Return of Organization Exempt From Income Tax

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

2016

DLN: 93493319172037 OMB No 1545-0047

Open to Public

Department of the Treasury

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

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

Interna	Reve	enue Service						Inspection
A F	or th	ne 2016 c	alendar year, or tax year l	peginning 01-01-2016 , and ending 1	.2-31-2016			
B Che	ck ıf a	applicable	C Name of organization ACADEMY OF TELEVISION AR	TS AND SCIENCES		D Employer	ıdentıf	ication number
		change		15 , W. D. SCIENCES		95-31308	53	
□ Na		hange sturn	% Lisa M Fike Controller Doing business as					
_ Fin	al		Television Academy					
	-	minated ed return	Number and street (or P O bo 5220 Lankershim Blvd	ox if mail is not delivered to street address) Rooi	m/suite	E Telephone	number	
		ion pending				(818) 754	-2800	
			City or town, state or province North Hollywood, CA 91601	e, country, and ZIP or foreign postal code				
			F Name and address of an			G Gross rece	•	3,875,717
			F Name and address of pr HAYMA WASHINGTON	incipal officer		a group retu	rn for	
			5220 Lankershim Blvd			dinates? subordinates	,	☐Yes ☑No
	Y-0Y0	mpt status	North Hollywood, CA 9160		` ´ ınclud	ed?		☐ Yes ☐No
				6) ◀ (insert no)		," attach a lis	•	•
J W	ebsit	te:► www	w Emmys com		n(c) Group	exemption n	umber	•
V [200	6 -		✓ Corporation ☐ Trust ☐	Association Other •	L Year of forma	ation 1946 N	1 State	of legal domicile CA
K FOII	11 01 0	organization	Corporation in Trust in	Association				-
Pa	rt I	Sumi	mary		•	<u>'</u>		
				sion or most significant activities	RECOCNITION EDI	ICATION AND	LEADE	EDCUID IN THE
q.				NOVATION AND EXCELLENCE THROUGH R ICATION ARTS AND SCIENCES	RECOGNITION, EDC	CATION AND	LEADE	KSUIL IN LUE
anc								
Ě								
Activities & Governance	,	Check thi	s box ▶ ☐ If the organization	on discontinued its operations or disposed	of more than 25%	of its net ass	ets	
জ জ				verning body (Part VI, line 1a)			3	70
~ Sé	4	Number o	of independent voting memb	ers of the governing body (Part VI, line 1b)	•	4	70
Ĕ	5	Total num	nber of individuals employed	ın calendar year 2016 (Part V, line 2a)			5	127
ct	6	Total num	nber of volunteers (estimate	ıf necessary)		•	6	640
Q	7a	Total unre	elated business revenue fron	n Part VIII, column (C), line 12			7a	3,433,445
	b	Net unrel	ated business taxable incom	e from Form 990-T, line 34			7b	1,049,047
					Pri	or Year		Current Year
<u>a</u> i	8	Contribut	ions and grants (Part VIII, li	ne 1h)		793,75	3	617,987
Ravenue	l	-	,	ne 2g)		29,227,35	2	32,153,171
Rav	l		•	n (A), lines 3, 4, and 7d)		238,32	6	242,668
	l			lines 5, 6d, 8c, 9c, 10c, and 11e)		122,08		79,933
	_			1 (must equal Part VIII, column (A), line 1	2)	30,381,51	-	33,093,759
	l		· · ·	t IX, column (A), lines 1–3)		1,735,10	6	2,147,850
	l		paid to or for members (Part				0	(
8	l			ree benefits (Part IX, column (A), lines 5–1	10)	7,225,34	_	7,956,180
e)S	l			, column (A), line 11e)			9	
Expenses	l		aising expenses (Part IX, column	• • • • • • • • • • • • • • • • • • • •			_	
	l			lines 11a–11d, 11f–24e)		18,627,93		21,256,273
	l		·	st equal Part IX, column (A), line 25)		27,588,38	-	31,360,303
, , , ,	19	Revenue	less expenses Subtract line	18 from line 12	Da sin nun s	2,793,12		1,733,456
Net Assets or Fund Balances					Beginning	of Current Yea	"	End of Year
sset aa	20	Total asse	ets (Part X, line 16)			31,412,84	4	31,808,946
¥ ¥	l		ılıtıes (Part X, line 26)			6,414,49	8	4,833,599
ξž	22	Net asset	s or fund balances Subtract	line 21 from line 20		24,998,34	6	26,975,347
Pai	t II	Signa	ature Block					
			erjury, I declare that I have					
any k			f, it is true, correct, and com	plete Declaration of prepa				
		- IA						
		Signati	*					
Sign		* J.g., att	ure of officer					
_		1 k	ure of officer					
Here	:		er Cochran CFO and EVP Business					
_	:	Туре о		Preparer's signature				

May the IRS discuss this return with the preparer shown above? (see instru For Paperwork Reduction Act Notice, see the separate instructions.

Firm's name FRNST & YOUNG US LLP

Firm's address ► 18101 VON KARMAN AVE SUITE 1700

IRVINE, CA 92612

Paid

Preparer

Use Only

Form	990 (2016)				Page 2
Par	t IIII Statement	t of Program Service Ac	complishments		
	Check if Sch	edule O contains a response o	r note to any line in this Part III .		🗆
1		organization's mission	•		
			IVITY, DIVERSITY, INNOVATION, A OMMUNICATIONS ARTS AND SCIE		COGNITION, EDUCATION,
2	=	, •	gram services during the year whic		□Yes ☑No
	•				⊔ Yes ⊻ No
_	,	iese new services on Schedule			
3	-	n cease conducting, or make si	gnificant changes in how it conduct	s, any program	☐ Yes ☑ No
	If "Yes," describe th	ese changes on Schedule O			
4	Section $501(c)(3)$ a		nplishments for each of its three la e required to report the amount of o service reported		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				·
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
4d	Other program serv	rices (Describe in Schedule O)			
	(Expenses \$	including	grants of \$) (Revenue \$)
4e	Total program ser	rvice expenses ▶			

or X as applicable

1

2

3

4

5

IV	Checklist	of	Requi	ired	Sch	edule	s
Ic the	organization	da	scribad	ın co	ction	501(c)	(3)

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🛸 . . .

Yes

No

Page 3

No

Νo

for public office? If "Yes," complete Schedule C, Part I 🕏 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? 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? 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?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States? .

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

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 🛸 🔒 . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

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

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 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🛸

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🔧

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Nο No

Nο

Nο

No

11a

11b

11c

11d

11e

11f

12a

12b

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14a

14b

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Vo	

Nο

Nο

Νo

Νo

Nο

No

Nο

Nο

Form **990** (2016)

Part IV Checklist of Required Schedules (continued) Yes 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a No

the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 🔧

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . 🥞

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

20b

21

22

Page 4

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Yes

Nο

Nο

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 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 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of

Yes 23

24a 24b 24c 24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35h

36

37

Yes

Yes

Yes

Yes

Yes

Form 990 (2016)

Nο Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

orm	990 (2016)			Page
Par				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
1 2	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 212		Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		.,	
2a	(gambling) winnings to prize winners?	1c	Yes	
	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
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	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	5с 6а	Yes	
b	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 were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
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 contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	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		
∂ a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter			
a	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 10b			
	Section 501(c)(12) organizations. Enter			
	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)			
2a	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			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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 in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

orm 9	990 (2016)			Page 6
Part	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	,	nse to li	
Sec	Check If Schedule O contains a response or note to any line in this Part VI	• •		✓
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 70			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 70			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b	Yes	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8 a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		
10-	Did the consumption have lead aboutous humahas as officiates?	10a	Yes	No No
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		INO
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
	Did the organization have a written document retention and destruction policy?	14	Yes	
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		No
	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	4.5%		
Sec	tion C. Disclosure	16b		
	List the States with which a copy of this Form 990 is required to be filed			
18	CA 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			
19	Own website Another's website V Upon request Other (explain in Schedule O) 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 Lisa M Fike Controller 5220 Lankershim Blvd North Hollywood, CA 91601 (818) 754-2800			
				0 (2015)

compensated employees, and former such persons

(A)

Name and Title

(F)

Estimated

amount of other

compensation

(E)

Reportable

compensation

from related

Page 7

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII

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 persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest

(B)

Average

hours per

week (list

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

- 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

(C)

Position (do not check more

than one box, unless person

is both an officer and a

(D)

Reportable

compensation

from the

organization (Wany hours director/trustee) organizations from the for related 2/1099-MISC) (W- 2/1099organization and Highest oc employee individual trustee or director Officer Former organizations MISC) related Institutional Trustee below dotted organizations employee line) compensated See Additional Data Table

RICHARD BLEIWEISS,

3522 ADAMSVILLE AVE CALABASAS, CA 91302 RSM US LLP RSM MCGLADREY,

5155 PAYSPHERE CIRCLE CHICAGO, IL 60674

compensation from the organization ▶ 13

Name and Title

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) Estimated

amount of other

Reportable

compensation

Reportable

compensation

MAGAZINE DESIGN

COMPUTER PROG SVCS

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		week (list	ıs b		n of tor/t	ficer	randa :ee)		from the organization (W-2/1099-MISC)	from related organizations (\ 2/1099-MISC	N-	compen: from	sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated emptovee	Former	2/1099-MISC)	2/1099-MI2C		organizati relat organiza	ed
See	Additional Data Table												
											\perp		
											\perp		
											_		
											+		
								-			+		
											+		
	Sub-Total					<u>. </u>	>				Ħ		
							•		1,857,740		0		408,450
2	Total number of individuals (including of reportable compensation from the			e list	ed a	bove	e) who	rece	eived more than \$	100,000			
												Yes	No
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule 3</i>			ee, k •	еу е •	mple •	oyee,	or hi	ghest compensate • • • •	d employee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual									om the	4	Yes	
5	Did any person listed on line 1a receivervices rendered to the organization										5	163	No
Se	ection B. Independent Contract	ors											110
1	Complete this table for your five high from the organization Report compe										npens	ation	
		(A) and business addre		, 541		9			T T	(B) scription of services		(C Comper	
9514	nond Einstein, Oakmore Rd ngeles, CA 90035	and business dudic	:33							ING SALES		Соттрет	514,037
Levy 1 1201	RestaurantsLevy Premium Foods, S Figueroa Street ngeles, CA 90015								Food Serv	ices	\top		239,120
Ernst 725 S	Young LLP, 5 Figueroa St Ste 200 ngeles, CA 900175403								Accounting	g Services	\top		205,175
	ADD BLEIWEICC								MAGAZINI	DESIGN	-+		202 125

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

(C)

Position (do not check more

than one box, unless person

Average

hours per

203,125

163,555

orm 9		<u> </u>											Page 9
Part \	VII												
		Check if Schedul	le O contains i	a respo	onse or note to any	(his Part VIII (A) revenue	Re e fu	(B) lated or xempt unction evenue	Unrel busii reve	lated ness		(D) Revenue cluded from under sections 512-514
. s	1 a	Federated campaig	ns	1a									
ante	ŀ	b Membership dues		1 b									
Gra	١,	c Fundraising events		1c	0								
is <u>A</u>	,	d Related organizatio	ns	1d									
e is	١,	e Government grants (co	ontributions)	1e									
Contributions, Gifts, Grants and Other Similar Amounts	1	All other contributions and similar amounts in above		1f	617,987								
Contribu and Oth	,	Noncash contribution In lines 1a-1f \$	ons included	617	<u>,987</u>								
G G	h	Total. Add lines 1a-1	lf		>		617,987						
le.					Business	Code							
Program Service Revenue	2 a	PRIMETIME EMMYS				711310	23,4	79,122	23,256,	122	223,	000	0
æ	Ь	MEMBERSHIP DUES				900099	· · · · · · · · · · · · · · · · · · ·	73,147	3,773,			0	0
JC e	_	EMMY PUBLICATIONS				511120	· · ·	01,797	491,		3,210,		0
<u> </u>		LOS ANGELES EMMY AW	VARDS			711310		54,440	254,			0	0
٤	е	ACTIVITY REVENUE				900099		85,083 59,582	285, 659,			0	0
gra	f	All other program se	rvice revenue				0.	39,302	039,	302			
δĞ	g	Total. Add lines 2a-2i	f		▶ 32,1	53,171							
	3	Investment income (ii	ncluding divid	ends, i	interest, and other	1							
	S	imilar amounts) .			•	<u> </u>	319,533						319,533
		Income from investme		•	ond proceeds •		(
	5	Royalties	(1) Dec		(u) Davasaral			,					
	62	Gross rents	(ı) Real	l	(II) Personal	-							
	va	GIOSS TEIRS											
	b Less rental expenses c Rental income or 0 0												
	(loss)												
	d	Net rental income o	r (loss)]	(
			(ı) Securit	ies	(II) Other								
	7a	Gross amount from sales of	7	05,093									
		assets other than inventory		·									
	h	Less cost or				-							
		other basis and sales expenses	7	'81,958									
	c	Gain or (loss)	-	76,865		-							
		Net gain or (loss) .			•	1	-76,865	5					-76,865
	8a	Gross income from f											
ne		(not including \$ contributions reporte		of									
₹		See Part IV, line 18		a	0								
Re	Ь	Less direct expense	s	b	0								
Other Revenue		: Net income or (loss)		-	ents 🕨		()					
O E	9a	Gross income from g See Part IV, line 19		es									
		See Fare IV, mile 13		а	0								
	ь	Less direct expense	s	ь	0	1							
	c	: Net income or (loss)	from gaming	activit	ies	,	(
	10a	Gross sales of invent											
		returns and allowand	.es	а] 0								
	ь	Less cost of goods s	sold	b	_	-							
		: Net income or (loss)				J	(
		Miscellaneous			Business Code								
Ī	11	aDISNEY BUST REVE	NUE		900099		8,000		8,000		0		0
	ь	ALL OTHER REVENU	E		900099		71,933	3	71,933		0		0
	c	:				 							
	اء	All other revenue .			-	-						\vdash	
		Total. Add lines 11a			▶								
		Total revenue. See			·		79,933	3				\vdash	
		. rotarrevenue. 566	THOU UCTIONS	• •	• • • •		33,093,759	9	28,799,659		3,433,445		242,668 rm 990 (2016)
												HΟ	rm ччн (2016)

Form 990 (2016)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must complete all co	_		, ,	
Check if Schedule O contains a response or note to any Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	2,147,850	ехрепзез	general expenses	
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	860,070			0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	5,125,685		0	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	700,543		0	0
9 Other employee benefits	878,433		0	0
10 Payroll taxes	391,449		0	0
11 Fees for services (non-employees)				
a Management	7,000		0	0
b Legal	445,682		0	0
c Accounting	53,000		0	0
d Lobbying	0		0	0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees	46,053		0	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	890,180			
12 Advertising and promotion	542,205		0	0
13 Office expenses	640,194		0	0
14 Information technology	1,168,151		0	0
15 Royalties	0		0	0
16 Occupancy	722,257		0	0
17 Travel	80,861		0	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0		0	0
19 Conferences, conventions, and meetings	324,533		0	0
20 Interest	0		0	0
21 Payments to affiliates	0		0	0
22 Depreciation, depletion, and amortization	934,115		0	0
23 Insurance	183,048		0	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)				
a ACTIVITIES,EVENTS,& SHOWS	10,725,224		0	0

1,108,583

617,988

605,936

2,161,263

31,360,303

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Form **990** (2016)

b NATAS FEES

c IN-KIND EXPENSES

d TAXES & LICENSES

e All other expenses

25 Total functional expenses. Add lines 1 through 24e

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)

	Boginning or your		
1 Cash-non-interest-bearing	845,046	1	485,334
2 Savings and temporary cash investments	5,299,132	2	3,422,495
3 Pledges and grants receivable, net	0	3	0
4 Accounts receivable, net	2,479,141	4	2,441,595
Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete	0	6	O

Part II of Schedule L Assets Notes and loans receivable, net . Inventories for sale or use . Prepaid expenses and deferred charges

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Liabilities 22

Fund Balances

Assets or

Net

b Less accumulated depreciation

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Investments—publicly traded securities .

Other assets See Part IV, line 11 . . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 .

Intangible assets

Investments—other securities See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958),

check here ▶ 🔲 and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Investments-program-related See Part IV, line 11

10a Land, buildings, and equipment cost or other 10a basis Complete Part VI of Schedule D

10b

12,570,949

7,165,447

0

365,207

5,405,502

12,585,920

3.082.058

4.020.835

31.808.946

2.168.397

1.885.816

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779.386

4.833.599

26.975.347

26,975,347

31.808.946 Form **990** (2016)

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1,733,846

6,414,498

24.998.346

24,998,346

31,412,844

176,470

5,671,643

11,892,983

3.077.451

1.970.978

31.412.844

2.310.516

2.370.136

Both consolidated and separate basis

☐ Both consolidated and separate basis

2b

2c

3а

3b

Yes

Yes

Nο

Form 990 (2016)

Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

☐ Separate basis

Consolidated basis

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

b Were the organization's financial statements audited by an independent accountant?

✓ Consolidated basis

Additional Data

PRIMETIME, CREATIVE ARTS, AND LOS ANGELES AREA EMMY AWARDS, AND HALL OF FAME AND TELEVISION HONORS AWARDS, COMPETITIONS AND EVENTS FOR

Name: ACADEMY OF TELEVISION ARTS AND SCIENCES

Form 990 (2016)

Form 990, Part III, Line 4a:

RECOGNIZING EXCELLENCE IN TELEVISION PROGRAMMING

EIN: 95-3130853

Software Version:

Software ID:

Form 990, Part III, Line 4b: EMMY MAGAZINE, AN INDUSTRY TRADE PUBLICATION DISTRIBUTED TO MEMBERS OF THE ACADEMY AND SOLD TO THE PUBLIC

Form 990, Part III, Line 4c: MEMBERSHIP & FILM GROUP ACTIVITIES INCLUDING MEMBER ACTIVITY EXPENSES ASSOCIATED WITH SOLICITING NEW MEMBERS. SCREENING NEWLY RELEASED FILMS TO MEMBERS. AND HOSTING PANEL DISCUSSIONS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer from related week (list from the compensation any hours and a director/trustee) organizations from the organization for related (W-2/1099-(W- 2/1099organization and Highest compensated employee Former Individual trustee or director key employee organizations Institutional MISC) MISC) related below dotted organizations line)

RUTH ADELMAN	4 0	×			0	0	l
GOVERNOR	0 0	^				3	
ERIC ANDERSON	4 0	×			0	0	
GOVERNOR	0 0	^				9	
STUART BASS ACE	4 0	×			0	0	

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GOVERNOR	0 0	^				0	
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ALLISON BINDER

GOVERNOR

DAN BIRMAN

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organizations from the organization for related (W-2/1099-(W- 2/1099organization and Highest compensated employee Former Individual trustee or director key employee organizations Institutional MISC) related MISC) below dotted organizations line) 4 nl

BARBARA CASSEL		_			_	ا	
GOVERNOR	0.0	_ ^				Ĭ	
TED CHERVIN	4 0	V			0		
DIRECTOR	4 0	^			0		
CHARLIE COLLIER	4 0	×			0	0	
DIRECTOR					Ĭ	١	ĺ

CHARLIE COLLIER	4 0	X			0	
DIRECTOR	0 0	~				
JAMES CONNELLY	4 0	~			0	
GOVERNOR	0 0	^			0	

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FOUNDATION CHAIR

SHARI COOKSON

GOVERNOR

GOVERNOR

DIRECTOR

GOVERNOR

DIRECTOR

SUSANNE DANIELS

EVA DEMIRJIAN

CRAIG ERWICH

JILL DANIELS

CHARLIE COLLIER	4 0	,			١	0	
DIRECTOR	0.0	^				Ŭ	
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ROBERT COOK	2 0						

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation compensation amount of other hours per person is both an officer week (list from the from related compensation any hours and a director/trustee) organizations from the organization for related (W-2/1099-(W- 2/1099organization and Highest compensated employee Former Individual trustee or director organizations Institutional MISC) MISC) related below dotted organizations employee line) 40 RICK FISHBEIN

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TAMMY GOLIHEW

BEATRIZ GOMEZ

TERRY ANN GORDON

KEVIN HAMBURGER

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MONTE HAUGHT

EDWARD FASSL		l x						0	0	,
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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organizations from the organization for related (W-2/1099-(W- 2/1099organization and Key employee Highest compensated employee Former Individual trustee or director organizations Institutional MISC) MISC) related below dotted organizations line)

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KIERAN HEALY	4 0	V						0	0	
GOVERNOR	0.0	^						U	0	
MARC JOHNSON	4 0	¥						0	0	
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SAM LINSKY

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MICHAEL A LEVINE

SHARON LIEBLEIN CSA

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer from related week (list from the compensation and a director/trustee) any hours organizations from the organization for related (W-2/1099-(W- 2/1099organization and Highest compensated employee Former Individual trustee or director Key employee organizations Institutional MISC) MISC) related below dotted organizations line)

GAIL MANCUSO	4 0	×			0	0	0
GOVERNOR	0 0	^				0	
RICKEY MINOR	4 0	·			0	0	0
GOVERNOR	0 0	^			0	0	
DORENDA MOORE	4 0	_			0	0	0
GOVERNOR	0 0	^			J	0	
PATRICK MORAN	4 0						

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GOVERNOR	0.0							
TONATHAN MURRAY	4 0							

DIRECTOR	0.0						
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JONATHAN MURRAY	4 0				0	0	
GOVERNOR	0.0	_ ^				0	

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TREASURER

GOVERNOR

GOVERNOR

GOVERNOR

JOHN O'BRIEN

JANET CAROL NORTON

TANA NUGENT JAMIESON

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GOVERNOR	0 0	^			9	0	
JONATHAN MURRAY	4 0	×			0	0	
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JONATHAN MURRAY	4 0							
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GOVERNOR	0.0	.,					9	
SUSAN NESSANBAUM GOLDBERG	6 0							

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organizations from the organization for related (W-2/1099-(W- 2/1099organization and Highest compensati employee Former Individual trustee or director Key employee organizations Institutional MISC) related MISC) below dotted organizations line)

			1		164			
BRIAN O'ROURKE	4 0	×				0	0	
GOVERNOR	0 0						3	
RUSS PATRICK	4 0	V				0	0	
GOVERNOR	0 0	^				0	0	
LOWELL PETERSON ASC	4 0	_				0	0	
GOVERNOR		^				١	U	

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LOWELL PETERSON ASC		l x		
GOVERNOR	0 0			
WILLIAM POWLOSKI	4 0			
GOVERNOR	0 0	×		
BRUCE ROSENBLUM	6 0	V	V	

CHAIR

FRED SAVAGE

FRANK SCHERMA

PHILIP SEGAL

GOVERNOR

GOVERNOR

GOVERNOR

SETH SHAPIRO

SECOND VICE CHAIR

GERRI SHAFTEL CONSTANT

GOVERNOR

Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer from related week (list from the compensation any hours and a director/trustee) organizations from the organization for related (W-2/1099-(W- 2/1099organization and Highest compensate Former Individual trustee or director Key employee organizations Institutional MISC) related MISC) below dotted organizations line) Trustee

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

				2			
BRIAN SHEESLEY	4 0	×			0	0	
GOVERNOR	0 0					3	
MARK SPATNY	4 0	×			0	0	
GOVERNOR	0 0					,	
ROBERT SWARTZ	6 0	×	×		0	0	
SECRETARY	0 0		Ĺ		,		

GOVERNOR	0.0						1
ROBERT SWARTZ	6 0						1
SECRETARY	0.0	l ^	×		0	0	
GREG TAYLOR	6 0	v	v		0	0	
LA AREA VICE CHAIR	0.0	_ ^	Ĺ			0	
LILY TOMLIN	4 0						

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THOM WILLIAMS

TERENCE WINTER

KENNETH ZUNDER ASC

HAYMA WASHINGTON

SECRETARY	0.0						
GREG TAYLOR	6 0		Y		0	0	
LA AREA VICE CHAIR	0.0	_ ^	^				,
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GREG TAYLOR		×		ν I		l o	0	0
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LILY TOMLIN	4 0	х				0	0	0
GOVERNOR	0 0					3	Ŭ	9
STEVE VENEZIA CAS	4 0	.,						

Compensated Employees, and Independent Contractors (C) (D) (E) Name and Title Position (do not check more Reportable Reportable Average hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations for related (W- 2/1099-(W- 2/1099organization and India or dir Office Instr organizations MISC) MISC) below dotted

(F)

Estimated

from the

related

organizations

55.493

58,954

50,793

63,638

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

EXEC VICE PRESIDENT OF AWARDS

SR VP, MEDIA & BRAND MGMT

LISA MASHBURN FIKE

CONTROLLER

SUSAN SPENCER

LAUREL WHITCOMB

VP, MARKETING

	line)	dual trustee ector	tutional Trustee	- E	ovee	Ē			-
HEATHER COCHRAN CFO & EVP BUSINESS OPERATIONS	40 0			×			314,861	0	
MAURY MCINTYRE PRESIDENT & COO	40 0			×			428,069	0	

				🖰			
HEATHER COCHRAN CFO & EVP BUSINESS OPERATIONS	40 0		×		314,861	0	
MAURY MCINTYRE PRESIDENT & COO	40 0		×		428,069	0	
BARBRA HELD VP EVENT PRODUCTION	40 0			х	190,104	0	
JOHN LEVERENCE	40 0			х	261,723	0	

THE THE COUNTY OF			х		314,861	0	62,970
CFO & EVP BUSINESS OPERATIONS	4 0				·		
MAURY MCINTYRE	40 0		X		428,069	0	54,170
PRESIDENT & COO	4 0		^		120,003	,	31,170
BARBRA HELD	40 0				100 104	0	62.422
VP EVENT PRODUCTION	0.0			X	190,104	U	62,432
JOHN LEVERENCE	40 0						

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168,261

283,963

210,759

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Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

DLN: 93493319172037

Open to Public Inspection

Department of the Treasury Internal Revenue Service

EZ)

2

3

5

SCHEDULE C (Form 990 or 990-

> ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Section 527 organizations Complete Part I-A only

• Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III **Employer identification number** Name of the organization ACADEMY OF TELEVISION ARTS AND SCIENCES 95-3130853 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3). 1

Enter the amount of any excise tax incurred by the organization under section 4955

Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes

Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt

function activities

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

3

Did the filing organization fileForm 1120-POL for this year?

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount

of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received

funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-3 5

Schedule C (Form 990 or 990-EZ) 2016

Return Reference

activity

Volunteers?

1

(b)

Amount

(a)

Yes

No

Schedule C (Form 990 or 990EZ) 2016

Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? **b** If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Nο 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Yes Did the organization agree to carry over lobbying and political expenditures from the prior year? No Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year C Total 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

efile GRAPHIC print - DO NOT PROCESS SCHEDULE D

(Form 990)

Department of the Treasury

As Filed Data -

DLN: 93493319172037

OMB No 1545-0047

Supplemental Financial Statements

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

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** ACADEMY OF TELEVISION ARTS AND SCIENCES 95-3130853 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during 3 Aggregate value of grants from (during year) Aggregate value at end of year 5 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? ☐ Yes □ No 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? ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space 2 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) 20 C Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year > Number of states where property subject to conservation easement is located ▶ 5 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, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)? ☐ No 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on 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 on 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 on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

2

c Leasehold improvements

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) .

d Equipment . .

Par	1111	Organizations Ma	aintaining Col	lections of	Art, Histo	orical '	Γreasι	ıres, or	Other	Similar A	ssets (continue	ed)	
3		the organization's acquired (check all that apply)	uisition, accession	n, and other i	records, che	ck any o	f the fo	llowing th	nat are a	significant	use of it	s collect	ion	
а		Public exhibition			(ı 🗆	Loan	or excha	nge prog	grams				
b		Scholarly research			•		Othe	r						
С		Preservation for future	generations											
4	Provid Part X	de a description of the ((III	organization's col	lections and	explain how	they fui	ther the	e organiz	ation's e	xempt purp	ose in			
5		g the year, did the orga s to be sold to raise fur								nılar	□ Y ₀	es [] No	
Pai	rt IV	Escrow and Cust Complete if the ord X, line 21.	ganization answ	vered "Yes"							unt on	Form 9	90, P	art
1a		e organization an agent led on Form 990, Part)		an or other ir	ntermediary	for cont	ribution	s or othe	r assets	not	□ Y •	es [] No	
b	If "Ye	s," explain the arrange	ment in Part XIII	and complet	e the follow	ng table	•				Amount			
c	Begini	ning balance							1c					
d	Addıtı	ons during the year							1d					
е	Distrib	butions during the year	-						1e					
f	Ending	g balance							1f					
2a	Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?													
b	If "Yo	s," explain the arrange	ment in Part VIII	Check here	if the evolar	ation h	s haan	provideo	l in Part	YIII				
	rt V	Endowment Fund												
				(a)Current		Prior ye		(c)Two ye				(e)Four	years	back
1a	Beginni	ing of year balance .												
b	Contrib	outions												
C	Net inv	estment earnings, gain	s, and losses											
d	Grants	or scholarships												
		expenditures for facilities ograms	es											
f	Adminis	strative expenses .												
g	End of	year balance												
2	Provid	de the estimated percei	ntage of the curre	ent year end	balance (line	g, col	umn (a)) held as	5					
а	Board	designated or quasi-e	ndowment 🟲											
b	Perma	anent endowment 🟲												
c	Temp	orarily restricted endov	vment 🟲											
	•	ercentages on lines 2a,	•	•		_								
3a	organ	nere endowment funds lization by	not in the posses	sion of the o	rganization t	hat are	held an	id adminis	stered fo	r the	_		es l	No
		nrelated organizations									<u> </u>	a(i)	\perp	
h		elated organizations s" on 3a(ii), are the rel			· · ·	 Shedule					_	a(ii) 3b	+	
и 4		ibe in Part XIII the inte	_		•							70		
	rt VI	Land, Buildings,												
		Complete of the ord	ganization answ	vered 'Yes'										
	Descri	ption of property	(a) Cost or oth (investme		(b)Cost or otl	ner basıs	(other)	(c)Accu	mulated o	lepreciation		(d)Book	value	
1a	Land						505,000						5	05,000
	Building	ŀ				3,	943,900			1,599,443			2,3	44,457

377,683

90,306

7,654,060

92,590

70,735

5,402,679

285,093

19,571

2,251,381

Part VII Investments—Other Securities. Complete if th	e organization ansv	vered 'Yes' on Form	990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value		thod of valuation
(including name of security) (1)Financial derivatives		Cost or end	d-of-year market value
(2)Closely-held equity interests			
(3)Other(A) ALTERNATIVE INVESTMENT	3,082,058		_
(A)			
(B)			_
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	3,082,058	was a Wast on Fame	- 000 Part IV Ivan 11 a
Part VIII Investments—Program Related. Complete if t See Form 990, Part X, line 13.		swered Yes on Form	1 990, Part IV, line IIC.
(a) Description of investment	(b) Book value		ethod of valuation d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			_
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	b		
Part IX Other Assets. Complete if the organization answered (a) Description	'Yes' on Form 990, Pa	rt IV, line 11d See For	m 990, Part X, line 15 (b) Book value
(1) DUE FROM TV ACADEMY FDN			4,020,835
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization as	neward Wast on Fa		4,020,835
See Form 990, Part X, line 25.			
(a) Description of liability (1) Federal income taxes	(b) B	ook value	
		0	
DUE TO NATAS		201,083	
DUE TO TELEVISION ACADEMY FDN		578,303	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>	779,386	
2. Liability for uncertain tax positions In Part XIII, provide the text of		ganization's financial s	
organization's liability for uncertain tax positions under FIN 48 (ASC 7-	40) Check here if the	text of the footnote ha	s been provided in Part XIII Schedule D (Form 990) 2016

2

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b c

d

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2

3

c

5

Schedule D (Form 990) 2016

2e

3

Page 4

Part XII 1 Total expense

Donated services and use of facilities .

Other (Describe in Part XIII) . . .

Add lines 2a through 2d

Subtract line 2e from line 1 .

Add lines 4a and 4b . . .

Recoveries of prior year grants . . .

		_
t XII Reconciliation of Expenses per Audited Financia Complete if the organization answered 'Yo		
Total expenses and losses per audited financial statements		
Amounts included on line 1 but not on Form 990, Part IX, line 25		
Donated services and use of facilities	2a	
Prior year adjustments	2b	
Other losses	2c	
Other (Describe in Part XIII)	2d	
Add lines 2a through 2d		
Subtract line 2e from line 1		
Amounts included on Form 990, Part IX, line 25, but not on line 1:		
Investment expenses not included on Form 990, Part VIII, line 7b	4a	
Other (Describe in Part XIII)	4b	
Add lines 4a and 4b		
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . .

Total revenue, gains, and other support per audited financial statements .

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

Amounts included on Form 990, Part VIII, line 12, but not on line 1

Investment expenses not included on Form 990, Part VIII, line 7b .

Other (Describe in Part XIII)

	4b								
			4c						
2)			5						
cial Statements With Expenses per 'Yes' on Form 990, Part IV, line 12a.									
			1						
	2a								
	2b]						
	2c]						
	2d]						
			2e						
			3						
	4a								
	4b								
			4c						
18) .		5						
٦d ،	4 Part	IV lines 1b and 2b							

es per Return.

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2a

2h

2c 2d

4a

chedule D (Form 990) 20	15		Page 5
Part XIII Supple	mental Info	ormation (continued)	
Return Reference		Explanation	
			Schedule D (Form 990) 2016

Additional Data

Software Version:

Software ID:

EIN: 95-3130853

FIN 48(ASC740) Footnote THE TELEVISION ACADEMY HAS BEEN RECOGNIZED AS A TAX-EXEMPT ORGANIZ

Name: ACADEMY OF TELEVISION ARTS AND SCIENCES

Supplemental Information

SCHEDULE D, PART X, LINE 2

Return Reference

Explanation

ATION PURSUANT TO SECTION 501(C)(6) OF THE CODE MANAGEMENT IS OF THE OPINION THAT SUBSTAN TIALLY ALL OF THE TELEVISION ACADEMY'S ACTIVITIES ARE RELATED TO THEIR EXEMPT PURPOSES AND NO MATERIAL UNCERTAIN TAX POSITIONS HAVE BEEN IDENTIFIED OR RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS AT DECEMBER 31, 2016 AND 2015 THE TELEVISION ACADEMY CURRENTLY FILE S FORM 990 IN THE U S FEDERAL JURISDICTION AND CORRESPONDING STATE INFORMATION RETURNS IN THE STATE OF CALIFORNIA THE TELEVISION ACADEMY IS NOT CURRENTLY UNDER ANY INCOME TAX EXA MINATIONS IN MAJOR TAX JURISDICTIONS FOR ANY PRIOR TAX PERIOD

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493319172037 OMB No 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2016 ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. **Open to Public** ▶ Attach to Form 990. ▶ See separate instructions. Department of the Treasury Inspection ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** ACADEMY OF TELEVISION ARTS AND SCIENCES 95-3130853 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures (a) Region offices in the employees, agents, region (by type) (e q, program service, describe for and investments and independent fundraising, program specific type of region in region contractors in services, investments, grants service(s) in region region to recipients located in the region) (1) Central America and the Investments 3,082,058 Carıbbean (2) (3) (4) (5) 3,082,058 3a Sub-total **b** Total from continuation sheets to Part I 3.082.058 c Totals (add lines 3a and 3b)

(5) (6) (7)

(8) (9) (10) (11)

(12) (13)

(14) (15) (16)

(17) (18) Page 3

Schedule F (Form 990) 2016

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 additional space is needed.

(a) Type of grant or assistance	(b) Region	recipients	(d) Amount of cash grant	disbursement	non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							

	, 55, p, 5, 1, 1	5.50 g	assistance	assistance	(book, FMV, appraisal, other)
(1)					
(2)					

			assistance	assistance	appraisal, other)
(1)					
(2)					

(2)				
(3)				
(4)				

Sche	dule F (Form 990) 2016		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☑ Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)		
	Instructions for Forms 3320 and 3320-Ay	☐Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)		
	Corporations (see Instructions for Form 5471)	✓ Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☑ Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
		☐ Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form		
	5713)	☐ Yes	✓ No

Additional Data

Software ID: Software Version:

EIN: 95-3130853

Name: ACADEMY OF TELEVISION ARTS AND SCIENCES

Schedule F (Form 990) 2016

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).

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -					DLN: 93493319172037
Schedule I (Form 990) Department of the Treasury Internal Revenue Service	Col ▶ Inform		OMB No 1545-0047 2016 Open to Public Inspection				
Name of the organization ACADEMY OF TELEVISION ARTS	AND SCIENCES					' '	r identification number
	nation on Grants					95-3130	0853
the selection criteria used Describe in Part IV the org Part II Grants and Other	to award the grants panization's procedur Assistance to Dom	or assistance? es for monitoring the use estic Organizations an	e of grant funds in the Un In Domestic Governme	ited States			✓ Yes No
that received more (a) Name and address of organization or government	(b) EIN	can be duplicated if addi (c) IRC section if applicable	tional space is needed (d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descript non-cash ass	
(1) ACADEMY OF TV ARTS & SCIENCES FOUNDATION 5220 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91601	95-2283284	501(c)(3)	2,147,850				PROGRAM SUPPORT
2 Enter total number of sect	ion 501(c)(3) and go	vernment organizations	listed in the line 1 table .)	1
							<u> </u>
For Paperwork Reduction Act Note	ce, see the Instructioi	ns for Form 990.		Cat No 50055	iP		Schedule I (Form 990) 2016

(5) (6)

(7)

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

Part IV

Explanation

Return Reference

SCHEDULE I, PART I, LINE 2 Descr of Organization's Procedures for Monitoring the Use of Grants THE ONLY ASSISTANCE IS BOARD APPROVED FOR THE ACADEMY OF TELEVISION ARTS & SCIENCES FOUNDATION, A RELATED 501(C)(3) ORGANIZATION THE AMOUNTS ARE NOT MONITORED ONCE PROVIDED TO FOUNDATION Schedule I (Form 990) 2016 efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493319172037

Employer identification number

OMB No 1545-0047

2015

Schedule J

(Form 990)

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

ACADEMY OF TELEVISION ARTS AND SCIENCES 95-3130853 **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) 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 Yes 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 Νo 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 Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4h Νo Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5а 5b Any related organization? If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a 6b Any related organization? If "Yes," on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 67 If "Yes," describe in Part III 7 Were any amounts reported on 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 ın Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii) Do not list any individuals that are not listed on Form 990. Part VII

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		Base (1) compensation	(iı) Bonus & ıncentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 HEATHER COCHRAN CFO & EVP BUSINESS OPERATIONS 2 MAURY MCINTYRE PRESIDENT & COO	(i)	271,661	35,000	8,200	31,661	31,309	377,831	0
	(ii)	0	0	0	0	0	0	0
	(i)	380,869	40,000	7,200	31,661	22,509	482,239	0
	(ii)	0	0	0	0	0	0	0
3 BARBRA HELD VP EVENT PRODUCTION	(i)	181,754	6,000	2,350	31,192	31,240	252,536	0
	(ii)	0	0	0	0	0	0	0
4 JOHN LEVERENCE EXEC VICE PRESIDENT OF	(i)	251,723	10,000	0	31,661	23,832	317,216	0
AWARDS	(ii)	0	0	0	0	0	0	0
5 LISA MASHBURN FIKE CONTROLLER	(i)	162,036	6,225	0	27,514	31,440	227,215	0
	(ii)	0	0	0	0	0	0	0
6 SUSAN SPENCER SR VP, MEDIA & BRAND	(i)	256,963	18,800	8,200	31,661	19,132	334,756	0
MGMT	(ii)	0	0	0	0	0	0	0
7 LAUREL WHITCOMB VP, MARKETING	(i)	204,759	6,000	0	31,661	31,977	274,397	0
,	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2015	Page 3							
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							

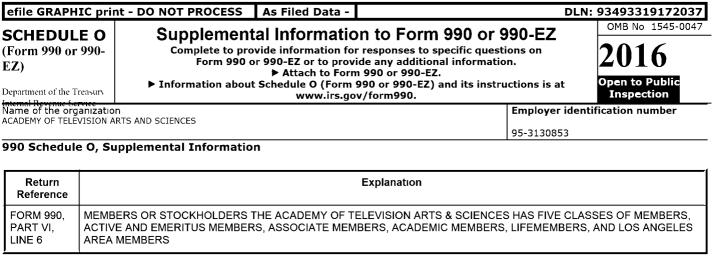
Schedule J (Form 990) 2015

THE POSITION OF CEO OF THE ORGANIZATION IS UNPAID

SCHEDULE J, PART I, LINE 3

efil	e GRAPHIC pr	rint - DO NOT PR	OCESS	As Filed Data -			DLN: 93	49331	9172	037
	IEDULE M			loncash Contri	hutions		40	1B No :	545-0	047
(For	m 990)							20	16	-
		► Complete if the Attach to Form	_	ons answered "Yes" on F	orm 990, Part IV, lines 2	9 or 30.		4 0	10	<u>'</u>
_				ıle M (Form 990) and its i	nstructions is at www.irs	s.aov/for	m990 a	pen t	s Dub	die
•	tment of the Treasurv al Revenue Service							Insp	ectior	1
	e of the organizat	ion I ARTS AND SCIENCES				Employe	r identific	ation n	umbe	r
710710	ETTT OF TELEVISION	TANTO SCIENCES				95-31308	53			
Pa	rt I Types	of Property								
			(a) Check ıf applıcable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line		() Method of c cash contri			cs
1	Art—Works of ar	t			19					
2	Art—Historical tr	easures .								
3	Art—Fractional in	nterests								
4	Books and public									
5	Clothing and hou	ısehold	X		78,400	FMV				
6	Cars and other v									
7	Boats and planes	5 .								
8	Intellectual prope	erty								
9	Securities—Publi	•								
	Securities—Close Securities—Partr	•								
	or trust interest									
	Securities—Misce									
13	Qualified conserved contribution—Historian contribution—Historian contribution—Historian contribution contribution.	ıstorıc								
14	Qualified conserv									
15	contribution—O									
16	Real estate—Cor									
17	Real estate—Oth									
18	Collectibles .									
19	Food inventory		X	3	400,587	7 FMV				
20	Drugs and medic	cal supplies .								
21	Taxidermy . Historical artifact									
	Scientific specim									
24	Archeological art									
25	Other ► (I-CARE ITEMS)		X	1	139,000	FMV				
26	Other ▶ (
27	Other ▶ (
	Other ► (
29				ation during the tax year for 3, Part IV, Donee Acknowled		29				
	.	1.10							Yes	No
30a				y contribution any property i	•					
	ıt must hold for	at least three years	from the da	ate of the initial contribution	, and which is not required	to be used	1			ļ
	for exempt purp	ooses for the entire h	olding peri	od?				30a		No
b	If "Yes," describ	e the arrangement i	n Part II							ļ
31	Does the organi	zation have a gift ac	ceptance p	olicy that requires the reviev	v of any non-standard conti	rıbutıons?		31	Yes	
32a	Does the organi contributions?		rd parties o	or related organizations to s	olicit, process, or sell nonca	ish • • •		32a		No
b	If "Yes," describ	e in Part II								
33	If the organizati	ion did not report an	amount ın	column (c) for a type of pro	perty for which column (a)	ıs checked	١,			
	describe in Part	II								
For D	anerwork Reduction	on Act Notice, see the	Instruction	s for Form 990	Cat No 512271		Schedule	M (Form	000)	(2016)

Schedule M (Form 990) (2016)	Page 2
Provide the informat	ormation. In our control of the con
	umber of contributions, the number of items received, or a combination of both. Also complete
Return Reference	Explanation
SCHEDULE M, PART I, COLUMN (B)	ATAS IS REPORTING THE NUMBER OF CONTRIBUTIONS
	Schedule M (Form 990) (2016)



Return Explanation
Reference

FORM 990,	CLASSES OF PERSONS, DECISIONS REQUIRING APPROVAL & TYPE OF VOTING RIGHTS ACTIVE AND EMERITUS
PART VI,	MEMBERS IN GOOD STANDING MAY VOTE FOR THE ELECTION OF GOVERNORS, ON A DISPOSITION OF
LINES 7A	SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION, AND ON A MERGER OR DISSOLUTION OF THE
AND 7B	CORPORATION

Return Explanation
Reference

FORM 990,	PROCESS USED BY MANAGEMENT AND/OR GOVERNING BODY TO REVIEW 990 THE 990 IS PREPARED BY AN OUTSIDE
PART VI,	ACCOUNTING FIRM WITH INFORMATION PROVIDED BY THE ORGANIZATION'S FINANCE DEPARTMENT THE 990 IS
LINE 11B	THEN REVIEWED BY THE CFO AND CONTROLLER BEFORE FILING THE 990 IS MADE AVAILABLE TO THE BOARD TO
	REVIEW BEFORE AND AFTER FILING VIA A WEBSITE

Return	Explanation
Reference	·
FORM 990, PART VI, LINE 12C	PROCESS USED TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST THE FOLLOWING PROCEDURES AR E USED BY THE ACADEMY OF TELEVISION ARTS AND SCIENCES TO MONITOR AND ENFORCE THE CONFLICT OF INTEREST POLICY 1 DUTY TO DISCLOSE IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST TO THE CHIEF OPERATING OFFICER OR CHIEF FINANCIAL AND ADMINISTRATIVE OFFICER AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE EXECUTIVE COMMITTEE WHICH HAS THE BOA RD OF GOVERNORS DELEGATED POWER TO CONSIDER WHETHER A CONFLICT OF INTEREST EXISTS WITH RES PECT TO THE PROPOSED TRANSACTION OR ARRANGEMENT 2 DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS WITH RES PECT TO THE PROPOSED TRANSACTION OR ARRANGEMENT 2 DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS TO THE EXEC UTIVE COMMITTEE, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE'SHE SHALL LEAVE THE EXECUTIVE COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUS SED AND VOTED UPON THE MEMBERS OF THE EXECUTIVE COMMITTEE SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS 3 PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST AND INTEREST EXISTS 3 PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST AND INTEREST EXECUTIVE COMMITTEE MEETING. AND THE VOTE ON, WHETHER A CONFLICT OF INTEREST EXISTS B THE CHAIRPERSON OF THE EXECUTIVE COMMITTEE SHALL, IF APPROPRIA TE, APPOINT A DISINTERESTED PERSON TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT C AFTER EXERCISING DUE DILIGENCE, THE EXECUTIVE COMMITTEE SHALL DETERMIN E WHETHER THE TELEVISION ACADEMY CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, FOR ITS OWN BENEFIT, AND WHE THER TIS FAIR AND REASONABLE IN CONFORMITY WITH THE ABOVE DETERMINATION, IT SHALL MAKE ITS DECISION AS TO WHETHER TO CHATER THE DEATEN OF THE BOARD

Return Explanation

Reference	
FORM 990,	LINARY AND CORRECTIVE ACTION THE POLICY COVERS ALL OFFICERS AND GOVERNORS AND IS MONITORE D AND
PART VI,	ENFORCED ANNUALLY OFFICERS AND GOVERNORS WITH A CONFLICT OF INTEREST ARE EXCLUDED F ROM THE
LINE 12C	DELIBERATIONS AND FROM THE VOTE ON THE TRANSACTION WITH WHICH THEY HAVE A CONFLICT

Return

Reference	·
FORM 990, PART VI, LINES 15A AND 15B	PROCESS FOR DETERMINING COMPENSATION OF TOP MANAGEMENT & OTHER OFFICERS LINE 15A THE POSITION OF CEO OF THE ORGANIZATION IS UNPAID LINE 15B THE AMOUNT OF COMPENSATION PROVIDED TO DIRECTORS AND ALL OTHER POSITIONS ARE REVIEWED BY HUMAN RESOURCES, THE CHIEF FINANCIAL OFFICER, AND THE CHIEF OPERATING OFFICER, AND THEN SIGNED OFF BY THE CHIEF EXECUTIVE OFFICER THE CFO AND COO/PRESIDENT SALARIES ARE REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE HUMAN RESOURCES COLLECTS SALARY DATA FROM LIKE ORGANIZATIONS FOR ANNUAL COMPARISONS WHEN ALL SALARIED POSITIONS ARE REVIEWED POSITION SALARY RANGES ARE DETERMINED FROM HIGH TO LOW DEPENDING ON DATA RECEIVED THE ACADEMY'S EXECUTIVE COMMITTEE (NON-COMPENSATED ELECTED AND APPOINTED MEMBERS) THEN VOTES ON COMPENSATION CONTRACTS FOR THE CHIEF OPERATING OFFICER, CHIEF FINANCIAL OFFICER, AND EXECUTIVE
	VICE PRESIDENT OF AWARDS THIS PROCESS IS DONE ANNUALLY AND WAS LAST COMPLETED IN 2016 THE EXECUTIVE COMMITTEE'S APPROVAL IS DOCUMENTED IN THE ACADEMY'S BOARD MINUTES

Explanation

Return Explanation

Reference

FORM 990,
AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS TO THE
PART VI,
GENERAL PUBLIC AN AUDITED ANNUAL REPORT OF THE FINANCIAL STATEMENTS IS MAILED ON AN ANNUAL BASIS
LINE 19
TO ALL MEMBERS. THE GOVERNING DOCUMENTS. CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

ARE NOT REQUIRED TO BE MADE AVAILABLE TO THE PUBLIC SO THEY ARE NOT MADE AVAILABLE.

Return

Reference	
FORM 990, PART VII, SECTION A	TIME DEVOTED TO RELATED ORGANIZATIONS CERTAIN MEMBERS OF THE ACADEMY OF TELEVISION ARTS & SCIENCES' EXECUTIVE COMMITTEE ALSO SERVE ON THE BOARD OF DIRECTORS OF THE ACADEMY OF TELEVISION ARTS & SCIENCES FOUNDATION IN ADDITION, THE ACADEMY OF TELEVISION AREA SCIENCES FOUNDATION.
	ACCOUNTING, ADMINISTRATIVE, DESIGN SERVICES, DIGITAL & INFORMATION TECHNOLOGY, HR, AND MARKETING

Evolunation

ACCOUNTING, ADMINISTRATIVE, DESIGN SERVICES, DIGITAL & INFORMATION TECHNOLOGY, HR, AND MARKETING SUPPORT TO THE ACADEMY OF TELEVISION ARTS AND SCIENCES FOUNDATION THE CHIEF OPERATING OFFICER, CHIEF FINANCIAL AND ADMINISTRATIVE OFFICER, CONTROLLER, SENIOR MANAGER OF ACCOUNTING, SENIOR DIRECTOR OF HUMAN RESOURCES, EXECUTIVE PRODUCER OF DIGITAL, SENIOR DIRECTOR OF DIGITAL, SENIOR WEBSITE DEVELOPER, VICE PRESIDENT OF MARKETING, VICE PRESIDENT OF PUBLICATION, VICE PRESIDENT OF EVENT PRODUCTIONS, DIRECTOR OF EVENT PRODUCTION, MANAGER OF FACILITIES, DIRECTOR OF DESIGN SERVICES AND DIRECTOR OF CORPORATE RELATIONS HELP TO PROVIDE THESE SERVICES

Return Explanation Reference

FORM 990. RECONCILIATION - OTHER CHANGES IN NET ASSETS OR FUND BALANCES SPONSOR ADVERTISING \$(223,000)

PART XI. LINE 9

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493319172037 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** (Form 990) 2016 ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service **Employer identification number** Name of the organization ACADEMY OF TELEVISION ARTS AND SCIENCES 95-3130853 Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (e) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity

related tax-exempt organizations during the tax year. (a) (b) (c) (d) (e) (f) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) (13) controlled entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more entity? No Yes (1) ACADEMY OF TV ARTS & SCIENCES FOUNDATION **FUNDRAISING** CA 501(c)(3) ATAS 12, I Yes 5220 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91601 95-2283284 Schedule R (Form 990) 2016 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y

Name, address, and EIN of related organization related organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Legal admicing controlling (state or foreign countrolly) Legal admicing to controlling to find a controlling to the controlling t	one or more related organizations	nizations Taxable as a latreated as a partnership	Partnership during the ta	Complet ax year.	te if the org	janization ans	swered "Ye	es" on Form	990,	Part I	V, line 34 b	ecau	se it h	nad
art IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. A	(a) Name, address, and EIN o related organization	(a) Name, address, and EIN of related organization			Direct controlling	Predominant income(related unrelated, excluded from tax under sections 512-	Share of total income	Share of e end-of-year	Disproprtionate		Code V-UBI amount in box 20 of Schedule K-1	General o managing partner?		(k) Percentage ownership
because it had one or more related organizations treated as a corporation or trust during the tax year. (a) Name, address, and EIN of related organization (b) Primary activity Legal domicile (state or foreign (c) Legal Direct controlling entity (c) Direct controlling entity (c) Type of entity (c) Share of total organization (c) Percentage ownership ownership ownership ownership ownership of trust)						514)			Yes	No		Yes	No	
because it had one or more related organizations treated as a corporation or trust during the tax year. (a) Name, address, and EIN of related organization (b) Primary activity Legal domicile (state or foreign (c) Legal Direct controlling entity (c) Direct controlling entity (c) Type of entity (c) Share of total organization (c) Percentage ownership ownership ownership ownership ownership of trust)														
because it had one or more related organizations treated as a corporation or trust during the tax year. (a) Name, address, and EIN of related organization (b) Primary activity Legal domicile (state or foreign (c) Legal Direct controlling entity (c) Direct controlling entity (c) Corp, S corp, or trust) Share of total year ownership o														
because it had one or more related organizations treated as a corporation or trust during the tax year. (a) Name, address, and EIN of related organization (b) Primary activity Legal domicile (state or foreign (c) Legal Direct controlling entity (c) Direct controlling entity (c) Type of entity (c) Type of entity (c) Share of total ownership														
because it had one or more related organizations treated as a corporation or trust during the tax year. (a) Name, address, and EIN of related organization (b) Primary activity Legal domicile (state or foreign (c) Legal domicile (state or foreign (c) Direct controlling entity (c) Direct controlling entity (c) Corp, S corp, or trust) Share of total Share of end-of-year ownership ownership ownership ownership on trust our in the tax year.														
because it had one or more related organizations treated as a corporation or trust during the tax year. (a) Name, address, and EIN of related organization (b) Primary activity Legal domicile (state or foreign (c) Legal Direct controlling entity (c) Direct controlling entity (c) Type of entity (c) Type of entity (c) Share of total ownership														
Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of total Share of end-of-related organization domicile (state or foreign (state or foreign to the controlling to t							zation ans	wered "Yes	" on F	orm 9	90, Part IV,	line	34	
	Name, address, and EIN of	(b) Primary activity	L do (state	.egal mıcıle or foreıgn		t controlling Typ entity (C co	e of entity orp, S corp,	Share of total		of end- year	of- Perce	ntage	(1	(ı) ection 512(3) controll entity? Yes No
									-					

Schedule R (Form 990) 2016		Pa	ge 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1 b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1 g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	1 p		No
q Reimbursement paid by related organization(s) for expenses	1 q	Yes	
r Other transfer of cash or property to related organization(s)	1r	 	No

- 1	Performance of services or membership or fundraising solicitations for related organization(s)				11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
0	Sharing of paid employees with related organization(s)				10	Yes	
р	Reimbursement paid to related organization(s) for expenses				1 p		No
q	Reimbursement paid by related organization(s) for expenses				1q	Yes	
r	Other transfer of cash or property to related organization(s)				1r		No
s	Other transfer of cash or property from related organization(s)				1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	, including covered r	elationships and tra	ansaction thresholds			
	(a) Name of related organization (b) Transaction Transaction type (a-s) (c) Method of determining a						
(1)A	CADEMY OF TV ARTS & SCIENCES FOUNDATION	b	2,147,850	FMV			

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)		(e) e all partners section 501(c)(3) ganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtional allocations?	ite	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General c managing partner?	,	(k) Percentage ownership
	l		514)	Yes	No	<u> </u>	<u> </u>	Yes	No		Yes	No	
												Ц	
										Schedul	e R (Form	1 990	0) 2016

