
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12					9b		
a Initiation fees and capital contributions included on Part VIII, line 12						73.	1.,, 3.3
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 1	а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders	b		10b				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13a Is the organization of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c 13c	11						
amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b			11a		↓		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b	Gross income from other sources (Do not net amounts due or paid to other sources against					
b if "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a	ļ	
a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13a 13b 13b 13b	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		22. at a construction of the construction of t		
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 c Enter the amount of reserves on hand							
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 13c 13c	a				13a	ļ	
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 13b						2000	- 1.75 mm
c Enter the amount of reserves on hand	b		ı	1			
14a Did the examination resolve any neumants for indeer tenning conjuge during the tay year?			13c	<u> </u>			V
That bld the digalization receive any payments for indoor tarming solvides during the tax years		j,,,	,		14a	-	1 ×
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Form 990 (2016	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ile O				1/0010

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.

	Check if Schedule O contains a response or note to any line in this Part VI			•••••			X
Sect	ion A. Governing Body and Management						
						Yes	No
la	Enter the number of voting members of the governing body at the end of the tax year	1a		12	17157		
	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.		1				
b	Enter the number of voting members included in line 1a, above, who are independent	1b		12		7.3 7	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ip with	any other				
	officer, director, trustee, or key employee?		-		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the		ct supervision				
-	of officers, directors, or trustees, or key employees to a management company or other person?				3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as				5		Х
6	Did the organization have members or stockholders?			•••••	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a						
, a	more members of the governing body?				7a	х	ŀ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					1	
Б	persons other than the governing body?				7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
_					8a	Х	
a	The governing body? Each committee with authority to act on behalf of the governing body?				8b	X	
b	•			******	- 00	 -	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	acried	at trie		9		x
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	Jourons	o Codo l		1 0	1	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	tevenu	e code.)			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	NI.
					400	Yes	No
	Did the organization have local chapters, branches, or affiliates?				10a	 ^	
b	If "Yes," did the organization have written policies and procedures governing the activities of such of				1	x	
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	ay ber	ore tiling the to	rm?	11a	1	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					X	
12a	Did the organization have a written conflict of interest policy? If *No,* go to line 13		-41-1-0	• • • • • • • •	12a		<u> </u>
þ				•••••	12b	<u> </u>	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If *					x	
	in Schedule O how this was done			• • • • • • • • • • • • • • • • • • • •	12c	X	├
13	Did the organization have a written whistleblower policy?				13		
14	Did the organization have a written document retention and destruction policy?				14	X	
15	Did the process for determining compensation of the following persons include a review and appro-		independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?				1	
а	The organization's CEO, Executive Director, or top management official				15a		ļ
b	Other officers or key employees of the organization	• • • • • • • • • • • • • • • • • • • •			15b	X	j
	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 arrange	ement	with a				
	taxable entity during the year?				16a	<u> </u>	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anizati	on's				
	exempt status with respect to such arrangements?				16b	<u> </u>	<u> </u>
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ►GA, AL, AK, CA,	<u>co,</u>	CT,ME,M	A, N	H,NI	M,N	Z, NC
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990						
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (expla						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or	onflict	of interest pol	icy, ar	nd fina	ncial	
	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 b	ooks a	and records: 🕨	-			
	DEBORAH B. MINOR - 404-727-7920						
	825 HOUSTON MILL ROAD, ATLANTA, GA 30329						
6320	SEE SCHEDULE O FOR FULL LIST OF STATES				For	m 99((2016

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 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 organizat (A)	(B)			(C	;)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Posi heck r	tion nore	than :	one	Reportable	Reportable	Estimated
	hours per	box,	unle	ss per d a di	son i	s boli	h an	compensation	compensation	amount of
	week						,	from the	from related organizations	other compensation
	(list any hours for	trustee or director				_		organization	(W-2/1099-MISC)	from the
	related	98 OF	stee			nsate		(W-2/1099-MISC)	(,	organization
	organizations	trust	ıal tru		ayee	adwo		'		and related
	below	Individual t	institutional trustee	je j	Key employee	Highest compensated employee	Former			organizations
	line)	ig ig	lust	Officer	Key	율	5			
(1) ASMA AFSARUDDIN	2.50									^
BOARD MEMBER		Х			_		_	0.	0.	0
(2) EDDIE S. GLAUDE JR.	5.00	ا ا			l			1		^
VICE PRESIDENT		X		Х	L	ļ		0.	0.	0
(3) KECIA ALI	2.50	۱					1			,
BOARD MEMBER		X	<u>L</u>	ļ'	<u> </u>	ļ	$ldsymbol{ldsymbol{ldsymbol{eta}}}$	0.	0.	0
(4) GREG JOHNSON	2.50	١	ļ	ļ						^
BOARD MEMBER	F 00	X	_				<u> </u>	0.	0.	0
(5) SERENE JONES	5.00	١.,		٠,	1				0.	0
PRESIDENT	F 00	X	 	X	⊢	 	_	0.	U •	0
(6) MICHAEL MCNALLY	5.00	٠,,	ı	٠,,				0.	0.	0
SECRETARY	7 50	X	┝	X	┢	 		<u> </u>	<u> </u>	<u> </u>
(7) ARDY BASS	2.50	X			ļ	1		0.	0.	0
BOARD MEMBER	5.00	^	┡	├	┢	-	⊢	<u> </u>		
(8) GRACE JI-SUN KIM	3.00	$ _{\mathbf{x}}$					Į	0.	. 0.	0
BOARD MEMBER	2.50	┼≏	├	╁	╀	╂	╁	· ·	-	
(9) MAYRA RIVERA	4.50	X	1					0.	0.	0
BOARD MEMBER (10) DAVID GUSHEE	5.00		⊢	╁┈	\vdash	╂	\vdash			
PRESIDENT BLECT	3.00	x		x		1		0.	0.	0
(11) BHAKI MAMTORA	2.50		╀	12.	╁	+	+	 	<u> </u>	<u> </u>
BOARD MEMBER	2.30	$ _{\mathbf{x}}$					-	0.	. 0.	0
(12) LAURIE PATTON	2.50		┼	+	╁	╁	+			<u> </u>
VICE PRESIDENT		$ \mathbf{x} $	1	x				0.	. 0.	o
(13) THOMAS TWEED	5.00		t	Ť	╁	\top	1		<u> </u>	<u> </u>
PRESIDENT		$\forall x$		x			1	0.	. 0.	.
(14) KATHRYN MCCLYMOND	2.50		t	\top	T	1-				
BOARD MEMBER		x	1					0.	. 0.	. .
(15) LEELA PRASAD	2.50		1		\top	Τ	T			
BOARD MEMBER		x						0	. 0.	.
(16) JONATHAN SARNA	2.50		1			1				
TREASURER		٦x				1		0	. 0.	. (
(17) JOHN FITZMIER	40.00				T	T	Τ			
EXECUTIVE DIRECTOR - STAFF				X			1	203,575	. 0.	29,079

Form 990 (2016) 632007 11-11-16

orm 990 (2016) AMERIC	AN ACADEM	7 ()F	RE	ΓT	.GT	<u>ис</u>	, INC.	**_**	*85	25 P	age 8
Part VII Section A. Officers, Directors,	Trustees, Key Em	ploy	ees,	and	Hig	ghest	Co	mpensated Employee	es (continued)			
(A)	(B)			(C))		T	(D)	(E)	Ţ	(F)	
Name and title	Average	_ ا		Posit	ion			Reportable	Reportable		Estimate	ed
, which the time	hours per					than or s both		compensation	compensation	,	amount	of
	week					/truste		from	from related		other	
	(list any	ē						the	organizations	ļ	compensa	ation
	hours for	를 등				.	- 1	organization	(W-2/1099-MIS		from th	е
	related	10 ag	age			jas	1	(W-2/1099-MISC)	•	`	organizat	ilon
	organizations	ig L	큹		gg	80		, i			and relat	œd
	below	gran	e l	ايا	윤	sst co oyee	. l				organizat	ons
	line)	ndividual trustae or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former					
(18) STEPHEN W. HERRICK	40.00											
210		1		х				119,808.		0.	24,2	63
19) DEBORAH MINOR	40.00	┼┈			\dashv	\dashv	\dashv			-		
	40.00	4		. ,			1	00 000		0.	116	57
CFO	10.00	┞	!	Х	_	\vdash	-+	98,982.		٠.	14,6	<u> </u>
(20) ROBERT WILLIAMS	40.00	1										
STAFF						X		111,951.		0.	22,0	43
(21) BRIAN YOUNG	40.00			П				·- "				
STAFF		1	1			Х		100,667.		0.	5,5	03
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		<u>L</u> .	l			Ш		624 602		_	0 F F	- 4 F
1b Sub-total						J	▶	634,983.		0.	95,5	
c Total from continuation sheets to P.	art VII, Section A					J	▶ [0.		0.		0
d Total (add lines 1b and 1c)]	▶	634,983.		0.	95,5	45
2 Total number of individuals (including	but not limited to t	hose	e liste	ed at	bove	e) wh	o re	ceived more than \$10	0,000 of reportab	e		
compensation from the organization												
3011,001,000,001											Yes	No
3 Did the organization list any former of	ficer director or t	niota	a k	ov or	mple	W/00	or h	nichaet compensated e	mnlovee on	Ţ:		
												Х
line 1a? If "Yes," complete Schedule	i tor such individua	···								····· -	3	
4 For any individual listed on line 1a, is	the sum of reporta	ble c	omp	ensa	atior	n and	oth	ner compensation from	the organization	I.		
and related organizations greater than										ļ	4 X	4_
5 Did any person listed on line 1a receiv	e or accrue compa	ensa	tion	from	any	y unr	elate	ed organization or indiv	idual for services			
rendered to the organization? If "Yes,	complete Schedu	ıle J	for s	uch	per	son .					5	X
Section B. Independent Contractors	•											
1 Complete this table for your five higher	et componented i	nder	and	ent c	ont	racto	re ti	hat received more than	\$100,000 of cor	nensa	ation from	
										porto		
the organization. Report compensation		year	enc	ing v	MIRI	Or W	шш		year.		(0)	
(/ Name and hard							1	(B)	conicos	٠.	(C) ompensati	ion
Name and bus							_	Description of			ompensar	OII
EMORY UNIVERSITY, 1599	CLIFTON	RC	AD	, :	3R	D		PAYROLL, BEN				
FLOOR, ATLANTA, GA 303	322)	PELEPHONE, 3	INTERNET	1	,666,	380
AMERICAN EXPRESS							1	PRAVEL, OFF	CES			
PO BOX 650448, DALLAS,	ጥ Χ 75265	;						SUPPLIES, SI			195,	329
							一					
PRODUCTION RESOURCE GE		1/n	1	7.77 7	1	25.	,ار	ייוואר אדחווא	•		160	030
539 TEMPLE HILL ROAD,	MEM MINDS	UK	,	T/ X	Т	<i>4</i> 5.	2	NUDIO VISUAI			168,	733
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O Tatalanastas Chiles to the control of the control	dans finalisation to		11pr 29	~d + ·		000 11	<u>.</u>	المراجع مع معاليا المراجع الم	mora than			7,51,55
2 Total number of independent contract	aors uncludina but	DOT	or THE	T								and the second
•			mine	eu it) list		Stea	above) who received	nore train			
\$100,000 of compensation from the			mine	eu ii	JUK	3	Stea	a acove) who received	more triair		E0rm 991	

Form 990 (2016)

Form 990 (2016) AMERICA
Part VIII | Statement of Revenue

			Check if Schedule O contai	ns a response	or note to any line	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
इइ	1	 а	Federated campaigns	1a					
듄둦			Membership dues						
ا ق ت			Fundraising events	·····					
뚩킯			B 1 2 1 1 11	·····					
Ű			Related organizations Government grants (contribution						
8.9			All other contributions, gifts, grants	· · · · · · · · · · · · · · · · · · ·					
불회			similar amounts not included above		55,210.				
불히			Noncash contributions included in lines 1		,	2.7. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.			
Contributions, Giffs, Grants and Other Similar Amounts			Total. Add lines 1a-1f			55,210.			
"		**	Total. Add lines 12-11		Business Code		4		
a	^	_	ANNUAL MEETING REVENUE		813920	1,397,900.	1,397,900.		
Ş	2	_	MEMBERSHIP FEES		813920	878,314.			·
Program Service Revenue		~	EMPLOYMENT INFORMATION	SERVICES	813920	78,331.			
اقع		•	PUBLICATIONS REVENUE	OBILVI COO	813920	42,247.			<u> </u>
Pag		-	LABEL REVENUE		813920	24,541.	24,541.		
윤ᅵ		-			813920	4.765.	4.765.		
-			All other program service reven			2,426,098.	4,700.		
 	_		Total. Add lines 2a-2f			2,420,030.		****	
	3		Investment income (including of			141,284.			141,284.
		other similar amounts)				141,204.			***,101,
	4	Income from investment of tax-exempt bond proce				6,614.			6,614.
ļ	5		Royalties			0,014.			0,014.
	_			(i) Real 134,791	(ii) Personal		2.6.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.		
1			Gross rents				21.000		
			Less: rental expenses	225,255	1			7.7.7.	
			Rental income or (loss)	-90,464	<u>. </u>	-90,464.			00 464
			Net rental income or (loss)			~90,404.			-90,464.
	7	a	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory	4,274,858	•				
		þ	Less: cost or other basis	4 454 453					7.77
			and sales expenses	4,174,173					
			Gain or (loss)	100,685		100 000			100 605
			Net gain or (loss)			100,685.			100,685.
ē	8	а	Gross income from fundraising	•					
ē			including \$	of					
, Re			contributions reported on line	-					
Other Revenu			Part IV, line 18		3	/ Visit 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
5			Less: direct expenses		·				
_			Net income or (loss) from fund		·····				**************************************
	9	а	Gross income from gaming ac						
			Part IV, line 19		a				
			Less: direct expenses		o				
			Net income or (loss) from gam		<u></u>				
	10	a	Gross sales of inventory, less	returns					
			and allowances		a				
	1		Less; cost of goods sold		b			- 26 17.2	
		С	Net income or (loss) from sales	s of inventory	<u></u>				
	<u></u>		Miscellaneous Revenu	e	Business Code		22 22 22 22 22 22		
	11	a							
		b					ļ		
		С						ļ	
		d	All other revenue						
		е							
	12	<u> </u>	Total revenue. See instructions.	***************************************		2,639,427	2,426,098.	0	158,119.

Part IX | Statement of Functional Expenses

Secur	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons				X
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part Vill.	(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	5,000.	5,000.		
	Grants and other assistance to domestic	051 600	251 622		
	individuals. See Part IV, line 22	251,690.	251,690.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	F 000	F 000		
	individuals. See Part IV, lines 15 and 16	5,000.	5,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	075 510	742 721	010 450	01 220
	trustees, and key employees	975,519.	743,731.	210,458.	21,330.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	267,025.	203,561.	57,624.	5,840.
11	Fees for services (non-employees):				
а	Management	1			
	Legal	2,441.	2,441.		
	Accounting	24,779.	9,448.	14,351.	980.
ď					
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
a	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A) amount, list line 11g expenses on Sch O.)	372,587.	372,587.		
12	Advertising and promotion	1,519.	1,431.	82.	6.
13	Office expenses	98,209.	96,368.	1,724.	117.
14	Information technology				
15	Royalties				
16	Occupancy	64,746.	53,724.	10,318.	704.
17	Traval	197,952.	191,428.	6,107.	417.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	134,617.	131,216.	1,260.	2,141.
20	Interest	1,537.		1,537.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	176,571.	155,335.	19,614.	1,622.
23	Insurance	4,922.	4,756.	155.	11.
24	Other expenses. Itemize expenses not covered 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.)	187,027.	171,857.	14,201.	969.
a	SERVICE CHARGES AND FEE	105,327.	96,801.	7,981.	545
b	EQUIPMENT RENTAL & MAIN	51,971.	48,443	3,124.	404
c	OTHER TEMPORARY HELD	24,365.	23,035		85
d	TEMPORARY HELP	7,603.	6,351	1,172.	80
e		2,960,407.	2,574,203	350,953.	35,251
25	Total functional expenses. Add lines 1 through 24e	4,300,407.	4,3/4,403	330,933.	7777
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)			<u> </u>	Form 990 (2016

Form 990 (2016)
Part X Balance Sheet

		Check if Schedule O contains a response or note	e to anv	line in this Part X			
					(A) Beginning of year		(B) End of year
		Cash - non-interest-bearing			1 606 101	1	1 160 255
2		Savings and temporary cash investments			1,606,191.	2	1,168,355.
;	3	Pledges and grants receivable, net			60.006	3	02 (00
4		Accounts receivable, net	60,996.	4	83,699.		
(-	Loans and other receivables from current and fo		·			
		trustees, key employees, and highest compensa	ted em	ployees. Complete		-1-1-1	7
		Part II of Schedule L		5			
- •		Loans and other receivables from other disqualif					
		section 4958(f)(1)), persons described in section					
ı		employers and sponsoring organizations of sect				·:::::::::::::::::::::::::::::::::::::	. 2
!		employees' beneficiary organizations (see instr).		i i		6	
		Notes and loans receivable, net				7	
` '	8	Inventories for sale or use		i i	E 2 210	8	60,354
	9	Prepaid expenses and deferred charges		***************************************	52,310.	9	00,334
1	0a	Land, buildings, and equipment: cost or other		2 705 224			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	3,703,334.	1,771,963.	40	1 686 141
	b				7,732,145.		1,686,141 8,379,939
1	1	Investments - publicly traded securities	1,134,143.	11	0,319,939		
- 1	2	Investments - other securities. See Part IV, line 1				12	
	3	Investments - program-related. See Part IV, line		13	-		
	4	Intangible assets		14			
1	5	Other assets. See Part IV, line 11	11,223,605.	15	11,378,488		
	6	Total assets. Add lines 1 through 15 (must equ			490,671.	16	301,385
ŀ	7	Accounts payable and accrued expenses	430,071.	17	301,303		
1	8	Grants payable	1,199,888.	18 19	1,256,836		
	9	Deferred revenue			1,199,000.	20	1,250,050
- 1	20	Tax-exempt bond liabilities				_	
1	21	Escrow or custodial account liability. Complete				21	
§ 2	22	Loans and other payables to current and forme					
		key employees, highest compensated employee					
5		• *************************************				22	
2	23	Secured mortgages and notes payable to unrel				24	
	24	Unsecured notes and loans payable to unrelate				24	
12	25	Other liabilities (including federal income tax, paraties, and other liabilities not included on line.	-				
1						25	
١,	26	Schedule D Total liabilities. Add lines 17 through 25			1,690,559.	26	1,558,221
- 1-	20	Organizations that follow SFAS 117 (ASC 95	3) chec	k here X and		<u></u>	
, 1		complete lines 27 through 29, and lines 33 and					
ğ <u>ş</u>	27	Unrestricted net assets			6,489,604.	27	6,864,099
	28	Temporarily restricted net assets			1,843,442.		1,756,168
	29				1,200,000.		1,200,000
<u> </u>		Organizations that do not follow SFAS 117 (A				Take.	
-		and complete lines 30 through 34.		-,,		1-11-2	
2	30	Capital stock or trust principal, or current funds	3			30	
SS (31	Paid-in or capital surplus, or land, building, or e				31	
∢	32	Retained earnings, endowment, accumulated in				32	"
ž	33	Total net assets or fund balances			9,533,046		9,820,267
	34	Total liabilities and net assets/fund balances			11,223,605		11,378,488

Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments	1 2 3 4 5 6 7 8	2,639 2,960 -320 9,533	9,42 9,40 9,98	07. 80. 46.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			<u> </u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,820	0,2	66.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>X</u>
1 2a b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	d on a	2a 2b	Yes	X
3a	consolidated basis, or both: Separate basis K Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Sch As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sch Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits	nedule O. ingle Audit uired audit	2c 3a 3b	X	X
_	or addits, explain why in ochequie O and describe any steps taken to didergo such addits			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

Employer identification number

	AMER	ICAN ACAD	EMY OF RELIG	ION, I	NC.	j	**-***8525
Part I	Reason for Public C					e instructions.	
The organ	ization is not a private found:	lation because it is	: (For lines 1 through 12	, check only	one box.)		
1 📺	A church, convention of chu)(A)(i).	
2	A school described in section						
з 🗔	A hospital or a cooperative l		-			i).	
4	A medical research organiza						r the hospital's name,
- —	city, and state:		,				,
5 🔲	An organization operated for	or the benefit of a c	college or university own	ed or opera	ted by a go	ovemmental unit descr	ibed in
<u> </u>	section 170(b)(1)(A)(iv). (C		,		, ,		
6	A federal, state, or local gov		omental unit described i	n section 17	70(b)(1)(A)('vì.	
7	An organization that normal	_					al public described in
. —	section 170(b)(1)(A)(vi). (Co	•	italita part of ito ouppor	t nom a gor	ommonia	and or norman gorion	ar posito docerno a m
8 🗀	A community trust describe		hV4VAVvi) (Complete P	ort II \			
9 🗔	An agricultural research org				ad in conju	notion with a landlarar	at college
9 🗀	•	-					
	or university or a non-land-g	grant conege or aga	nculture (see instruction	s). Enter the	name, ony	, and state of the whe	sg e oi
10 X	university:		22 1/20/ of its a		oontributii	no membership fees	and grass resoints from
10 122	An organization that normal	•					
	activities related to its exem						
	income and unrelated busin		ne (less section 511 tax)	irom ousine	isses acqu	ired by the organization	maner June 30, 1975.
🗀	See section 509(a)(2). (Cor	•		C	a a allan EC	20(-)(4)	
11	An organization organized a						L
12 📖	An organization organized a						
	more publicly supported or						. Check the box in
r	lines 12a through 12d that						
a L	J Type I. A supporting orga						
	the supported organization		- ,	at a majority	of the dire	ctors or trustees of the	supporting
	organization. You must o						
b ∟	Type II. A supporting org						
	control or management o	of the supporting o	rganization vested in the	e same pers	ons that co	ontrol or manage the s	upported
_	organization(s). You mus	st complete Part I	V, Sections A and C.				
c L	☐ Type III functionally integer ☐ Type III functionally int	e grated. A support	ting organization operat	ed in connec	tion with,	and functionally integr	ated with,
	its supported organizatio	on(s) (see instructio	ons). You must complet	e Part IV, S	ections A,	D, and E.	
d∟		y integrated. A su	pporting organization o	perated in co	nnection v	vith its supported orga	nization(s)
	that is not functionally int	tegrated. The orga	inization generally must	satisfy a dis	tribution re	quirement and an atte	ntiveness
	requirement (see instruct	tions). <mark>You must c</mark>	omplete Part IV, Section	ons A and D	, and Part	V.	
e 🗀	Check this box if the orga	anization received	a written determination	from the IRS	S that it is a	a Type I, Type II, Type	III
	functionally integrated, o	or Type III non-func	tionally integrated supp	orting organ	ization.		
f Ent	er the number of supported	organizations					
g Pro	vide the following information	n about the suppo	orted organization(s).				
	(i) Name of supported	(ii) ElN	(iii) Type of organization	n (iv) is the org	anizabon ksted ing document?	(v) Amount of monetary	' ' '
	organization		(described on lines 1-1 above (see instructions	Van	No	support (see instruction	s) support (see instructions)
		1					
						1	
•		1					
						1	
					1		
Total						<u> </u>	

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	tion A. Public Support						
ale	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.")						
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						
	fumished by a governmental unit to	,					
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
	by each person (other than a			A			
	governmental unit or publicly	2.57.57	1				
	supported organization) included					2.	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,		/				
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest,			•			
	dividends, payments received on						
	securities loans, rents, royalties	İ			ļ		
	and income from similar sources						
9	Net income from unrelated business					i	
	activities, whether or not the					,	
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital			Ì		=	
	assets (Explain in Part VI.)						
11	Total support, Add lines 7 through 10	221 271					
12	Gross receipts from related activities	, etc. (see instructi	ions)			12	
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	
	organization, check this box and sto	p here	<u> </u>				<u></u>
Se	ction C. Computation of Pub	ic Support Pe	rcentage				
	Public support percentage for 2016 (14	%
	Public support percentage from 2015					15	<u>%</u>
162	33 1/3% support test - 2016. If the						. 1
	stop here. The organization qualifies						
ì	33 1/3% support test - 2015. If the						is box
	and stop here. The organization qua						▶□
178	7a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the "fac						. —
	meets the "facts-and-circumstances"	_					
1	10% -facts-and-circumstances tes						
	more, and if the organization meets t						
	organization meets the "facts-and-cir		_				\
18	Private foundation. If the organization	on did not check a	box on line 13, 16	oa, 16b, 17a, or 17			
					Sch	edule A (Form 990	or 990-EZ) 2016

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(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.)

	qualify under the tests listed be	elow, please compl	lete Part II.)				
Sec	tion 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.")	30,707.	31,542.	606,948.	212,949.	55,210.	937,356.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,530,780.	2,483,215.	2,620,460.	2,491,435.	2,426,098.	12,551,988.
3	Gross receipts from activities that	1					
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf			:			
5	The value of services or facilities						
	fumished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	2,561,487.	2,514,757.	3,227,408.	2,704,384.	2,481,308.	13,489,344.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	7,735.	10,025.	7,060.	6,283.	5,313.	36,416.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b	7,735.	10,025.	7,060.	6,283.	5,313.	36,416.
	Public support. (Subtract line 7c from line 6.)				.7		13,452,928.
	ction B. Total Support						<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	2,561,487.	2,514,757.	3,227,408.	2,704,384.	2,481,308.	13,489,344.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	244,601.	229,498.		269,019.		1,279,244.
ŧ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
(Add lines 10a and 10b	244,601.	229,498.	253,437.	269,019.	282,689.	1,279,244.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	2,806,088.	2,744,255.	3,480,845.	2,973,403.	2,763,997.	14,768,588.
14	First five years. If the Form 990 is fo check this box and stop here	•			-		
So	ction C. Computation of Publ	lic Sunnort Pe	rcentage	***************************************		***************************************	
	Public support percentage for 2016 (column (fi)		15	91.09 %
	• • • •	• • • • • • • • • • • • • • • • • • • •	-			16	91.29 %
16 So					***************************************	101	71.27 %
	Section D. Computation of Investment Income Percentage						
	17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))						
18						18	8.43 %
19:	a 33 1/3% support tests - 2016. If the						. 77
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
ı	33 1/3% support tests - 2015. If the	-					
	line 18 is not more than 33 1/3%, ch						. [
20	Private foundation. If the organization	on did not check a	box on line 14, 19	ea, or 19b, check t			
6320	23 09-21-16				Sch	edule A (Form 99	0 or 990-EZ) 2016

15

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.)

		,	/es	1	No
1		-			
	W				
7.5		4			
1				ı	
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b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2016 AMERICAN ACADEMY OF RELIGION, INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (explain in Pa	rt VI.) See instructions. A
other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
Section 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	1 1		
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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):	1 Cit		
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		
Section 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	A STATE OF THE STA	
4 Enter greater of line 2 or line 3	4	A CONTRACTOR OF THE PROPERTY O	
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	Illy inten	rated Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Parl	UIGA (Form 990 or 990 EZ) 2016 AMERICAN ACADI			OJZJ Page /
		a)(b) Supporting Orga	(continued)	Current Year
	on D - Distributions	Gurrent rear		
	Amounts paid to supported organizations to accomplish exer			
	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity	o of cumperted examinations		
	Administrative expenses paid to accomplish exempt purpose	s or supported organizations		
	Amounts paid to acquire exempt-use assets	 		
	Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions			
	Total annual distributions. Add lines 1 through 6			
	Distributions to attentive supported organizations to which the	ne organization is responsive		
0	(provide details in Part VI). See instructions	le organization is responsive		
9	Distributable amount for 2016 from Section C, line 6			
	Line 8 amount divided by Line 9 amount			
10	Life 8 amount divided by Life 9 amount	(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Secti	on E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6	7		
	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а			- 10 mm	
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	fine 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
<u> </u>	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			The state of the s
	and 4c			
8	Breakdown of line 7:			
<u>a</u>				
	Excess from 2013			
	Excess from 2014			
d	Excess from 2015			· Programme and the second sec

Schedule A (Form 990 or 990-EZ) 2016

e Excess from 2016

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2016

** Do Not File ** *** Not Open to Public Inspection ***

Payer's Name	2012 Amount	2013 Amount	2014 Amount	2015 Amount	2016 Amount
	7,735.	10,025.	7,060.	6,283.	5,313.
				,	
		,			
	1				
otal to Schedule A, Part III, Line 7a	7,735.	10,025.	7,060.	6,283.	5,313

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 RELIGION, INC.

Employer identification number **-***8525

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin-	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose o	onferring
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all th <u>at a</u> pply).	•
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histor	rically important land area
	Protection of natural habitat	Preservation of a certif	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form o	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	• • • • • • • • • • • • • • • • • • • •		
C	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year -		
4	Number of states where property subject to conservation ea	•	
5	Does the organization have a written policy regarding the pe		——————————————————————————————————————
	violations, and enforcement of the conservation easements		Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cons	ervation easements during the year
			in an annual design of the const
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easements during the year
	Does each conservation easement reported on line 2(d) abo	us satisfy the requirements of agotion 1700	b)(4)(P)(i)
8		•	
•	and section 170(h)(4)(B)(ii)?	ion accompate in its revenue and expense	
9	include, if applicable, the text of the footnote to the organization		
	conservation easements.	tion a imancial statements that describes t	ne organizatori o accounting for
Pa	rt III Organizations Maintaining Collections of	of Art. Historical Treasures. or O	her Similar Assets.
1	Complete if the organization answered "Yes" on Forn		
1a	If the organization elected, as permitted under SFAS 116 (A		nent and balance sheet works of art.
IG	historical treasures, or other similar assets held for public ex	· · · · · · · · · · · · · · · · · · ·	
	the text of the footnote to its financial statements that descri		, , , , , , , , , , , , , , , , , , , ,
b	If the organization elected, as permitted under SFAS 116 (A		and balance sheet works of art, historical
~	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	,	3
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under SFAS		-
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2016

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

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3. Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check at life at papy): Position Preservation for future generations	Parl		ollections of Ar	t, Historical Tre	easures, or O	ther Sim	ilar Asset	S (continue	ed)	
a	3	Using the organization's acquisition, accession	n, and other records	s, check any of the f	ollowing that are	a significan	t use of its o	ollection i	tems	
b		(check all that apply):								
C Provide a description of the organization solicitor in collections and explain how they further the organization's exempt purpose in Part XIII. Ouring the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IVI Excrow and Custodial Arrangements. Complete if the organization answered Yeas' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is in the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is in the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is eligible to the complete in the organization answered Yeas' on Form 990, Part X. In 21. Is eligible to the organization include an amount on Form 990, Part X, line 21, for escrov or custodial account tability? Is eligible the organization include an amount on Form 990, Part X, line 21, for escrov or custodial account tability? Is eligible the organization include an amount on Form 990, Part X, line 21, for escrov or or ustodial account tability? Is eligible the organization include an amount on Form 990, Part X, line 21, for escrov or or ustodial account tability? Is eligible the organization include an amount on Form 990, Part X, line 21, for escrov or or part XIII. Part V = Endowment Funds. Complete if the organization answered Yes* on Form 990, Part X, line 10. Is eligible the organization answered Yes* on Form 990, Part X, line 10. Is eligible to part XIII the Part XIII Chack here if the ecologisation has been provided to part XIII. Beginning of year balance 2 1,175, 817, 2,175, 817, 2,190, 610, 1,1917, 037, 1,795, 760, 10. On the expenditure of radialities and programs to radiality and the part XIII the form years back. Grants or scholarships For Very and the ecologisation of the c	а	a Public exhibition d Loan or exchange programs								
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds at after than to be maintained as part of the organization's collection? Part XII Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the errangement in Part XIII and complete the following table: □ Beginning belance □ Beginning belance □ Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? □ Ves □ No □ If "Yes," explain the errangement in Part XIII. Check here if the explanation has been provided on Part XIII □ Description of year balance □ Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? □ Ves □ No □ If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII □ Description of year balance □ Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? □ Ves □ No □ If "Yes or Charles Yes" on Form 990, Part X, line 10, lin	b	b Scholarly research e Other								
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds father than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X; line 21.	С	Preservation for future generations								
to be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's co	llections and explair	how they further th	e organization's	exempt pur	pose in Part	XIII.		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	5	During the year, did the organization solicit or	receive donations of	f art, historical treas	sures, or other sin	nilar assets		,		
Topoted an amount on Form 990, Part X, line 21. Topoted an amount on Form 990, Part X Topoted an Amount Topoted an Am										No
1a s the organization an agent, functes, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par			te if the organizatior	n answered "Yes	on Form 9	90, Part IV, I	ine 9, or		
on Form 990, Part X? □ Beginning balance □ Beginning balance □ Oistributions during the year □ Distributions during the year distribution answered "Yes" on Form 990, Part XIII in to 10. □ Distributions distribution										
b If Yes,* explain the arrangement in Part XIII and complete the following table: □ Beginning balance □ Distributions during the year and balance (line 1g, column (a)) held as: □ Distributions during the year and balance (line 1g, column (a)) held as: □ Distributions during the year and balance (line 1g, column (a)) held as: □ Distributions during the year and balance (line 1g, column (a)) held as: □ Distributions during the year and part y	1a	ls the organization an agent, trustee, custodia	an or other intermed	iary for contribution	s or other assets	not include	id	1	_	
d Additions during the year el Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? 2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? 2b Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? 2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? 2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? 2b Did the organization asswered 'Yes' on Form 990, Part IV, line 10. 2a Did the organization selected 'Yes' on Form 990, Part IV, line 10. 2b Part V Endowment Funds. Complete if the organization is been provided on Part XIII. 2c Provide the estimated percentage of the current year (b) Prior year (c) Two years back (e) Four years b		on Form 990, Part X?					L	Yes	ш	No
C Beginning balance 10 10 10 10 10 10 10	b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:						
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (f) Three years bac						<u> </u>	<u> </u>	Amount		
E Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 1f "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Times years back (d) Back years (d) Times years back (d) Back years (d) Back years (d) Times years back years (d) Times years back years (d) Times years back years (d) Times years back years (d) Times years back years (d) Times years back years (d	C	Beginning balance				1c				
Endling balance 11	d	Additions during the year				1d				
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization has been provided on Part XIII. Part V Endowment Funds. Complete if the organization has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization has been provided on Part XIII. Part V Endowment Funds. Complete if the organization has been provided on Part XIII. Part V Endowment Funds. Complete if the organization has been provided on Part XIII. Part V Endowment Funds. Complete if the organization has been provided on Part XIII. Part V Endowment Funds. Complete if the organization has been provided on Part XIII. Part V Endowment Funds. Complete if the organization has been provided on Part XIII. Part V Endowment Funds. Complete if the organization has been provided on Part XIII. Part V Endowment Funds or Funds in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds not in the possession of the organization that are held and administered for the organization has been provided the estimated percentage of the current year end balance (ine 1g, column (al) held as: Part V Endowment Funds not in the possession of the organization that are held and administered for the organization has been provided the Part V Endowment Funds not in the possession of the organization that are held and administered for the organization has been provided in Part XIII the intended uses of the organization's endowment funds. Part V Endowment Funds Endowment Fu	е	Distributions during the year				<u>1e</u>				
Bot F * Yes, * explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.	f	Ending balance		,	***************************************			т —		
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Three years back							∟	Yes	닏	No
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (d) Farsh (d) Three yearsh (d) Three year	<u>b</u>						****************			
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 , 284 , 382 2, 114 , 746 2, 175 , 817 2, 190 , 610 1, 917 , 037, 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quast-endowment ▶ 52 . 53	Par	Endowment Funds. Complete it	the organization an	swered "Yes" on Fo						
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships 79,050. 70,551. 70,133. 68,797. 76,592. e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2,284,382. 2,114,746. 2,175,817. 2,190,610. 1,917,037. Provide the estimated percentage of the current year end balance (fine 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 52,53 % c Temporarily restricted endowment ▶ 41.85 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations b If *Yes* on line 3a(ii), are the related 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 (other) b Buildings 2, 2425, 706. 1, 115, 567. 1, 310, 139. c Leasehold improvements d Equipment e Other e Other Other complete it a through 1e, (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 1, 686, 141.			(a) Current year							
c Net investment earnings, gains, and losses d Grants or scholarships T79,050. 70,551. 70,133. 68,797. 76,592. c Other expenditures for facilities and programs f Administrative expenses g End of year balance 2,284,382. 2,114,746. 2,175,817. 2,190,610. 1,917,037. c Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 52.53	1a	Beginning of year balance	2,175,817.	2,175,817.	2,190,61	0. 1	,917,037.	1,7	795,	760.
d Grants or scholarships 79,050. 70,551. 70,133. 68,797. 76,592. e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2,284,382. 2,114,746. 2,175,817. 2,190,610. 1,917,037. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quast-endowment ▶ 5.62 % b Permanent endowment ▶ 52.53 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations b if 'Yes' on line 3a(i), are the related 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 (other) depreciation b Buildings 2,425,706. 1,115,567. 1,310,139. c Leasehold improvements d Equipment COther Other Other Other Other Other 1,197,128. 903,626. 293,502.	b	Contributions								
e Other expenditures for facilities and programs f. Administrative expenses g. End of year balance 2,284,382, 2,114,746, 2,175,817, 2,190,610, 1,917,037, 2. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a. Board designated or quasi-endowment ▶ 5.62 % b. Permanent endowment ▶ 52.53 % c. Temporarily restricted endowment ▶ 41.85 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations 3a(ii) X 4 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. Buildings 2,425,706. 1,115,567. 1,310,139. c. Leasehold improvements d. Equipment e. Other 1,197,128. 903,626. 293,502. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ► 1,686,141.	c	c Net investment earnings, gains, and losses 248,686. 9,480. 55,340. 342,370. 197,								
and programs f. Administrative expenses g. End of year balance 2,284,382, 2,114,746, 2,175,817, 2,190,610, 1,917,037, 2 Provide the estimated percentage of the current year end balance (line 1g, column (al)) held as: a Board designated or quasi-endowment ▶ 5.62 % b Permanent endowment ▶ 52.53 % c Temporarily restricted endowment ▶ 41.85 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? 4 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 Buildings 2,425,706 1,1115,567, 1,310,139. c Leasehold improvements d Equipment e Other 1,197,128 903,626 293,502. Total. Add lines 1a through 1e, (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 1,686,141.	d	Grants or scholarships	79,050.	70,551.	70,13	33.	68,797.		76,	592.
g End of year balance 2,284,382 2,114,746 2,175,817 2,190,610 1,917,037, 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 5.62 % b Permanent endowment ▶ 52.53 % c Temporarily restricted endowment ▶ 41.85 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations 3a(ii) X (ii) related organizations 91 (iii) related organizations 92 (iii) related organizations 93 (iii) related organizations 94 (iii) related organizations 95 (iii) and 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 95 (a) Cost or other 95 (b) Cost or other 95 (c) Accumulated 95 (d) Book value 95 (iii) Equipment 95 (a) Cost or other 95 (b) Cost or other 95 (c) Accumulated 95 (d) Book value 95 (iii) Equipment 95 (iii) Cost or other 96 (iii) Cost or other 96 (iii) Cost or other 96 (iii) Cost or other 96 (iii) Cost or other 96 (iii) Cost or other 96 (iii) Cost or other 96 (iii) Cost or other 96 (iii) Cost or other 96 (iii) Cost or other 96 (iii) Cost or other 96 (iii) Cost or other 96 (iii) Cost or other 96 (iii) Cost or other 96 (iii) Cost or other 96 (iii) Cost or other 96 (iii) Cost or other 96 (iii) Cost or other 96 (iii) Cost or other 97 (iii) Cost or other 98 (iii) Co	е	Other expenditures for facilities			1					
g End of year balance 2,284,382, 2,114,746, 2,175,817, 2,190,610, 1,917,037. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quast-endowment 5.62 % b Permanent endowment 52.53 % c Temporarily restricted endowment 141.85 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations (iii) related organizations (iv) elated organization (iv) elate		and programs								
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b Permanent endowment ▶ 52.53	2	Provide the estimated percentage of the cur		e (line 1g, column (a	a)) held as:					
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The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 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 (other) b Buildings 2 , 425 , 706 . 1 , 115 , 567 . 1 , 310 , 139 . c Leasehold improvements d Equipment Other Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 1 1 , 686 , 141 .										
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 82,500, 82,500, 82,500, Buildings 2,425,706, 1,115,567, 1,310,139, c Leasehold improvements d Equipment e Other Other Total. Add lines 1a through 1e, (Column (d) must equal Form 990, Part X, column (B), line 10c.) 1 1,686,141.	С	Temporarily restricted endowment ▶ 4	<u>1.85</u> %							
Second S		The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
(i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iv) related orga	За	Are there endowment funds not in the posse	ession of the organiz	ation that are held a	and administered	for the orga	anization	-		
(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 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 (other) basis (investment) 1a Land 82,500. Buildings 2,425,706. 1,115,567. 1,310,139. C Leasehold improvements d Equipment e Other Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 1a Land	by:							Yes		
b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 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 (other) 1a Land 82,500 82,500 82,500 b Buildings 2,425,706 1,115,567 1,310,139 c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 1 1,197,128 1 1,686,141.		(i) unrelated organizations						·	ļ	
A 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 (other) 1a Land 82,500. Buildings 2,425,706. 1,115,567. 1,310,139. c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)		(ii) related organizations								<u> </u>
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 (other) 1a Land B 2,500. Buildings C Leasehold improvements d Equipment Other Other Other 1,197,128. 1,686,141.	b				?			3b		
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 (other) 1a Land B 2,500. B Buildings C Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) (b) Cost or other basis (other) (c) Accumulated depreciation 82,500. 82,500. 1,115,567. 1,310,139. 293,502.				owment funds.						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 82,500. 82,500. 82,500. b Buildings 2,425,706. 1,115,567. 1,310,139. c Leasehold improvements 1,197,128. 903,626. 293,502. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 1,686,141.	Pa									
basis (investment) basis (other) depreciation 1a Land 82,500. 82,500. b Buildings 2,425,706. 1,115,567. 1,310,139. c Leasehold improvements d Equipment 1,197,128. 903,626. 293,502. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 1,686,141.		Complete if the organization answere	d "Yes" on Form 99							
1a Land 82,500. 82,500. b Buildings 2,425,706. 1,115,567. 1,310,139. c Leasehold improvements 4 Equipment 1,197,128. 903,626. 293,502. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 1,686,141.		Description of property	1 ''		I			(d) Book	value	Э
b Buildings 2,425,706. 1,115,567. 1,310,139. c Leasehold improvements d Equipment 1,197,128. 903,626. 293,502. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 1,686,141.			basis (invest			depreciat	ion		· -	^^
c Leasehold improvements d Equipment e Other 1,197,128. 903,626. 293,502. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 1,686,141.	1a	Land				4 44F	C (P)			
c Leasehold improvements d Equipment d Equipment 1,197,128. 903,626. 293,502. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 1,686,141.	b	Buildings		2,42	45,706.	1,115,	567.	1,310	, L	<u> </u>
e Other	C	Leasehold improvements								
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	þ	Equipment			100	000			· -	<u>~~</u>
Total, Add lifes ta through To. Totalin (s) these open to the sign of the sign						903,	,020.			
	Tota	I. Add lines 1a through 1e. (Column (d) must o	equal Form 990, Par	t X, column (B), line	10c.)		<u></u> ▶ │			

Schedule D (Form 990) 2016 AMER LCAN AC	ADEMY OF REL	IGION, INC	**-	***8525	Page 3
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or end-	of-year market va	alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes"	on Form 990, Part IV, lir				
(a) Description of investment	(b) Book value	(c) Method of	valuation: Cost or end	of-year market v	alue
(1)					
(2)					
(3)					
(4)					
(5)				-	
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Part IX Other Assets.					
Complete if the organization answered "Yes"	on Form 990, Part IV, li	ne 11d. See Form 99	0, Part X, line 15.		
(a)	Description			(b) Book va	lue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) lir Part X Other Liabilities.	ne 15.)		>		
Complete if the organization answered "Yes"	on Form 990, Part IV, li				
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2)					
(3)					
(4)					

(8)
(9)

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

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

Schedule D (Form 990) 2016

(5) (6) (7)

	dule D (Form 990) 2016 AMERICAN ACADEMI OF REDICE				UJZJ Fage T		
Pai	t XI Reconciliation of Revenue per Audited Financial Statem		Revenue per Re	eturn	•		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a			2 510 600		
1			*******	1	3,510,680.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	الما	608,200.				
a	Net unrealized gains (losses) on investments		008,200				
b	Donated services and use of facilities		37,798.				
d	Recoveries of prior year grants Other (Describe in Part XIII.)	···	225,255.				
e	Add lines 2a through 2d			2e	871,253.		
3	Subtract line 2e from line 1			3	2,639,427.		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	•••••			· · · · · · · · · · · · · · · · · · ·		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)	4b					
c	Add lines 4a and 4b			4c	0.		
_ 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,639,427.		
Pa	t XII Reconciliation of Expenses per Audited Financial Stater		h Expenses per	Retu	rn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				2 222 460		
1	Total expenses and losses per audited financial statements	•••••		1	3,223,460.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	اما	37,798.				
a	Donated services and use of facilities		31,130.				
	Prior year adjustments						
۲ 0		···	225,255.				
d	Add lines 2a through 2d		•	2e	263,053.		
3	Subtract line 2e from line 1			3	2,960,407.		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			27-25-1 27-21-1 27-21-1			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
	Other (Describe in Part XIII.)						
	Add lines 4a and 4b			4c	0.		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,960,407.		
	rt XIII Supplemental Information.						
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			4; Part	X, line 2; Part XI,		
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	dditional info	mation.				
_							
PΆ	RT X, LINE 2:						
	TAY MARIA M.						
$\mathbf{T}\mathbf{H}$	E ACADEMY IS CLASSIFIED AS A SECTION 501(C)(3)	PUBLICLY SU	JPPO:	RTED		
			<u> </u>				
CH	ARITY UNDER THE INTERNAL REVENUE CODE. TH	E ACAD	EMY IS GENE	RAL	LY EXEMPT		
FR	OM INCOME TAXES ON ACTIVITIES RELATED TO	ITS EX	EMPT PURPOS	E.			
- ~	ACRETICALLY NO PROVINCION FOR HERBRIT AND A	ensons to	MOOME EAVE		DECLIEDED		
AC	CORDINGLY, NO PROVISION FOR FEDERAL AND S	TATE I	NCOME TAXES	LS	RECOTRED.		
	- Marie III						
MΔ	NAGEMENT OF THE ACADEMY CONSIDERS THE LIK	ELTHOO	D OF CHANGE	es B	Y TAXING		
2.22.	WANDERDOOT OF THE HONDENT CONDIDENS THE BIA		or omator	-10 2			
ΑU	THORITIES IN ITS FILED INCOME TAX RETURNS	AND R	ECOGNIZES A	LI	ABILITY FOR		
OR DISCLOSES POTENTIAL SIGNIFICANT CHANGES THAT MANAGEMENT BELIEVES ARE							
MC	MORE LIKELY THAN NOT TO OCCUR, INCLUDING CHANGES TO THE ACADEMY'S STATUS						
AS	A NOT-FOR-PROFIT ENTITY. MANAGEMENT BELI	EVES T	HE ACADEMY	MET	THE		

REQUIREMENTS TO MAINTAIN ITS TAX-EXEMPT STATUS AND HAS NO INCOME SUBJECT

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

Open to Public Inspection

Name of the organization

Employer identification number

ME	ERICAN ACADEMY	у Ов ввг	IGION. T	NC.		**-***852	5	
				side the United States. Comple	te if the organ			
	Form 990, Part IV,			•				
1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?X YesNo							
	United States.			procedures for monitoring the use of its		ther assistance out	side the	
3				an be duplicated if additional space is n			(0.T.).)	
	(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type s(s) in the region	(f) Total expenditures for and investments in the region	
								
		NAME OF THE PARTY						
•								
					,			
	Sub-total		0 0				0.	
t	Total from continuation sheets to Part I		0				0.	
c	Totals (add lines 3a			Liver to the state of the state				
	and 3b)	1	0 0				0.	

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

Schedule F (Form 990) 2016

Page 2

Schedule F (Form 990) 2016

Part II 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 recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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)
		The state of the s						
								(
		· voide						
		2						
2 Enter total number of the IRS, or for which 3 Enter total number of	Enter total number of recipient organizations listed a the IRS, or for which the grantee or counsel has pro Enter total number of other organizations or entities	ns listed above that are sl has provided a sectio or entities	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities	e foreign country	, recognized as tax-e.	cempt by	School	Schedule F (Form 990) 2016

-8525

Page 3

AMERICAN ACADEMY OF RELIGION, INC.

Schedule F (Form 990) 2016 AMERICAN ACADEMY OF RELIGION, INC.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

ı \$	ŧ	ĺ	1	ı	1	 (1	1	1 4	ഉ
(h) Method of valuation (book, FMV, appraisal, other)				-		`.			Schedule F (Form 990) 2016
(g) Description of noncash assistance									Sched
(f) Amount of noncash assistance	°								
(e) Manner of cash disbursement	5,000, CHECK TO THE UNIVERSITY			-					
(d) Amount of cash grant	5,000.								
c) Number of recipients	н								
(b) Region	SOUTH ASIA								
(a) Type of grant or assistance (b) Region	RESEARCH GRANT								

	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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)	Yes	X 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)	☐ Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to 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

SCHEDULEI (Form 990) Department of the Treasury

Internal Revenue Service

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

► Attach to Form 990.

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

OMB No, 1545-0047

Open to Public

Inspection

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

Schedule I (Form 990) (2016) Employer identification number <u>₽</u> **-**8525 RESEARCH GRANT RECEIVED (h) Purpose of grant or assistance Xes Xes ON BEHALF OF AN Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any INDIVIDUAL. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) ं (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 5,000. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table INC. OF RELIGION, criteria used to award the grants or assistance? (c) IRC section (if applicable) 3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table **-***7280 Part I General Information on Grants and Assistance AMERICAN ACADEMY (b) EIN 1 (a) Name and address of organization BRIGHAM YOUNG UNIVERSITY or government Name of the organization UT 84602 PO BOX 21128 Part II PROVO,

Schedule | (Form 990) (2016) AMERICAN ACADEMY OF RELIGION, INC.

Part III. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III. Grants and Other Assistance to Bomestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. AMERICAN ACADEMY OF RELIGION, INC.

Page 2

-8525

(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
PLENARY SPEAKER STIPEND	m	5,000.	0.		A THE STATE OF THE
ALHR LECTURER HONORARIUM	न	5,000.5	0.		
WRITERS WORKSHOP STIPEND	m	.000,7	.0		
LUCE FELLOWSHIP STIPENDS	7	122,138.	• 0		
A DEMENTE TOTALD HONORARIA	17	10.503.	0		
Part IV Supplemental Information. Provide the information required in Part I		e 2; Part III, column	(b); and any other a	line 2; Part III, column (b); and any other additional information.	
PART I, LINE 2:	i				
REGIONAL DEV. GRANTS: RECIPIENTS	MUST SU	MIT A REPO	BMIT A REPORT WHICH INCLUDES	NCLUDES	
DETAILED INFORMATION ON THE USE OF	F THE FUNDS	DS INCLUDING	NG BUDGET/ACTUAL	ACTUAL	And the second s
FINANCIAL INFORMATION.					N. P. C.

RECIPIENTS MUST SUBMIT A REPORT DESCRIBING HOW THE RESEARCH GRANT AWARDS:

EXPENSE REPORT DETAILING HOW THE GRANT PROPOSED WORK HAS DEVELOPED AND AN THE REPORT IS DUE BY THE END OF THE YEAR FOLLOWING THE MONEY WAS SPENT.

GRANT. 632102 11-01-16

AMERICAN ACADEMY OF		RELIGION, INC.			**-**8525 Page 2
Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule (Form 990), Part III.)	uals in the Unite	d States (Schedule	i (Form 990), Part II	(-)	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
TRAVET, GRANTS	29.	.075,6	.089,4	4,930.FAIR MARKET VALUE	
COLLABORATIVE INTERNATIONAL RESEARCH GRANT	, พ	10,482.	.0		
INTERNATIONAL DISSERFATION GRANT	i.	.000,8	0		
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PESEARCH GRANTS	ó	36,721.	•0		
REGIONS SUBVENTIONS	e	2,500.	• 0		
BOOK AWARDS	'n	5,807.	0		
TEACHING AWARD	1.	1,077.	°		
JOURNALISM AWARDS	e.	1,981.	ò		Schedule I (Form 990)

Schedule (Form 990) AMERICAN ACADEMY OF RELIGION,	IY OF REL	IGION, INC.	•		**_**8525 Page 2
n of Grants an	duals in the Unit	ed States (Schedule	I (Form 990), Part III	.)	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
		- Andrews			
MARTY AWARD	1.	1,077.	0		And the state of t
RELIGION IN THE ARTS AWARD	ri	1,077.	.0		
PECTONAL DEVELOPMENT GRANTS	, vo	16,827.	.0		
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					(,
					Schedule I (Form 990)
632242 04-01-16		34			

SCHEDULE J (Form 990)

Department of the Treasury

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.lrs.gov/form990.

2016

Open to Public Inspection

Internal Revenue Service
Name of the organization

Part I Questions Regarding Compensation

AMERICAN ACADEMY OF RELIGION, INC.

Employer identification number **-**8525

			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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	3		
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
	Dissistionally openioning account			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		7	
U	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
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		·
	trustees, and officers, including the OLO/Lxecutive Director, regarding the items checked of time 141			
2	In the standard if any of the fellowing the filling expenientian used to establish the expensation of the examination's			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			25/75.57
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			7.200
	establish compensation of the CEO/Executive Director, but explain in Part III.	3,000	()	2-07/72
	X Compensation committee X Written employment contract		-22	1211-77
	Independent compensation consultant Compensation survey or study			11111111
	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:	ghi z hy	######################################	v
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
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		<u> </u>
	If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III.	T08-000		
	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	1.00		
	contingent on the revenues of:	10000		
а	The organization?	5a		X
b	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:		1777	
а	The organization?	6a		X
þ	Any related organization?	6b	<u> </u>	X
	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	<u> </u>	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	<u> </u>	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		<u> </u>

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

Schedule J (Form 990) 2016

-8525

Page 2

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/	W-2 and/or 1099-MIS	or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
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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 RELIGION, INC.

Employer identification number **-***8525

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: RELIGION. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: TRENDS IN THE FIELD. OTHER PROGRAMS INCLUDE A MENTOR PROGRAM AND MULTIPLE FELLOWSHIP PROGRAMS, AS WELL AS GRANTS AND AWARDS. FORM 990, PART VI, SECTION A, LINE 1: THE EXECUTIVE COMMITTEE OF THE BOARD SHALL BE COMPRISED OF THE PRESIDENT, THE PRESIDENT ELECT, VICE PRESIDENT, SECRETARY, AND THE TREASURER. EXECUTIVE COMMITTEE SHALL BE STAFFED BY THE EXECUTIVE DIRECTOR. IT MONITORS THE EFFECTIVENESS OF AAR AND THE COMMITTEE EVALUATION PROCESS, OTHER TASKS AS THE BOARD MAY DELEGATE. THE EXECUTIVE COMMITTEE MAY ACT ON BEHALF OF THE BOARD OF DIRECTORS ON MATTERS FOR WHICH A DECISION IS NECESSARY BETWEEN MEETINGS OF THE BOARD. SUCH ACTION REQUIRES THE AFFIRMATIVE VOTE OF A MAJORITY OF THE MEMBERS OF THE EXECUTIVE COMMITTEE. NOTIFICATION OF ALL SUCH ACTIONS SHALL BE SENT IN WRITING TO ALL MEMBERS OF THE BOARD OF DIRECTORS AS SOON AS PRACTICABLE, BUT NO LATER THAN TEN DAYS FOLLOWING SUCH ACTION. THE EXECUTIVE COMMITTEE SHALL REPORT AT EACH BOARD MEETING ALL ACTIONS TAKEN ON BEHALF OF THE BOARD. THE EXECUTIVE COMMITTEE SHALL NOT HAVE THE AUTHORITY TO SUPERSEDE ACTIONS OF THE BOARD OF DIRECTORS OR TO HIRE OR FIRE THE EXECUTIVE DIRECTOR.

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

AAR HAS FOUR TYPES OF MEMBERS: PROFESSIONAL, STUDENT, RETIRED AND SPECIAL

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 RELIGION, INC.	Employer identification number **-***8525
INTERNATIONAL. ALL MEMBERS HAVE THE SAME VOTING RIGHTS W	HICH INCLUDE
ELECTION OF THE BOARD OF DIRECTORS AND APPROVAL OF CHANGE	S TO THE BY-LAWS.
FORM 990, PART VI, SECTION A, LINE 7A:	
SEE RESPONSE ABOVE.	
FORM 990, PART VI, SECTION A, LINE 7B:	
SEE RESPONSE ABOVE.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FINANCE COMMITTEE REVIEWS THE 990 IN DETAIL. THEIR A	PPROVAL OF THE
FORM IS GIVEN TO THE BOARD WHO ALSO HAS THE OPPORTUNITY T	O REVIEW AND
APPROVE THE 990.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ALL BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTE	REST STATEMENT
EACH YEAR.	
RECIPIENTS OF GRANTS ARE MONITORED TO DETERMINE IF THEY I	FIT THE PROFILE AS
LISTED ABOVE IN CONFLICT OF INTEREST STATEMENT. ALSO, AN	NUAL DISCLOSURE
REQUIRED BY THE STAFF AND BOARD.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE PRESIDENT ELECT ON THE BOARD PERFORMS THE ANNUAL PERI	FORMANCE REVIEW.
THIS REVIEW IS SHARED WITH THE EXECUTIVE COMMITTEE WHO THE	HEN DETERMINE THE
ED'S SALARY FOR THE UPCOMING YEAR. ALL POSITIONS AT EMO	RY ARE CLASSIFIED
AS TO RESPONSIBILITY AND SALARY MINIMUM AND MAXIMUMS. T	HEY CHECK TO SEE
UTC CALADY TO MINUTH COADS AND ALCO DEVITEM THE AMMULAT. EM	יים אדמה

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization AMERICAN ACADEMY OF RELIGION, INC.	Employer identification number ****8525
RECOMMENDATIONS. ALSO, THE COMMITTEE USED INDEPENDENT ST	URVEYS/INTERVIEWS
TO DETERMINE APPROPRIATENESS OF THE SALARY.	
OTHER OFFICERS ARE REVIEWED BY THE ED AND SALARIES MUST	ALSO CONFORM TO THE
EMORY SALARY GRADES AND RECOMMENDED ANNUAL RAISES.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COP	Y OF FORM 990:
GA, AL, AK, CA, CO, CT, ME, MA, NH, NM, NY, NC, ND, OR, PA, SC, TN	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
AUDIOVISUAL:	·
PROGRAM SERVICE EXPENSES	169,983.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	169,983.
MEETING RELATED SERVICES:	
PROGRAM SERVICE EXPENSES	111,616.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	111,616.
MISCELLANEOUS:	
PROGRAM SERVICE EXPENSES	90,988.
MANAGEMENT AND GENERAL EXPENSES	0.
632212 08-25-16 Sc	hedule O (Form 990 or 990-EZ) (2016

SCHEDULE R

Related Organizations and Unrelated Partnerships

2016

OMB No. 1545-0047

Open to Public Inspection

Employer identification number **-**8525 AMERICAN ACADEMY OF Direct controlling AMERICAN ACADEMY MERICAN ACADEMY MERICAN ACADEMY entity HNC. , E RELIGION, INC. 11,702. RELIGION, INC. RELIGION, 8 520 RELIGION 11,474. End-of-year assets 19,864. **@** Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. 688 4,985 11 342 10,743. ▶ Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990. Total income 15 ত্ত Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) ٤ ► Attach to Form 990. GEORGIA GEORGIA GEORGIA GEORGIA HNC. HOLD REGIONAL MEETINGS HOLD REGIONAL MEETINGS HOLD REGIONAL MEETINGS HOLD REGIONAL MEETINGS OF RELIGION, Primary activity AMERICAN ACADEMY 37-1695547, 825 HOUSTON MILL RD NE, ATLANTA, 37-1707148, 825 HOUSTON MILL RD NE, ATLANTA GA 30329 AAR MID-ATLANTIC REGION LLC - 36-4746694 AAR NEW ENGLAND/MARITIMES REGION LLC -Name, address, and EIN (if applicable) AAR EASTERN INTERNATIONAL REGION LLC AAR MIDWEST REGION LLC - 35-2460019 of disregarded entity 825 HOUSTON MILL RD NE 325 HOUSTON MILL RD NE Name of the organization ATLANTA, GA 30329 ATLANTA, GA 30329 Department of the Treasury Internal Revenue Service 30329 (Form 990)

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OF.

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

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) 12(b)(13)	Slled.	[خ	No	1,				÷		
	(g) Section 512(b)(13)	contro	enti	Yes							
	£ .	Direct controlling	entity								
	(e)	Public charity	status (if section	501(c)(3))							
	ලි	Exempt Code	section								
	(2)	Legal domicile (state or	foreign country)								
	(9)	Primary activity					- CANADA - C				
organizations during the tax year.	(a)	Name, address, and EIN	of related organization				- Trainings			THE PARTY NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PARTY NAMED IN	

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

Schedule R (Form 990) 2016

-8525

AMERICAN ACADEMY OF RELIGION, INC.

Schedule R (Form 990)

Part I. Continuation of Identification of Disregarded Entities

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(a)	(p)	(2)	<u>ত</u>	(e)	E ;
Name address and FIN	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity	`	foreign country)			entrhy
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AAR UPPER MIDWEST REGION LLC - 38-3879622					
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AAR WESTERN REGION LLC - 36-4736589					a Madrida interpretation
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ATLANTA, GA 30329	HOLD REGIONAL MEETINGS	GEORGIA	12,551.	. 555, 12	ZI, 353. KELIGION, INC.
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Page 2

Schedule R (Form 990) 2016 AMERICAN ACADEMY OF RELIGION, INC.

-8525

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.

More Table 1	7-7		_							[6	٤	_	
Horizon and Elia Primary activity cample of common production and the common production and the common production and the common production and the common production and the common production of the common production of the common production and the common production and the common production and the common production of the common production and the common production of the common production	(a)	(9)	ල දි				(E)	(6)			(I) Codo VI IBI	General	(A)	9
Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization arrawered "Yes" on Form 960. Part IV, line 54 because organizations treated as a corporation or trust ching the tax year. Warne, address, and EN Primary activity Implementation Primary activity Implementation Primary activity Implementation	Name, address, and EIN of related organization	Primary activity	dornicile (state or foreign country)				snare of total income	end-of-ye assets		ions?	amount in bo 20 of Schedul <-1 (Form 106	x managir le partner 5) Yes N	owners	
Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because organizations treated as a corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because organization transportation. (a)														
Controller Con		·												
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Hontification of Related Organizations Taxable as a Corporation of Trust. Complete if the organization answered "Yes" on Form 380, Part IV, line 34 because organizations treated as a corporation of trust during the tax year. (b) (c) (d) (m) (f) (g) (g) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d														
Related Organizations Teache as a Corporation of Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 24 because organization of trust obtring the tax year. Obj. Complete if the organization of trust obtring the tax year. Obj. Complete if the organization of trust obtring the tax year. Obj. Complete if the organization of trust obtring the tax year. Obj.										_		, 		(
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Heartification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because organizations treated as a corporation or trust during the tax year. (b) Name, address, and EIN Primary activity (c) (d) (d) (f) (f														ļ
Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because organizations treated as a corporation or trust during the tax year. (a) Name, address, and EIN Primary activity (b) (c) (d) (e) (h) (f) (g) (f) (g) (h) (g) (h) (g) (h) (g) (c) (g) (h) (g) (h) (g) (h) (g) (h) (g) (h) (g) (h) (h				!										
Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because organization or rust during the tax year. (a)														
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Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization arswered "Yes" on Form 990, Part IV, line 34 because organization or trust during the tax year. A														1
Name, address, and ElN Name, address, and ElN Of related organization Of relat	1	ganizations Taxable or propagation or trust during	as a Corpc	ration or Trust. C	omplete if th	he organizatior	n answered "Y	es" on Form s	390, Part IV	/, line 34	because it ha	d one or r	nore relat	pe.
Name, address, and EIN Of related organization Of related organization Of related organization Of related organization A44				(b)	(2)	(g)		(e)	€			(나)		۶
Of related organization scaurey (C corp. S corp. income end-of-ye assets courty) A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	(a)	NI	Dyin		l enal domicile				hare of tota			Percentag		(£)
	name, address, and cof related organization		-		(state or foreign country)				income			ownershi	sontic entil	<u>ૄ</u>
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Schedule R (Form 990) 2016 AMERICAN ACADEMY OF RELIGION, INC.

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Note: Complete line 1 if any entry is listed in Paris III, III, of IV of ulis scriedule:	lay eyom yo ogo diin o	hata organizations listed	in Parts 11:1/2			
1 During the tax year, did the organization engage in any of the following traits action of the tax year, did the organization engage in any of the following the tax year, did the organization engage in any of the following the tax year, did the organization engage in any of the following the tax year, did the organization engage in any of the following the tax year, did the organization engage in any of the following the tax year, did the organization engage in any of the following the tax year, did the organization engage in any of the following the tax year, did the organization engage in any of the following the tax year, did the tax year, did the organization engage in any of the tax year.		aled organizations have	· : :	ţ	_	ı
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			2 3	+	1
h Gift grant or capital contribution to related organization(s)	***************************************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9	1	Ţ
City want or capital contribution from related organization(s)				ပ္	-	Ţ
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d Loans or loan guarantees to or for related organization(s)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			4		1
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h Purchase of assets from related organization(s)				÷	<u> </u>	
i Exchange of assets with related organization(s)				;	-	I
i I ease of facilities, equipment, or other assets to related organization(s)	***************************************			7		ŀ
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k Lease of facilities, equipment, or other assets from related organization(s)				¥	1	ı
Performance of services or membership or fundraising solicitations for rela	anization(s)			=	1	j
t refluinglied of services or membership or fundraising solicitations by related organization(s)	nization(s)			٤		J
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o Sharing of paid employees with related organization(s)						
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q Reimbursement paid by related organization(s) for expenses				1		
				1		
r Other transfer of cash or property to related organization(s)					1	j
s Other transfer of cash or property from related organization(s)				SI.	-	1
4	who must complete th	is line, including covered	relationships and transaction thresholds.			1
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Name of related organization	Transaction type (a-s)	Amount involved	Melhod of determining amount involved	Da Aroa	•	
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Schedule R (Form 990) 2016 AMERICAN ACADEMY OF RELIGION, INC.

Part VII 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.

			(, ((1		,			1	·^
(k) Percentage	ownership	·									1	(:				Schedule R (Form 990) 2016
(j) neral or	managing partner? Yes No		1		1		1				 I						• •			Forn
ğ	8 E B B		\dashv	 	+-		+				 \dagger					\dashv				Jule R
(i) Code V-UBI	amount in box 20 managing ownership of Schedule K-1 partner? (Form 1065) Yes No														 					Schec
(h) ispropor-	allocations?		\dashv		+	 	+		 		 +				 					
	1		Ì	 	1				-		T	,	•							
(g) Share of	end-of-year assets																			
(f) Share of	total income																			
(e) Are all	partners sec. 501(c)(3) er 0105.7 Yes No				-			-							 					- - -
(d)	redofinital income particular particular created, unrelated, sections 512-514)																			
(0)	Legal domicile (state or foreign country)																	-		
(q)	Primary activity																			
(a) (b) (c) (c) Deadominant income	Name, address, and EIN of entity			and the second s														THE TAXABLE TO A STATE OF TAXABLE TO A STATE OF TAXABL		

Schedule R	(Form 990) 2016	AMERICAN	ACADEMY	\mathbf{OF}	RELIGION,	Inc.	**-***8525	Page 5
Part VII	(Form 990) 2016 Supplemental Info	rmation.				•••		
	Provide additional inform	ation for responses	to questions or	Sched	dule B. See instructi	ions.		
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Form **8868** (Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

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

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. Type or print **-***8525 AMERICAN ACADEMY OF RELIGION, INC. File by the Social security number (SSN) Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 825 HOUSTON MILL RD NE, NO. 300 return See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. 30329 ATLANTA, GA Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Code Code Is For Is For Form 990-T (corporation) 07 Form 990 or Form 990-EZ 01 08 Form 1041-A Form 990-BL Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 990-PF 04 Form 5227 10 05 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) Form 8870 DEBORAH B. MINOR The books are in the care of ► 825 HOUSTON MILL ROAD - ATLANTA, GA 30329 Telephone No. ► 404-727-7920 Fax No. > If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this MAY 15, 2018 I request an automatic 6-month extension of time until to file the exempt organization return for the organization named above. The extension is for the organization's return for: ___ calendar year ► X tax year beginning JUL 1, 2016 , and ending JUN 30, 2017 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. За nonrefundable credits. See instructions. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b c Balance due, Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2017)

MAIL TO: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0045