foundations)

DLN: 93493137025886

OMB No 1545-0047

Form **990** 

Internal Revenue Service

Department of the Treasury

**Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <a href="www.IRS.gov/form990">www.IRS.gov/form990</a>

Open to Public Inspection

A F	r the	2014 cal	endar year, or tax year beginning 07-01-2014 ,and ending 06-30-	-2015										
B Ch	eck ıf a	applicable	C Name of organization THE AMERICAN ASSEMBLY			D Emplo	yer ide	ntification number						
_	dress cl	_				13-61	60846	5						
_	me cha	-	Doing business as											
Inı Fır	tıal retu	ım	Number and street (or P O box if mail is not delivered to street address) Roo	m/suite		E Telepho	ne num	ber						
_		mınated	475 RIVERSIDE DRIVE			(212)	870-3	500						
	nended plication	return n pending	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10115			<b>G</b> Gross re	eceipts \$	3,501,347						
			<b>F</b> Name and address of principal officer	ш	3) Ta +b			£						
			DAVID H MORTIMER  475 RIVERSIDE DRIVE	"(		ıs a group rdınates?	return	TYes ▼ No						
			NEW YORK, NY 10115	Н(	<b>b)</b> Are a	all subordı	nates	┌ Yes ┌ No						
T Ta	ıx-exen	npt status	✓ 501(c)(3)		ınclu If "N		a list	(see instructions)						
		<u>'</u>	/WAMERICANASSEMBLY ORG		_	ıp exempt								
			✓ Corporation Trust Association Other ►	H(-	-,	mation 19								
	m or or I <b>rt I</b>		mary		Year or ro	mation 19	50 M	State of legal domicile NY						
Pa			·											
			escribe the organization's mission or most significant activities ONAL NON PARTISAN PUBLIC POLICY FORUM TO ILLUMINATI	E ISSUES	OFPU	BLIC POL	ICY							
æ														
ĕ														
Governance	2	2 Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets												
	2	Number	of voting members of the governing body (Part VI, line 1a)				з	12						
Activities &			of independent voting members of the governing body (Part VI, line 1b)											
Ħ			mber of individuals employed in calendar year 2014 (Part V, line 2				5	0						
ਙ	1		mber of volunteers (estimate if necessary)			6	0							
4			related business revenue from Part VIII, column (C), line 12				7a	0						
	1		lated business taxable income from Form 990-T, line 34				7b							
					Pric	r Year		Current Year						
а.	8		butions and grants (Part VIII, line 1h)	· <u> </u>		827,2	21	441,209						
Revenue	9		am service revenue (Part VIII, line 2g)			40,0		21,585						
37.6	10		tment income (Part VIII, column (A), lines 3, 4, and 7d)	_		2,296,8		3,036,794						
_	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	_		3,7	'55	1,759						
	12	Totalı 12) .	revenue—add lines 8 through 11 (must equal Part VIII, column (A)	), line		3,167,8	36	3,501,347						
	13	Grants	s and similar amounts paid (Part IX, column (A ), lines 1–3 ) $$ . $$ .	· <u> </u>		82,0	000	73,000						
	14	Benefi	ts paid to or for members (Part IX, column (A), line 4)	· · 崖				0						
\$	15	Saları 5–10)	es, other compensation, employee benefits (Part IX, column (A), lin )	nes		926,5	75	868,109						
Expenses	16a	Profes	sional fundraising fees (Part IX, column (A), line 11e)	· ·				0						
ਡੌ	Ь	Total fu	ındraısıng expenses (Part IX, column (D), line 25) ▶ <mark>93,851</mark>											
	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	L		457,6	65	341,387						
	18		expenses Add lines 13–17 (must equal Part IX, column (A), line 2	· —		1,466,2	40	1,282,496						
	19	Reven	ue less expenses Subtract line 18 from line 12			1,701,5		2,218,851						
Not Assets or Fund Balances				E		g of Currei 'ear	nt	End of Year						
988 888	20	Total	assets (Part X, line 16)			24,998,0	143	26,188,527						
절절	21	Total I	liabilities (Part X, line 26)			73,9	38,419							
žĒ	22	Net as	ssets or fund balances Subtract line 21 from line 20			24,924,1	.43	26,150,108						
Do	-4 TT	Sian	ature Block											

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of prepar preparer has any knowledge

Sign Here Signature of officer DAVID H MORTIMER PRESIDENT Type or print name and title

**Paid** Preparer **Use Only**  Print/Type preparer's name JAMES F WEST II Preparer's signature JAMES F WEST II Firm's name F WEST II & COMPANY LLP

Firm's address ► 56 PALMER ROAD

May the IRS discuss this return with the preparer shown above? (see instruction

YONKERS, NY 107015817

	m 990 (2014)	Pag ico Accomplichments
1	Check if Schedule O contains a responsible to the Check of Schedule O contains a responsible to the Organization's mission ATIONAL NON PARTISAN	ponse or note to any line in this Part III
2	Did the organization undertake any significathe prior Form 990 or 990-EZ? If "Yes," describe these new services on Sc	, ,
	Did the organization cease conducting, or m services?	·
4		e accomplishments for each of its three largest program services, as measured by lorganizations are required to report the amount of grants and allocations to others, each program service reported
4a	THE OPEN SYLLABUS PROJECT THE OPEN SYLLABUS WHICH OPENS AN UNPRECEDENTED WINDOW ON T CHALLENGE OUR ANTICIPATED GRANT RENEWAL FIT THAT THE PROJECT WAS INSUFFICIENTLY ORIENTED PROGRAM THAT MADE SIX AWARDS OVER THE PASS QUALITY OF THE DATA AND TOOLS SUFFICIENTLY FOR THE ARCADIA FOUNDATION (FOLLOWING AN INTROI FOUNDATION FOR EXPANSION INTO SPANISH LANGL MONTHS-INCLUDING FROM UNIVERSITY ADMINISTR (TEACHING SCORE) ENABLED BY THE SYLLABUS EXP (ONLINE) PUBLICATION OF A "GRAY MATTER" ESSAN INTELLECTUAL PROPERTY AND THE PUBLIC INTERES INTELLECTUAL PROPERTY AND THE PUBLIC INTERES DELHI THIS YEAR'S EVENT BROUGHT 370 PARTICIP. ACCESS TO KNOWLEDGE GOODS, INCLUDING PHARI INCUBATOR FOR LANGE-SCALE COLLABORATIVE PROMITED SUPPORT FOR THE PARTICIP. ACCESS TO KNOWLEDGE GOODS, INCLUDING PHARI INCUBATOR FOR LANGE-SCALE COLLABORATIVE PROMITED SUPPORT FOR THE PARTICIP. ACCESS TO KNOWLEDGE GOODS, INCLUDING PHARI INCUBATOR FOR LANGE-SCALE COLLABORATIVE PROMITED SUPPORT FOR THE PARTICIP. ACCESS TO KNOWLEDGE GOODS, INCLUDING PHARI INCUBATOR FOR MATERIALS, AND UPCOMING WORK ON THE REGULT THE CANADIAN IDRC (ITS TRADITIONAL SUPPORTER HOUSE—WHO PROVIDED SUPPORT FOR THE PARTICIP. GLOBAL CONGRESS WILL GET UNDERWAY SHORTLY OF THE YEAR ANNIVERSARY OF THE WORLD IN STATEMENT OF THE ORGANIZATION IN WHICH SOM GUANGZHOU-IS ANOTHER POSSIBILITY, BUILDING ON INTERMEDIARY LIABILITY FOR COPYRIGHT INFORMED STATEMENT OF THE ORGANIZATION IN WHICH SOM GUANGZHOU-IS ANOTHER POSSIBILITY, BUILDING ON INTERMEDIARY LIABILITY FOR COPYRIGHT INFORMED AND SPEECH THE MAIN FOCUS OF THIS WORK IS THE SYMCHES TO SEED THE MAIN AND SPEECH THE MAIN FOCUS OF THIS WORK IS THE SYMCHES TO SEED THE MAIN AND THE MORITOR FOR AND FOUNDAL AND THE MORITOR FOR SWHARTON SCHOOL OF THE UNIVERSITY OF PENNSY ITS	946,262 including grants of \$ 73,000 ) (Revenue \$ 21,585 ) Is PROJECT HITS A ADAIO MILESTONE IN JANUARY WITH THE RELEASE OF THE ONLINE SYLLABUS EXPLORER, TEACHING, PUBLISHING, AND INTELLECTUAL HISTORY ACROSS ALL FIELDS GETTING TO THIS STAGE HAS BEEF ROM THE SLOAN FOUNDATION FELL THROUGH AT THE LAST MINUTE IN MAY, DUE TO PERCEPTIONS AT SLOAP ED TOWARD SCIENCE AND TECHNOLOGY FIELDS IN AUGUST, WE CAME IN SEVENTH IN AN INHER CARRY. SEVENTH IN AN INHER CARRY TO SEVEN THE AUGUST OF THE STAGE HAS BEEF ROM THE SLOAP BOWN THE ACROSS OF MAY BE A SEVENTH OF THE MEMORY THE STAGE HAS BEEF ROM THE STAGE HAS BEEN AND THE STAGE HAS BEEF ROM THE STAGE HAS BEEN AND THE STAGE
4b	(Code ) (Expenses \$	including grants of \$ ) (Revenue \$ )
4c	(Code ) (Expenses \$	including grants of \$ ) (Revenue \$ )
4d	Other program services (Describe in Sche	·
	<del>- <u>-</u> </del>	luding grants of \$ ) (Revenue \$ )  946,262

Part IV	Chec	klist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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		No
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		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		N o
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
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	Yes	
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		No
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 (see instructions)	17		No
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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		No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
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		No
b	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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Νo
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		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

# Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
12	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   0		Yes	No
	Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable  1b  1b	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	10		
2a	gaming (gambling) winnings to prize winners?	1c		
b	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 e-file (see instructions)	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		110
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country   See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
_	Does the examination have applied and a second that are a second to the	5c		NI -
	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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		No
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			NI -
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b		No
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	$\vdash$		
	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	_		<b>K</b> .
e	contract?	7e 7f		No No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			INU
_	required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
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 )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
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.	1		
а	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		
b	Enter the amount of reserves the organization is required to maintain by the states			
c	In which the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ	Νo
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O	contains a rec	chance or no	ote to any	line in th	c Dart V/I								J
Check if Schedule O	Contains a res	sponse or no	ote to any	iiiie iii tiii	2 Lair AT			•	•	 		•	.,,*

Se	ection A. Governing Body and Management				
		_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	12			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with other officer, director, trustee, or key employee?		2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the dire supervision of officers, directors or trustees, or key employees to a management company or other person		3		Νo
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	.	5		No
6	Did the organization have members or stockholders?	†	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint more members of the governing body?	one or	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stock	holders,	7b		No
8	or persons other than the governing body?	the			
•	year by the following The governing body?		8a	Yes	
	Each committee with authority to act on behalf of the governing body?	F	8b	163	Νο
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reache		ОП		NO
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Int	<u>ernai ke</u>	evenu T		
4.0		Г		Yes	No
	Did the organization have local chapters, branches, or affiliates?		10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapte affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes	;?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before the form?		11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	L	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could rise to conflicts?		12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," on Schedule O how this was done		12c	Yes	
13	Did the organization have a written whistleblower policy?	[	13	Yes	
14	Did the organization have a written document retention and destruction policy?	[	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and dec	cision?			
а	The organization's CEO, Executive Director, or top management official		15a		Νo
b	Other officers or key employees of the organization	. [	15b		Νo
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	Γ			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement taxable entity during the year?		16a		Νo
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard to organization's exempt status with respect to such arrangements?	he	16b		

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶NY
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - Own website Another's website V Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►KARLA GARCIA

475 RIVERSDIE DRIVE ROOM 456

NEW YORK, NY 10115 (212)870-3500

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot	not box h ar or/tr	c , o use Highest compensated	ess er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) STEPHEN STAMAS	3 00	х						0	0	0
CHAIRMAN		_ ^						O O	O	
(2) DR MAHNAZ ISPAHANI BARTOS TRUSTEE	3 00	х						0	0	0
(3) LEE C BOLLINGER	3 00							_	_	_
TRUSTEE		X						0	0	0
(4) HENRY CISNEROS	3 00									
TRUSTEE		X						0	0	0
(5) CRAIG CALHOUN	3 00							_		
TRUSTEE		X						0	0	0
(6) BR INMAN	3 00	,,								
TRUSTEE		X						0	0	0
(7) DONALD F MCHENRY	3 00	,,								
TRUSTEE		X						0	0	0
(8) RICHARD MITTENHAL	3 00	,,							0	
TRUSTEE		X						0	0	0
(9) PAMELA SAMUELSON	3 00	,,								
TRUSTEE		X						0	0	0
(10) PAUL A VOLCKER	3 00	,							0	
TRUSTEE		X						0	0	0
(11) FRANK A WEIL	3 00	,,							0	
TRUSTEE		X						0	0	0
(12) DAVID H MORTIMER	60 00	х		Х				210,939	0	41,122
PRESIDENT & TRUSTEE		^		^				210,939	U	41,122
(13) JOSEPH J KARAGANIS	60 00			Х				129,958	0	49,698
VICE PRESIDENT								129,930	0	49,090
(14) KARLA GARCIA	60 00			Х				74,637	0	15,013
CFO				_^_				, 4,037	0	15,015

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list	more t	hand	ne l	box,	heck unless	1	(D) Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	any hours for related organizations below dotted line)	a Individual trustee or director	d Institutional Trustee	g g	Key er	Highest compensated	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099-MISC)	from the organization and related organizations

1b	Sub-Total	•		
C	Total from continuation sheets to Part VII, Section A	•		
d	Total (add lines 1b and 1c)	►	415,534	105,833

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►2

			162	140
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
		-	165	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	Yes	

Section	R	Ind	len	end	ent	Cor	itra	ctors	
Section	Ю.	THU	сь	CIIU	CIIL	CUI	ıu a	CLUIS	

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

(A) Name and business address	(B) Description of services	(C) Compensation
Name and publicss addiess	Description of services	Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

Voc No

Form 99		·						Page
Part \	Ш	Statement of Check if Schedule	Revenue  O contains a respon	nse or note to any lir	ne in this Part VIII			Г
			·		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded fror tax under sections 512-514
Contributions, Giffs, Grants and Other Similar Amounts	1a	Federated campa	iigns <b>1a</b>					
rant	b	Membership dues	s 1b					
A G	С	Fundraising even	ts <b>1c</b>					
Giffs, iilar Ai	d	Related organiza	tions <b>1d</b>					
ir.	е	Government grants (	contributions) <b>1e</b>					
Contributions, and Other Sim	f	All other contributions similar amounts not		441,209			j	
ë į	g	Noncash contribution	s included in lines					
ont nd (	h	1a-1f \$ <b>Total.</b> Add lines :	1a-1f		441,209			
	<u> </u>	Totali / (da iiii ea i		Business Code	,			
E LIE	2a	RESEARCH GRANT		541720	21,585			
Program Serwce Revenue	b				,			
	С							
Serv	d							
E	e							
rogr	f	All other program	n service revenue					
	g		2a-2f		21,585			
	3		me (ıncludıng dıvıden amounts)		1,110,866			1,110,8
	4		nent of tax-exempt bond	proceeds 🕨	1 750			1.7
	5	Royalties	(ı) Real	(II) Personal	1,759			1,7
	6a	Gross rents	(I) Keal	(II) Fersonal				
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	· · · —	e or (loss)					
	7a	Gross amount	(ı) Securities	(II) Other				
		from sales of assets other than inventory	1,925,928					
	b	Less cost or other basis and sales expenses						
	С	Gain or (loss)	1,925,928					
	d	Net gain or (loss	)		1,925,928			1,925,9
une	8a	Gross income fro events (not inclu \$	dıng 					
Other Revenue		of contributions r See Part IV, line	eported on line 1c) 18					
фe	b	Less direct expe						
0	C		ess) from fundraising	events 🕦				
	9a	Gross income fro See Part IV, line	m gaming activities 19 a					
	b	Less direct expe						
		Net income or (lo Gross sales of in returns and allow		vities				
	ь	Less cost of goo	a					
	С		oss) from sales of inv					
	11-	Miscellaneous I	Revenue	Business Code				
	11a b							
	c							
	d	All other revenue						
	e	Total. Add lines :		🕨				
	12	<b>Total revenue.</b> Se	ee Instructions .	🕨	2 504 247	24 F05		3,038,5
		_		· ]	3,501,347	21,585	'!	3,038,5 Form <b>990</b> (201

### Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations must complete colu
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Secui	on 501(c)(3) and 501(c)(4) organizations must complete all columns All				
	Check if Schedule O contains a response or note to any line in this		(B)		(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	62,000	62,000		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	11,000	11,000		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	573,287	351,655	127,781	93,851
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	180,165	180,165	0	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	114,657	114,657	0	0
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	514	0	514	0
С	Accounting	15,251	0	15,251	0
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	144,011	134,255	9,756	0
12	Advertising and promotion				_
13	Office expenses	14,679	8,599	6,080	0
14	Information technology				
15	Royalties				
16	Occupancy	70,259	35,275	34,984	0
17	Travel	6,231	4,208	2,023	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	18,324	17,853	471	0
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,995	0	3,995	0
23	Insurance	4,746	0	4,746	0
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 O)				
а	PRINTING & PUBLICATIONS	20,974	19,563	1,411	0
b	MISCELLANEOUS	12,777	6,530	6,247	0
c	EQUIPMENT RENTAL & MAINTENANCE	2,126	502	1,624	0
d	AWARDS	27,500	0	27,500	0
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,282,496	946,262	242,383	93,851
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)				· .

Form 990 (2014)

Part X Balance Sheet

						(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing					1	
	2	Savings and temporary cash investments				2,388,307	2	2,568,357
	3	Pledges and grants receivable, net				107,227	3	120,000
	4	Accounts receivable, net				20,000		<u> </u>
	5	Loans and other receivables from current and former officers, di key employees, and highest compensated employees Complete Schedule L					5	
sts	6	Loans and other receivables from other disqualified persons (as section 4958(f)(1)), persons described in section 4958(c)(3)(E employers and sponsoring organizations of section 501(c)(9) volume beneficiary organizations (see instructions) Complete Part II of	), and oluntar	contributin y employee			6	
82	7	Notes and loans receivable, net					7	
Assets	8	Inventories for sale or use					8	
	9	Prepaid expenses and deferred charges					9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1	,039			
	Ь	Less accumulated depreciation	10b	76	5,231	6,803	10c	2,808
	11	Investments—publicly traded securities	<u> </u>			1,023,907	11	1,035,378
	12	Investments—other securities See Part IV, line 11				21,451,799	12	22,461,984
	13	Investments—program-related See Part IV, line 11					13	
	14	Intangible assets					14	
	15	Other assets See Part IV, line 11					15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)				24,998,043	16	26,188,527
	17	Accounts payable and accrued expenses				73,900	17	38,419
	18	Grants payable					18	
	19	Deferred revenue					19	
	20	Tax-exempt bond liabilities					20	
S	21	Escrow or custodial account liability Complete Part IV of Sche			21			
Liabilitie	22	Loans and other payables to current and former officers, directo key employees, highest compensated employees, and disqualifi						
qе		persons Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrelated third parties		<u>-</u>			23	
	24	Unsecured notes and loans payable to unrelated third parties					24	
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Par D			25			
	26	Total liabilities. Add lines 17 through 25				73,900		38,419
		Organizations that follow SFAS 117 (ASC 958), check here ► □				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,
ş A		lines 27 through 29, and lines 33 and 34.						
an	27	Unrestricted net assets				1,864,551	27	1,829,362
<u>ස</u>	28	Temporarily restricted net assets		•		18,945,672	28	20,196,826
Ę	29	Permanently restricted net assets		•		4,113,920	29	4,123,920
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	re ► 「	and				
	30	Capital stock or trust principal, or current funds					30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund					31	
	32	Retained earnings, endowment, accumulated income, or other fu	nds				32	
Net Net	33	Total net assets or fund balances		-		24,924,143	33	26,150,108
~	34	Total liabilities and net assets/fund balances				24,998,043	34	26,188,527

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,5	501,347
2	Total expenses (must equal Part IX, column (A), line 25)	2			 282,496
3	Revenue less expenses Subtract line 2 from line 1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3			218,851
5	Net unrealized gains (losses) on investments	4		24,9	24,143
•	Net ameanzed gams (1055e5) on mivestiments	5		- 9	992,886
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain in Schedule O)	8			
		9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		26,	150,108
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of tl	ne <b>2с</b>		No
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ie	3a	).	No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits				

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As Filed Data -

DLN: 93493137025886

### OMB No 1545-0047

**Employer identification number** 

### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization THE AMERICAN ASSEMBLY

### **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.

Open to Public Inspection

							13-6160846				
Pa	rt I	Reason for Publi	c Charity S	<b>tatus</b> (All organiza	tions must co	mplete this i	oart.) See instructio	ns.			
he o	organı	zation is not a private fo	oundation beca	ause it is (For lines 1	through 11, ch	eck only one b	ox)				
1	Γ	A church, convention	of churches, o	r association of churc	hes described i	n <b>section 170(</b>	b)(1)(A)(i).				
2	Γ	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )									
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the									
		hospital's name, city, and state									
5	Г	An organization opera	ted for the ber	nefit of a college or uni	versity owned o	or operated by	a governmental unit d	escribed in			
		section 170(b)(1)(A)	( <b>iv).</b> (Complet	e Part II)							
6	Γ	A federal, state, or loc	al government	t or governmental unit	described in <b>se</b>	ection 170(b)(	1)(A)(v).				
7	굣	An organization that n				om a governme	ental unit or from the g	eneral public			
	_	described in section 1				± 77 \					
8	<u> </u>	A community trust des					h				
9	J	An organization that n									
		receipts from activitie		•	-	• •	• •				
		its support from gross						Dusinesses			
	_	acquired by the organi									
10	<u> </u>	An organization organ	•	•	•	•					
11	ı	An organization organ one or more publicly s	•	•			•				
		the box in lines 11a th									
а	Г	Type I. A supporting o									
		supported organization			-	ty of the direct	ors or trustees of the	supporting			
L	_	organization You mus									
D	1	<b>Type II.</b> A supporting management of the su									
		must complete Part IV			same persons t	ilac collector or i	manage the supported	organization(3) Iou			
c	Γ	Type III functionally			n operated in c	onnection with	, and functionally integ	grated with, its			
	_	supported organization									
d	ı	Type III non-function									
		not functionally integr (see instructions) <b>Yo</b>					ement and an attentiv	eness requirement			
e	Г	Check this box if the c					s a Type I, Type II, T	ype III functionally			
		integrated, or Type III	I non-function	ally integrated suppor	tıng organızatıo	n					
f		Enter the number of su									
g		Provide the following i	nformation abo	out the supported orga	nızatıon(s)						
	(i)Na	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	nanization	(v) A mount of	(vi) A mount of			
		organization	(,	organization	listed in your		monetary support	other support (see			
				(described on lines	docume	nt?	(see instructions)	ınstructıons)			
				1-9 above or IRC							
	section (see instructions))										
				mstructions,,	Yes	No					
								1			
F											
Гotа	ı										
							0.55				

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total

I Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")

2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf

2 The value of serveses or facilities

1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	556,350	429,658	411,810	827,221		441,209	2,666,248				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf											
3	The value of services or facilities											
	furnished by a governmental unit to											
	the organization without charge <b>Total.</b> Add lines 1 through 3	556,350	429,658	411,810	827,221		441,209	2,666,248				
4 5	The portion of total contributions	330,330	423,030	411,010	027,221		771,203	2,000,240				
5	by each person (other than a governmental unit or publicly supported organization) included on							1,379,815				
	line 1 that exceeds 2% of the amount shown on line 11, column (f)							1,575,615				
6	<b>Public support.</b> Subtract line 5 from line 4							1,286,433				
S	Section B. Total Support											
	endar year (or fiscal year beginning	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 20	14	<b>(f)</b> Total				
	in) ►											
7	A mounts from line 4	556,350	429,658	411,810	827,221		441,209	2,666,248				
8	Gross income from interest,											
	dividends, payments received on securities loans, rents, royalties	756,731	794,013	880,061	1,068,291	1.	112,625	4,611,721				
	and income from similar	,	, j	,	, ,	,	<i>'</i>	, ,				
	sources											
9	Net income from unrelated business activities, whether or not the business is regularly											
	carried on											
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	2,911						2,911				
11	<b>Total support</b> Add lines 7 through 10							7,280,880				
12	Gross receipts from related activities	es, etc (see instr	uctions)			12		226,585				
13	First five years. If the Form 990 is f											
<u> </u>	organization, check this box and stoection C. Computation of Pub			<u> </u>		<u></u>	<u> </u>	· · · · · • • · · · · · · · · · · · · ·				
14	Public support percentage for 2014			11, column (f))		14		17 670 %				
15	Public support percentage for 2013			, , , , , , , , , , , , , , , , , , , ,		15		17 730 %				
16a	33 1/3% support test-2014. If the	organızatıon dıd r	not check the box	on line 13, and l	ine 14 is 33 1/3%	₀ or more	, check t	this box				
	and <b>stop here.</b> The organization qua <b>33 1/3% support test—2013.</b> If the box and <b>stop here.</b> The organization	lıfıes as a publıcl organızatıon dıd ı	y supported orga not check a box o	nization n line 13 or 16a,				▶□				
17a	10%-facts-and-circumstances test-				e 13, 16a. or 16	b, and line	14	-1				
	is 10% or more, and if the organization Part VI how the organization mee	ion meets the "fa	cts-and-circums	tances" test, che	ck this box and	stop here.	Explain					
	organization	acco ana		organiz	a		,	<b>▶</b>  ▼				
b	10%-facts-and-circumstances test-	_				•						
	15 is 10% or more, and if the organ											
	Explain in Part VI how the organizat supported organization	ion meets the "fa	cts-and-circums	tances" test lihe	e organization qu	alifies as	a publici	y ▶				

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

ınstructions

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 **(e)** 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 0 % 15

16 Public support percentage from 2013 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) 17 0 % Investment income percentage from 2013 Schedule A, Part III, line 17 18 18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 

33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Se	ection A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)^7$ If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or $(2)$ .	2		
За	Did the organization have a supported organization described in section $501(c)(4)$ , $(5)$ , or $(6)$ ? If "Yes," answer (b) and (c) below.	За		
t	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 <b>Part VI</b> when and how the organization made the determination.	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
t	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.	4b		
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 $(2)^7$ 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.	<b>4</b> c		
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).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
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 II of Schedule L (Form 990).	8		
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 <b>Part VI</b> .	9a		
Ŀ	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
Ŀ	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).	10b		
L1	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
ŀ	• A family member of a person described in (a) above?	11a 11b		
	A 135% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
5	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year <b>(see</b>	inctri	ıct ione)	
	The organization satisfied the Activities Test Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government elinstructions.)			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	h Did the organization evergise a substantial degree of direction over the policies, programs and activities of each			l

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

#### Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete 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 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)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	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	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

#### Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions		Current Year					
1 Amounts paid to supported organizations to accom							
2 Amounts paid to perform activity that directly furthexcess of income from activity	ported organizations, in						
3 Administrative expenses paid to accomplish exemp	Administrative expenses paid to accomplish exempt purposes of supported organizations						
4 Amounts paid to acquire exempt-use assets							
5 Qualified set-aside amounts (prior IRS approval rec	nured)						
6 Other distributions (describe in Part VI) See instru	JCTIONS						
7 Total annual distributions. Add lines 1 through 6							
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide					
9 Distributable amount for 2014 from Section C, line	6						
10 Line 8 amount divided by Line 9 amount							
		(::)	(:::)				
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014				
1 Distributable amount for 2014 from Section C, line 6							
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)							
3 Excess distributions carryover, if any, to 2014							
<b>a</b> From 2009							
<b>b</b> From 2010							
<b>c</b> From 2011							
d From 2012							
<b>e</b> From 2013							
f Total of lines 3a through e							
g Applied to underdistributions of prior years							
h Applied to 2014 distributable amount  i Carryover from 2009 not applied (see instructions)							
j Remainder Subtract lines 3g, 3h, and 3i from 3f							
4 Distributions for 2014 from Section D, line 7 \$							
A pplied to underdistributions of prior years							
<b>b</b> Applied to 2014 distributable amount							
c Remainder Subtract lines 4a and 4b from 4							
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)							
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)							
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c							
8 Breakdown of line 7							
<b>a</b> From 2010							
<b>b</b> From 2011							
<b>c</b> From 2012							
d From 2013							

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

#### **Facts And Circumstances Test**

Return Reference	Explanation
Pt II Ln 10	Other Income Part II, Line 10 Description MISCELLANOUS 2010 2911 2011 0 2012 0 2013 0 2014 0
Pt II Ln 17a	10% - FACTS-AND-CIRCUMSTANCES TEST THE AMERICAN ASSEMBLY PROVIDES SERVICES DIRECTLY FOT THE BENEFIT OF THE GENERAL PUBLIC ON A CONTINUING BASIS AS A NATIONAL, NON-PARTISAN PUBLIC AFFAIRS FORUM, ITS REPORTS AND OTHER PUBLICATIONS ARE USED BY GOVERNMENT AND COMMUNITY, BY CIVIC LEADERS AND PUBLIC OFFICIALS THE AMERICAN ASSEMBLY HAS A GOVERNING BODY REPRESENTED BY MEMBERS OF THE GENERAL PUBLIC IT HAS A BONA FIDE PROGRAM FOR SOLICITATION OF FUNDS FROM THE GENERAL PUBLIC AND COMMUNITY TO SUPPORT ITS MISSION OF ILLUMINATING ISSUES OF PUBLIC POLICY BY COMMISSIONING RESEARCH AND PUBLICATIONS, SPONSORING MEETINGS, AND ISSUING REPORTS, BOOKS, AND OTHER LITERATURE

Schedule A (Form 990 or 990-EZ) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493137025886

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

### **Supplemental Financial Statements**

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

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service **Employer identification number** Name of the organization THE AMERICAN ASSEMBLY 13-6160846 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Protection of natural habitat Preservation of a certified historic structure □ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year -\_ Number of states where property subject to conservation easement is located ▶\_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art,	Histo	rical Tr	easur	es, or O	<u>ther</u>	Similar Ass	sets (	continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other records	s, chec	k any of t	the follo	wing that a	re a s	significant use	of its	
а	Public exhibition		d [	Loan	or excha	ange progra	ams			
b	Scholarly research		е Г	O the	•					
c	Preservation for future generations									
4	Provide a description of the organization's co Part XIII	ollections and explain	how th	ney furthe	er the or	ganızatıon	sexe	mpt purpose ıı	ו	
5	During the year, did the organization solicit									
Dor	assets to be sold to raise funds rather than t  t IV Escrow and Custodial Arrang	<u> </u>							Yes	No
Fai	<b>ESCROW and Custodial Arrang</b> Part IV, line 9, or reported an an					answered	1 16	S to rollil 3	50,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other intermed	iary for	contribu	itions or	rother asse	ets no		_ Yes	□ No
b	If "Yes," explain the arrangement in Part XII	I and complete the fo	ollowing	g table		_				
							_	Am	ount	
с	Beginning balance					-	1c			
d	Additions during the year					<b>—</b>	1d			
e •	Distributions during the year					_	1e			
f	Ending balance						1f	<b>F</b>		
2a	Did the organization include an amount on Fo							,	Yes	□ No
ь	If "Yes," explain the arrangement in Part XII									<u> </u>
Pa	rt V Endowment Funds. Complete	f the organization (a)Current year	answe (b)Prio						<b>(e)</b> Four	years back
1a	Beginning of year balance	22,960,213		0,706,955	D (C) IWC	19,310,535	(u)	19,756,617	(C) our	16,769,843
ь	Contributions	10,000		130,000		80,000		60,000		10,000
c	Net investment earnings, gains, and losses	1,100,083		2,123,258		1,316,420		-506,082		2,976,774
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses	24.070.206		2.060.212		20.706.055		10 210 525		10.756.617
g	End of year balance	24,070,296		2,960,213		20,706,955		19,310,535		19,756,617
2	Provide the estimated percentage of the cur	·	(line 1	.g, colum	n (a)) he	eld as				
а	Board designated or quasi-endowment	3 010 %								
Ь	Permanent endowment ► 17 130 %									
C	remporarily restricted endowinent	360 %								
_	The percentages in lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posses organization by	ssion of the organizat	ion tha	t are held	d and ad	lministered	for t	ne	Ye	s No
	(i) unrelated organizations							3a(i	i) Ye	5
	(ii) related organizations							3a(i		No
	If "Yes" to 3a(II), are the related organizatio						٠	3b		
4	Describe in Part XIII the intended uses of the					anad Wash	4. F			line
Par	t VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line		e orga	anizatioi	i aliswe	ereu res	to F	OIII 990, Pa	rt IV,	ille
	Description of property			(a) Cost of basis (inve		(b)Cost or basis (oth		(c) Accumulate depreciation	d <b>(d)</b>	Book value
	Land									
b	Buildings		F						$\neg$	
С	Leasehold improvements		.			31	,213	31,2	213	
d	Equipment		. [			29	,776	29,4	30	346
	Other						3,050	15,5	88	2,462
Tota	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part X,	column	(B), line	10(c).)					2,808
Tota	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part X,	column	(B), line	10(c).)			Schedule D	(Form	-

See Form 990, Part X, line 12.  (a) Description of security or category	(b)Book value	(c) Method of valuation
(Including name of security) (1)Financial derivatives		Cost or end-of-year market value
(2)Closely-held equity interests		
(3)Other (A)POOLED INVESTMENT FUND	22,461,984	F
Tabel (Column (h) must equal Form 000, Best V and (B) line 12	<b>2</b> 2,461,984	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII Investments—Program Related. Co		l answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.  (a) Description of investment	(b) Book value	(c) Method of valuation
	(2,200.0000	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	Þ	
Part IX Other Assets. Complete if the organizatio  (a) Description		, Part IV, line 11d See Form 990, Part X, line 15  (b) Book value
Tabal (Caluman (b) much actual forms 000 Part V and (B) line 1	<i>F</i> )	
		►  Form 990, Part IV, line 11e or 11f. See
Form 990, Part X, line 25.  (a) Description of liability	(b) Book value	
Federal income taxes		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )		
2. Liability for uncertain tax positions. In Part XIII provid		

Part		Revenue per Audited Financial Sta- wered 'Yes' to Form 990, Part IV, line :		ts With Revenue p	per Re	turn Complete if
1		er support per audited financial statements			1	2,508,461
2	A mounts included on line 1 b	ut not on Form 990, Part VIII, line 12				· · · · · · · · · · · · · · · · · · ·
а	Net unrealized gains (losses	on investments	2a	-992,886		
b	Donated services and use of	facilities	2b	•	1	
c	Recoveries of prior year gran	ts	2c		1	
d	Other (Describe in Part XIII	)	2d		1	
e	Add lines <b>2a</b> through <b>2d</b>		·		2e	-992,886
3	Subtract line <b>2e</b> from line <b>1</b>				3	3,501,347
4	A mounts included on Form 9	90, Part VIII, line 12, but not on line <b>1</b>				
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII	)	4b		1	
c	Add lines <b>4a</b> and <b>4b</b>				4c	
5	Total revenue Add lines 3 ar	nd <b>4c.</b> (This must equal Form 990, Part I, line	12)		5	3,501,347
Part		Expenses per Audited Financial Stanswered 'Yes' to Form 990, Part IV, line		nts With Expenses	s per F	Return. Complete
1	Total expenses and losses pe	er audited financial statements			1	1,282,496
2	Amounts included on line 1 b	ut not on Form 990, Part IX, line 25				
а	Donated services and use of	facılıtıes	2a			
b	Prior year adjustments .		2b		]	
c	Otherlosses		2c			
d	Other (Describe in Part XIII	)	2d		1	
e	Add lines <b>2a</b> through <b>2d .</b>				2e	
3	Subtract line <b>2e</b> from line <b>1</b> .				3	1,282,496
4	A mounts included on Form 9	90, Part IX, line 25, but not on line 1:				
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII	)	4b		1	
c	Add lines <b>4a</b> and <b>4b</b>				4c	
5	Total expenses Add lines 3	and <b>4c.</b> (This must equal Form 990, Part I, lir	ne 18 )		5	1,282,496
Part	XIII Supplemental In	formation				
Part		r Part II, lines 3, 5, and 9, Part III, lines 1a I, lines 2d and 4b, and Part XII, lines 2d and				any additional
	Return Reference	Explanation				
Pt V, Line 4		The Assembly is a not-for-profit organizat (3) of the Internal Revenue Code and has foundation Management believes that it h not have any uncertain tax positions that tax returns are generally subject to exami the date of filing  Intended use of Organization's endowmen restricted funds that the Assembly must has board-designated funds As an affiliate University's Pooled Investment Fund, in a approved by the Board of Trustees, the ento produce performance which exceeds that	been de as appr are mat nation b t funds nold in p of the U ccordai dowmer	signated as an organize opriate support for any erial to the financial state by taxing authorities for Endowment assets incerpetuity or for a donor inversity, the Assemblace with the investment assets are invested in	ation who tax positions who tax positions a perior lude tho specific policies n a man	ich is not a private tions taken and does in the Assembly's dof three years from see assets of donored period(s) as well ipates in the softhe University, as ner that is intended
		moderate level of investment risk				

•	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2014

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As Filed Data -

DLN: 93493137025886

**Employer identification number** 

SCHEDULE F (Form 990)

#### Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

**ZU14** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990.

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

Open to Public Inspection

THE AMERICAN ASSEMBLY				13-6160846				
Part I General Informatio "Yes" to Form 990, Pa			ne United States. Co		ation answered			
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?								
<ul> <li>For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and assistance outside the United States.</li> <li>Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)</li> </ul>								
(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region			
(1)		-						
( 2)								
(3)								
(4)								
( 5)								
3a Sub-total b Total from continuation sheets to Part I c Totals (add lines 3a and 3b)  For Paperwork Reduction Act Notice, see	the Instructions	for Form OOC	Cat	No 50082W <b>Sched</b>	ule F (Form 990) 2014			

Pa		Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to 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)	· ·	(d) Purpose of grant	(e) Amount of cash grant	( <b>f)</b> Manner of cash disbursement	( <b>g</b> ) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)				
(	1)		North America	RESEARCH GRANT	11,000	CHECK	(	0	воок				
(	2)												
(:	3)												
( -	4)												
2				ted above that are re e or counsel has pro				s 	1				
3	Enter total num	her of other	organizations or en	tities			•						

Schedule F (Form 990) 2014

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

Part III can be	duplicated if addit	tional space is ne	eded.				
(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
( 2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
( 12)							
(13)							
(14)							
( 15)							
( 16)							
( 17)							
(18)							
	•	<u> </u>		•	•		•

### Part IV Foreign Forms

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

Schedule F (Form 990) 2014

#### **Additional Data**

**Software ID:** 14000261

**Software Version:** 

**EIN:** 13-6160846

Name: THE AMERICAN ASSEMBLY

Schedule F (Form 990) 2014

Page 5

#### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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Schedule I (Form 990)

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

OMB No 1545-0047

DLN: 93493137025886

Department of the Treasury

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

Open to Public

Internal Revenue Service	F Informa	tion about Schedule 1 (	romi 990) and its insti	ructions is at <u>www.irs</u>	<u>.gov/10/11/990</u> .		Tushecrion
Name of the organization						Employer identifi	cation number
THE AMERICAN ASSEMBLY						13-6160846	
Part I General Inform	ation on Grants a	nd Assistance				•	
<ul> <li>Does the organization main the selection criteria used</li> <li>Describe in Part IV the org</li> </ul>	to award the grants or	assistance?			, ,	•	<b>∀</b> Yes <b>⊢</b>
		Domestic Organiza eciplent that received					"Yes" to
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PUBLIC ACCOUNTABILITY INITIATIVE 89 RHODE ISLAND STREET BUFFALO,NY 14213	20-0972582		18,000				RESEARCH GRANT
(2) THE CITY COLLEGE 21ST CENTURY FOUNDATION 141 CONVENT AVENUE NEW YORK, NY 10031	13-3850823	501(C)3	33,000				SEED MONEY GRANT
(3) CENTER FOR COMMUNITY PROGRESS 111 EAST COURT STREET SUITE 2C-1 FLINT,MI 48502	27-0718458	501(C)3	11,000				SEED MONEY GRANT

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table		2
3	Enter total number of other organizations listed in the line 1 table.	1	1

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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DLN: 93493137025886

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information** For certain Officers, Directors, Trustees, Key Employees, and Highest

**Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990.

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

**Open to Public** Inspection

Name of the organization THE AMERICAN ASSEMBLY

**Employer identification number** 

13-6160846

Pa	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions  Payments for business use of personal residence			
	Tax idemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
ь	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods			
	used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee  Written employment contract  Compensation consultant  Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
	, Approval by the bound of compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization			
	or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of			
а	The organization?	5a		No
ь	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Νo
8	Were any amounts reported in Form 990, Part VII, paid or accured 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	_		l <u>.</u> .
_		8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		
	36660133 1330 3(6)			

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

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

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

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MIS	•	(C) Retirement and		(E) Total of columns	(F) Compensation in	
		(i) Base compensation	(ii) Bonus & (iii) Other other deferred nncentive reportable compensation compensation		benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990		
1 DAVID H MORTIMER,	(i) (ii)	210,939					210,939		
	(i) (ii)	129,958					129,958		

Schedule J (Form 990) 2014

### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference Explanation

Schedule J (Form 990) 2014

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**SCHEDULE 0** 

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493137025886

OMB No 1545-0047

2014

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## 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.

Name of the organization
THE AMERICAN ASSEMBLY

Employer identification number

13-6160846

#### 990 Schedule O, Supplemental Information

Return Reference	Explanation
Pt VI, Line 8b	THE ORGANIZATION DOES NOT HAVE COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY
Pt VI, Line 11b	REVIEW PROCESS FOR FORM 990 A COPY OF THE FINAL FORM 990 WAS MADE AVAILABLE TO THE MEMBERS OF THE BOARD OF TRUSTEES PRIOR TO FILING
Pt VI, Line 12c	CONFLICT OF INTEREST POLICY THE CONFLICT OF INTEREST POLICY WAS REVIEWED AND APPROVED BY ITS BOARD OF TRUSTEES A CONFLICT OF INTEREST DISCLOSURE FORM IS MAILED TO AND COMPLETED BY OFFICERS AND TRUSTEES ON AN ANNUAL BASIS COMPLETED FORMS WILL BE REVIEWED BY SENIOR STAF F TO MONITOR AND ENFORCE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY
Pt VI, Line 15a	COMPENSATION POLICY
Pt VI, Line 15b	ALL COMPENSATION IS PAID DIRECTLY BY THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NE W YORK ("COLUMBIA UNIVERSITY"), AN UNRELATED ORGANIZATION, AS DEFINED BY THE IRS THE AMER ICAN ASSEMBLY, AN INSTITUTION FOUNDED AT THE UNIVERSITY IN 1950 AND AN AFFILIATE, REIMBURS ES COLUMBIA UNIVERSITY FOR SUCH COMPENSATION AMOUNTS
Pt VI, Line 19	DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION FINANCIAL STATEMENTS ARE MAILED UPON REQUEST