

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

## 2016

Open to Public Inspection

Form **990**

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A For the 2016 calendar year, or tax year beginning** , 2016, and ending , 20

|   |  |   |
|---|--|---|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>THE FUND FOR AMERICAN STUDIES<br><br>Doing Business As                                | <b>D</b> Employer identification number<br>13-6223604   |
|   | Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br>1706 NEW HAMPSHIRE AVENUE, NW | <b>E</b> Telephone number<br>(202) 986-0384   |
|   | City or town, state or province, country, and ZIP or foreign postal code<br>WASHINGTON, DC 20009                       | <b>G</b> Gross receipts \$ 14,098,156.  |
|   | <b>F</b> Name and address of principal officer: ROGER R. REAM<br>1706 NEW HAMPSHIRE AVENUE, NW WASHINGTON, DC 20009    | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions) |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  |  |   |
| <b>J</b> Website: ▶ WWW.TFAS.ORG  |  |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶   |  |   |
| <b>L</b> Year of formation: 1967  |  | <b>M</b> State of legal domicile: DC  |

**Part I Summary**

|                                    |                |  |                            |
|------------------------------------|----------------|--|----------------------------|
| <b>Part I</b>                      | <b>Summary</b> | 1 Briefly describe the organization's mission or most significant activities: THE MISSION OF TFAS, ITS BOARD, STAFF AND THOUSANDS OF SUPPORTERS IS TO CHANGE THE WORLD BY DEVELOPING LEADERS FOR A FREE SOCIETY. |                            |
| <b>Activities &amp; Governance</b> | 2              | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |                            |
|                                    | 3              | Number of voting members of the governing body (Part VI, line 1a)  | 3 21.                      |
|                                    | 4              | Number of independent voting members of the governing body (Part VI, line 1b)  | 4 18.                      |
|                                    | 5              | Total number of individuals employed in calendar year 2016 (Part VIII, line 2a)  | 5 46.                      |
|                                    | 6              | Total number of volunteers (estimate if necessary)   | 6 0.                       |
|                                    | 7a             | Total unrelated business revenue from Part VIII, column (C), line 5  | 7a 0.                      |
|                                    | 7b             | Net unrelated business taxable income from Form 990-T, line 5  | 7b 0.                      |
| <b>Revenue</b>                     | 8              | Contributions and grants (Part VIII, line 1h)  | 8 4,794,539. 4,927,383.    |
|                                    | 9              | Program service revenue (Part VIII, line 2g)   | 9 4,026,940. 4,426,354.    |
|                                    | 10             | Investment income (Part VIII, column (A), lines 3 and 7d)  | 10 1,044,634. 428,555.     |
|                                    | 11             | Other revenue (Part VIII, column (A), lines 5, 7d, 8c, 9c, 10c, and 11e)   | 11 310,995. 404,684.       |
|                                    | 12             | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 12 10,177,108. 10,186,976. |
| <b>Expenses</b>                    | 13             | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | 13 1,770,415. 1,906,536.   |
|                                    | 14             | Benefits paid to or for members (Part IX, column (A), line 4)  | 14 0. 0.                   |
|                                    | 15             | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 15 3,035,091. 3,005,715.   |
|                                    | 16a            | Professional fundraising fees (Part IX, column (A), line 11e)  | 16a 180,187. 120,000.      |
|                                    | 16b            | Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,123,213.   |                            |
|                                    | 17             | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | 17 5,014,499. 4,998,712.   |
|                                    | 18             | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | 18 10,000,192. 10,030,963. |
| <b>Net Assets or Fund Balances</b> | 19             | Revenue less expenses. Subtract line 18 from line 12   | 19 176,916. 156,013.       |
|                                    | 20             | Total assets (Part X, line 16)   | 20 21,135,238. 22,458,447. |
|                                    | 21             | Total liabilities (Part X, line 26)  | 21 5,409,173. 5,469,022.   |
|                                    | 22             | Net assets or fund balances. Subtract line 21 from line 20.  | 22 15,726,065. 16,989,425. |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                               |   |
|-------------------------------|---|
| <b>Sign Here</b>              | Signature of officer _____ Date _____   |
|                               | Type or print name and title _____  |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name DANIEL O'SHEA Preparer's signature DANIEL O'SHEA Date 9/14/17 Check <input type="checkbox"/> if self-employed PTIN P00957510 |
|                               | Firm's name ▶ COHNREZNICK LLP Firm's EIN ▶ 22-1478099   |
|                               | Firm's address ▶ 7501 WISCONSIN AVENUE 400E BETHESDA, MD 20814-6583 Phone no. 301-652-9100  |
|                               | May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2016)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

- 1 Briefly describe the organization's mission: THE FUND FOR AMERICAN STUDIES (TFAS) SEEKS TO CREATE A BRIGHTER, MORE PROSPEROUS FUTURE BY PREPARING YOUNG PEOPLE FOR LEADERSHIP AND TEACHING THEM THE IDEAS OF FREEDOM AND A FREE-MARKET ECONOMY. (SEE SCHEDULE O)
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 954,404. including grants of \$ 174,595. ) (Revenue \$ 553,823. )
CAPITAL SEMESTER PROGRAM:
THIS PROGRAM IS DESIGNED FOR UNDERGRADUATE STUDENTS INTERESTED IN U.S. POLITICS, AMERICAN GOVERNMENT, AND JOURNALISM. THIS PROGRAM OFFERS 12 HOURS OF COURSEWORK AT GEORGE MASON UNIVERSITY. IT ALSO OFFERS INTERNSHIPS AND SITE BRIEFINGS AT PLACES SUCH AS THE WHITE HOUSE, THE U.S. CAPITOL, AND THE STATE DEPARTMENT. STUDENTS MEET LEADERS AND GOVERNMENT OFFICIALS, HEAR FROM POLICY-MAKERS AT REGULAR GUEST LECTURES, AND INTERACT WITH D.C. PROFESSIONALS THROUGH NETWORKING ACTIVITIES. COURSES ARE ACCREDITED BY GEORGE MASON UNIVERSITY.

4b (Code: ) (Expenses \$ 742,341. including grants of \$ 174,565. ) (Revenue \$ 563,963. )
ENGALITCHEFF INSTITUTE ON COMPARATIVE POLITICAL AND ECONOMIC SYSTEMS (ICPES):
ONE OF WASHINGTON'S TOP ACADEMIC AND INTERNSHIP PROGRAMS, ICPES HAS PROVIDED UNDERGRADUATES WITH THE ULTIMATE WASHINGTON, DC SUMMER EXPERIENCE FOR MORE THAN FORTY YEARS. AS PART OF THE INSTITUTE EXPERIENCE, ICPES STUDENTS ATTEND ACADEMIC CLASSES AND BRIEFINGS AT VARIOUS SITES AROUND WASHINGTON, INCLUDING THE WHITE HOUSE, CONGRESS, THE FEDERAL RESERVE, AND THE STATE DEPARTMENT. ADDITIONALLY, STUDENTS ATTEND THE WALTER JUDD LECTURE SERIES FEATURING NOTABLE LEADERS AND POLICY MAKERS DISCUSSING TODAY'S CRITICAL ISSUES.

4c (Code: ) (Expenses \$ 876,406. including grants of \$ 248,325. ) (Revenue \$ 681,216. )
INSTITUTE ON ECONOMICS AND INTERNATIONAL AFFAIRS (IEIA):
ONE OF WASHINGTON'S TOP ACADEMIC AND INTERNSHIP PROGRAMS, IEIA PROVIDES UNDERGRADUATES WITH THE ULTIMATE WASHINGTON, DC SUMMER EXPERIENCE WITH A FOCUS ON INTERNATIONAL RELATIONS. IEIA STUDENTS ATTEND ACADEMIC CLASSES AND BRIEFINGS AT VARIOUS SITES AROUND WASHINGTON, INCLUDING THE WHITE HOUSE, CONGRESS, THE FEDERAL RESERVE, AND THE STATE DEPARTMENT. THIS PROGRAM OFFERS A THOROUGH EXAMINATION OF U.S. FOREIGN POLICY AND FREE MARKET ECONOMICS. ADDITIONALLY, STUDENTS ATTEND THE WALTER JUDD LECTURE SERIES FEATURING NOTABLE LEADERS AND POLICY MAKERS DISCUSSING TODAY'S CRITICAL ISSUES.

4d Other program services (Describe in Schedule O.) ATTACHMENT 1
(Expenses \$ 5,832,629. including grants of \$ 1,309,051. ) (Revenue \$ 2,627,352. )

4e Total program service expenses 8,405,780.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-19 contain various questions about organizational activities and reporting requirements.

**Part IV Checklist of Required Schedules (continued)**

|     |   | Yes | No |
|-----|---|-----|----|
| 20a | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .   |     | X  |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .  |     |    |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .   |     | X  |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .   | X   |    |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> . . . . .  | X   |    |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i> . . . . .                            |     | X  |
| 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 to defease any tax-exempt bonds? . . . . .  |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .   |     |    |
| 25a | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .   |     | X  |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .                                       |     | X  |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .                                 |     | X  |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> . . . . . |     | X  |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):   |     |    |
| a   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .   |     | X  |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .  |     | X  |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .  |     | X  |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .  | X   |    |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .  |     | X  |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .  |     | X  |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .  |     | X  |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .  |     | X  |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> . . . . .  | X   |    |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .   | X   |    |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .   |     | X  |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .   |     | X  |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .   |     | X  |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.  | X   |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 4 columns: Question, Yes, No, and a column for line numbers (1a, 1b, 2-9). Contains questions 1a through 9 regarding governing body members, relationships, and documentation.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 4 columns: Question, Yes, No, and a column for line numbers (10a-16b). Contains questions 10a through 16b regarding local chapters, policies, conflict of interest, whistleblower, and compensation.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

ROBERT CALLAHAN, VP/CFO 1706 NEW HAMPSHIRE AVENUE, NW WASHINGTON, DC 20009 202-986-0384

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

Check if Schedule O contains a response or note to any line in this Part VII.  X

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

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

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

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

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

| (A)<br>Name and Title                                 | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) RANDAL C. TEAGUE<br>CHAIRMAN                      | 24.00<br>0.  | X  |                       | X       |              |                              |        | 95,000.  | 0.  | 0.  |
| (2) MICHAEL W. THOMPSON<br>VICE CHAIRMAN              | 2.00<br>0.   | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (3) WILLIAM J. HYBL<br>VICE CHAIRMAN, INTERNATIONAL   | 2.00<br>0.   | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (4) DANIEL H. BRANCH<br>SECRETARY AND GENERAL COUNSEL | 2.00<br>0.   | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (5) FRANK T. LAUINGER<br>TREASURER                    | 2.00<br>0.   | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (6) FRED BARNES<br>TRUSTEE                            | 2.00<br>0.   | X  |                       |         |              |                              |        | 24,000.  | 0.  | 0.  |
| (7) CHARLES R. BLACK, JR.<br>TRUSTEE                  | 2.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) JEFF CARNEAL<br>TRUSTEE                           | 2.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) JAMES B. CULBERTSON<br>TRUSTEE                    | 2.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (10) LOUIS DEJOY<br>TRUSTEE                           | 2.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) PAULA J. DOBRIANSKY<br>TRUSTEE                   | 2.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (12) FRANK J. DONATELLI<br>TRUSTEE                    | 2.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (13) JUANITA D. DUGGAN<br>TRUSTEE                     | 2.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (14) RONALD C. HART<br>TRUSTEE                        | 2.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| ( 15) STEPHEN HAYES<br>TRUSTEE                                 | 2.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| ( 16) COLENE JOHNSON<br>TRUSTEE                                | 2.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| ( 17) THERESA KOSTRZEWA<br>TRUSTEE                             | 2.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| ( 18) DEREK MCCLAIN<br>TRUSTEE                                 | 2.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| ( 19) PETER MCPHERSON<br>TRUSTEE                               | 2.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| ( 20) ERIC TANENBLATT<br>TRUSTEE                               | 2.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| ( 21) ROGER R. REAM<br>PRESIDENT                               | 40.00<br>10.00   | X   | X                     |         |              |                              | 271,129. | 37,559.  | 21,558.   |   |
| ( 22) ROBERT J. CALLAHAN<br>CHIEF FINANCIAL OFFICER            | 40.00<br>10.00   |   |                       | X       |              |                              | 113,515. | 35,890.  | 20,649.   |   |
| ( 23) STEVE SLATTERY<br>EXECUTIVE VICE PRESIDENT               | 40.00<br>10.00   |   |                       |         | X            |                              | 138,289. | 18,472.  | 16,860.   |   |
| ( 24) EDWARD TURNER<br>VICE PRESIDENT, DEVELOPMENT             | 50.00<br>0.  |   |                       |         | X            |                              | 159,195. | 0.   | 18,363.   |   |
| ( 25) JOSEPH STARRS<br>DIRECTOR, US PROGRAMS                   | 50.00<br>0.  |   |                       |         | X            |                              | 107,850. | 0.   | 16,527.   |   |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              | 119,000. | 0.   | 0.  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              | 789,978. | 91,921.  | 93,957.   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              | 908,978. | 91,921.  | 93,957.   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| ATTACHMENT 3                     |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

|   |  |   |                      | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |  |
|---|--|---|----------------------|----------------------|--|---|--|--|
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1a   | Federated campaigns . . . . .   | 1a                   |                      |  |   |  |  |
|   | b  | Membership dues . . . . .   | 1b                   |                      |  |   |  |  |
|   | c  | Fundraising events . . . . .  | 1c                   |                      |  |   |  |  |
|   | d  | Related organizations . . . . .   | 1d                   |                      |  |   |  |  |
|   | e  | Government grants (contributions) . . . . .   | 1e                   |                      |  |   |  |  |
|   | f  | All other contributions, gifts, grants,<br>and similar amounts not included above . . . . .   | 1f                   | 4,927,383.           |  |   |  |  |
|   | g  | Noncash contributions included in lines 1a-1f: \$ . . . . .   |                      | 114,191.             |  |   |  |  |
|   | h  | <b>Total. Add lines 1a-1f</b> . . . . . ▶   |                      | <b>4,927,383.</b>    |  |   |  |  |
| Program Service Revenue                                   |  |   |                      | <b>Business Code</b> |  |   |  |  |
|   | 2a   | TUITION   | 900099               | 4,303,946.           | 4,303,946.   |   |  |  |
|   | b  | CONFERENCES   | 900099               | 122,408.             | 122,408.   |   |  |  |
|   | c  |   |                      |                      |  |   |  |  |
|   | d  |   |                      |                      |  |   |  |  |
|   | e  |   |                      |                      |  |   |  |  |
|   | f  | All other program service revenue . . . . .   |                      |                      |  |   |  |  |
|   | g  | <b>Total. Add lines 2a-2f</b> . . . . . ▶   |                      | <b>4,426,354.</b>    |  |   |  |  |
| Other Revenue   | 3  | Investment income (including dividends, interest,<br>and other similar amounts). . . . . ▶  |                      | 527,819.             |  |   | 527,819.   |  |
|   | 4  | Income from investment of tax-exempt bond proceeds . . . . . ▶  |                      | 0.                   |  |   |  |  |
|   | 5  | Royalties . . . . . ▶   |                      | 0.                   |  |   |  |  |
|   |  |   | (i) Real             | (ii) Personal        |  |   |  |  |
|   | 6a   | Gross rents . . . . .   |                      |                      |  |   |  |  |
|   | b  | Less: rental expenses . . . . .   |                      |                      |  |   |  |  |
|   | c  | Rental income or (loss) . . . . .   |                      |                      |  |   |  |  |
|   | d  | Net rental income or (loss) . . . . . ▶   |                      | 0.                   |  |   |  |  |
|   | 7a   | Gross amount from sales of<br>assets other than inventory   | (i) Securities       | (ii) Other           |  |   |  |  |
|   |  |   | 3,811,916.           |                      |  |   |  |  |
|   | b  | Less: cost or other basis<br>and sales expenses . . . . .   |                      |                      |  |   |  |  |
|   |  |   | 3,911,180.           |                      |  |   |  |  |
|   | c  | Gain or (loss) . . . . .  |                      |                      |  |   |  |  |
|   |  |   | -99,264.             |                      |  |   |  |  |
|   | d  | Net gain or (loss) . . . . . ▶  |                      |                      | -99,264.   |   | -99,264.   |  |
|   | 8a   | Gross income from fundraising<br>events (not including \$ _____<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . a |                      |                      | 0.   |   |  |  |
|   | b  | Less: direct expenses . . . . . b   |                      |                      | 0.   |   |  |  |
|   | c  | Net income or (loss) from fundraising events . . . . . ▶  |                      |                      | 0.   |   |  |  |
| 9a  | Gross income from gaming activities.<br>See Part IV, line 19 . . . . . a |   |                      | 0.                   |  |   |  |  |
| b   | Less: direct expenses . . . . . b  |   |                      | 0.                   |  |   |  |  |
| c   | Net income or (loss) from gaming activities . . . . . ▶                  |   |                      | 0.                   |  |   |  |  |
| 10a   | Gross sales of inventory, less<br>returns and allowances . . . . . a     |   |                      | 0.                   |  |   |  |  |
| b   | Less: cost of goods sold . . . . . b                                     |   |                      | 0.                   |  |   |  |  |
| c   | Net income or (loss) from sales of inventory . . . . . ▶                 |   |                      | 0.                   |  |   |  |  |
| Miscellaneous Revenue                                     |  |   | <b>Business Code</b> |                      |  |   |  |  |
| 11a   | OTHER INCOME   | 900099  |                      | 170,509.             |  |   | 170,509.   |  |
| b   | REIMBURSED PROGRAM COSTS   | 900099  |                      | 234,175.             | 234,175.   |   |  |  |
| c   |  |   |                      |                      |  |   |  |  |
| d   | All other revenue . . . . .  |   |                      |                      |  |   |  |  |
| e   | <b>Total. Add lines 11a-11d</b> . . . . . ▶                              |   |                      | <b>404,684.</b>      |  |   |  |  |
| 12  | <b>Total revenue. See instructions.</b> . . . . . ▶                      |   |                      | <b>10,186,976.</b>   | <b>4,660,529.</b>                                  |   | <b>599,064.</b>  |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

|   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .  | 1,261.                | 1,261.                          |  |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .   | 1,267,600.            | 1,267,600.                      |  |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .  | 637,675.              | 637,675.                        |  |                             |
| 4 Benefits paid to or for members . . . . .   | 0.                    |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .  | 545,851.              | 408,073.                        | 25,714.                                | 112,064.                    |
| 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.                    |                                 |  |                             |
| 7 Other salaries and wages . . . . .  | 2,097,589.            | 1,655,046.                      | 20,011.                                | 422,532.                    |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 54,521.               | 38,454.                         | 2,697.                                 | 13,370.                     |
| 9 Other employee benefits . . . . .   | 146,705.              | 99,888.                         | 29,254.                                | 17,563.                     |
| 10 Payroll taxes . . . . .  | 161,049.              | 120,689.                        | 2,460.                                 | 37,900.                     |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management . . . . .  | 0.                    |                                 |  |                             |
| b Legal . . . . .   | 5,199.                | 4,679.                          | 260.                                   | 260.                        |
| c Accounting . . . . .  | 46,825.               | 42,143.                         | 2,341.                                 | 2,341.                      |
| d Lobbying . . . . .  | 0.                    |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17.  | 120,000.              |                                 |  | 120,000.                    |
| f Investment management fees . . . . .  | 0.                    |                                 |  |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .  | 209,502.              | 126,256.                        | 4,325.                                 | 78,921.                     |
| 12 Advertising and promotion . . . . .  | 18,321.               | 16,489.                         | 916.                                   | 916.                        |
| 13 Office expenses . . . . .  | 443,777.              | 357,710.                        | 18,226.                                | 67,841.                     |
| 14 Information technology . . . . .   | 24,949.               | 22,479.                         | 1,235.                                 | 1,235.                      |
| 15 Royalties . . . . .  | 0.                    |                                 |  |                             |
| 16 Occupancy . . . . .  | 417,995.              | 374,488.                        | 22,702.                                | 20,805.                     |
| 17 Travel . . . . .   | 207,825.              | 179,880.                        | 5,320.                                 | 22,625.                     |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   | 0.                    |                                 |  |                             |
| 19 Conferences, conventions, and meetings . . . . .   | 497,556.              | 480,022.                        | 9,287.                                 | 8,247.                      |
| 20 Interest . . . . .   | 0.                    |                                 |  |                             |
| 21 Payments to affiliates . . . . .   | 0.                    |                                 |  |                             |
| 22 Depreciation, depletion, and amortization . . . . .  | 253,762.              |                                 | 253,762.                               |                             |
| 23 Insurance . . . . .  | 45,555.               | 40,999.                         | 2,278.                                 | 2,278.                      |
| 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 STUDENT HOUSING   | 1,588,041.            | 1,489,643.                      | 98,398.                                |                             |
| b UNIVERSITY OVERHEAD   | 547,525.              | 547,525.                        |  |                             |
| c EVENTS  | 274,386.              | 270,554.                        | 2,250.                                 | 1,582.                      |
| d DIRECT MAIL CAMPAIGN  | 188,059.              |                                 |  | 188,059.                    |
| e All other expenses  | 229,435.              | 224,227.                        | 534.                                   | 4,674.                      |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e  | 10,030,963.           | 8,405,780.                      | 501,970.                               | 1,123,213.                  |
| 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . | 0.                    |                                 |  |                             |

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X.

|  |  | (A)<br>Beginning of year |             | (B)<br>End of year |
|--|--|--------------------------|-------------|--------------------|
| <b>Assets</b>  | <b>1</b> Cash - non-interest-bearing   | 1,000.                   | <b>1</b>    | 1,000.             |
|  | <b>2</b> Savings and temporary cash investments  | 1,537,690.               | <b>2</b>    | 1,228,993.         |
|  | <b>3</b> Pledges and grants receivable, net  | 640,226.                 | <b>3</b>    | 1,881,791.         |
|  | <b>4</b> Accounts receivable, net  | 28,161.                  | <b>4</b>    | 63,699.            |
|  | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   | 0.                       | <b>5</b>    | 0.                 |
|  | <b>6</b> 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 Part II of Schedule L | 0.                       | <b>6</b>    | 0.                 |
|  | <b>7</b> Notes and loans receivable, net   | 0.                       | <b>7</b>    | 0.                 |
|  | <b>8</b> Inventories for sale or use   | 0.                       | <b>8</b>    | 0.                 |
|  | <b>9</b> Prepaid expenses and deferred charges   | 243,953.                 | <b>9</b>    | 210,002.           |
|  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | <b>10a</b> 8,921,659.    |             |                    |
|  | <b>b</b> Less: accumulated depreciation  | <b>10b</b> 3,156,921.    |             |                    |
|  |  | 5,952,414.               | <b>10c</b>  | 5,764,738.         |
|  | <b>11</b> Investments - publicly traded securities   | 5,931,657.               | <b>11</b>   | 12,998,109.        |
|  | <b>12</b> Investments - other securities. See Part IV, line 11   | 6,526,062.               | <b>12</b>   | 34,905.            |
|  | <b>13</b> Investments - program-related. See Part IV, line 11  | 0.                       | <b>13</b>   | 0.                 |
|  | <b>14</b> Intangible assets  | 0.                       | <b>14</b>   | 0.                 |
| <b>15</b> Other assets. See Part IV, line 11                               | 274,075.   | <b>15</b>                | 275,210.    |                    |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) | 21,135,238.  | <b>16</b>                | 22,458,447. |                    |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses  | 155,276.                 | <b>17</b>   | 251,489.           |
|  | <b>18</b> Grants payable   | 0.                       | <b>18</b>   | 0.                 |
|  | <b>19</b> Deferred revenue   | 96,126.                  | <b>19</b>   | 74,508.            |
|  | <b>20</b> Tax-exempt bond liabilities  | 0.                       | <b>20</b>   | 0.                 |
|  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D  | 0.                       | <b>21</b>   | 0.                 |
|  | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   | 0.                       | <b>22</b>   | 0.                 |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties   | 5,042,585.               | <b>23</b>   | 5,042,585.         |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties   | 0.                       | <b>24</b>   | 0.                 |
|  | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  | 115,186.                 | <b>25</b>   | 100,440.           |
|  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25  | 5,409,173.               | <b>26</b>   | 5,469,022.         |
| <b>Net Assets or Fund Balances</b>   | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |             |                    |
|  | <b>27</b> Unrestricted net assets  | 12,444,310.              | <b>27</b>   | 12,551,558.        |
|  | <b>28</b> Temporarily restricted net assets  | 3,244,943.               | <b>28</b>   | 3,148,578.         |
|  | <b>29</b> Permanently restricted net assets  | 36,812.                  | <b>29</b>   | 1,289,289.         |
|  | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>   |                          |             |                    |
|  | <b>30</b> Capital stock or trust principal, or current funds   |                          | <b>30</b>   |                    |
|  | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund   |                          | <b>31</b>   |                    |
|  | <b>32</b> Retained earnings, endowment, accumulated income, or other funds   |                          | <b>32</b>   |                    |
|  | <b>33</b> <b>Total net assets or fund balances</b>   | 15,726,065.              | <b>33</b>   | 16,989,425.        |
|  | <b>34</b> <b>Total liabilities and net assets/fund balances</b>  | 21,135,238.              | <b>34</b>   | 22,458,447.        |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI.

|           |  |           |             |
|-----------|--|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 10,186,976. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 10,030,963. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 156,013.    |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 15,726,065. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 357,347.    |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  | 0.          |
| <b>7</b>  | Investment expenses  | <b>7</b>  | 0.          |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  | 750,000.    |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | 0.          |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 16,989,425. |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| <b>2b</b> | Were the organization's financial statements audited by an independent accountant? . . . . .<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | X   |    |
| <b>2c</b> | 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  | X   |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .  |     | X  |
| <b>3b</b> | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.   |     |    |

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2016**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

|   |  |
|---|--|
| Name of the organization<br>THE FUND FOR AMERICAN STUDIES | Employer identification number<br>13-6223604 |
|---|--|

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations. . . . .
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

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

Schedule A (Form 990 or 990-EZ) 2016

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 86.35%; 15 Public support percentage from 2015 Schedule A, Part II, line 14 91.30%; 16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]; 16b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

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

Section A. Public Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Value, Percentage. Row 15: Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2015 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Row 17: Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2015 Schedule A, Part III, line 17. Row 19a: 33 1/3% support tests - 2016. Row 19b: 33 1/3% support tests - 2015. Row 20: Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>  |     |    |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>   |     |    |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>  |     |    |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>  |     |    |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>   |     |    |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  |     |    |
| c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?   |     |    |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>   |     |    |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>   |     |    |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |



Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3, 3a, 3b.

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

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income  |   | (A) Prior Year | (B) Current Year (optional) |
|--|---|----------------|-----------------------------|
| 1 Net short-term capital gain  | 1 |                |                             |
| 2 Recoveries of prior-year distributions   | 2 |                |                             |
| 3 Other gross income (see instructions)  | 3 |                |                             |
| 4 Add lines 1 through 3.   | 4 |                |                             |
| 5 Depreciation and depletion   | 5 |                |                             |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 |                |                             |
| 7 Other expenses (see instructions)  | 7 |                |                             |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).  | 8 |                |                             |

| Section B - Minimum Asset Amount  |    | (A) Prior Year | (B) Current Year (optional) |
|---|----|----------------|-----------------------------|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |    |                |                             |
| a Average monthly value of securities   | 1a |                |                             |
| b Average monthly cash balances   | 1b |                |                             |
| c Fair market value of other non-exempt-use assets  | 1c |                |                             |
| d Total (add lines 1a, 1b, and 1c)  | 1d |                |                             |
| e Discount claimed for blockage or other factors (explain in detail in Part VI):  |    |                |                             |
| 2 Acquisition indebtedness applicable to non-exempt-use assets  | 2  |                |                             |
| 3 Subtract line 2 from line 1d.   | 3  |                |                             |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).                                 | 4  |                |                             |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5  |                |                             |
| 6 Multiply line 5 by .035.  | 6  |                |                             |
| 7 Recoveries of prior-year distributions  | 7  |                |                             |
| 8 Minimum Asset Amount (add line 7 to line 6)   | 8  |                |                             |

| Section C - Distributable Amount   |   | Current Year |  |
|--|---|--------------|--|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A)  | 1 |              |  |
| 2 Enter 85% of line 1.   | 2 |              |  |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A)   | 3 |              |  |
| 4 Enter greater of line 2 or line 3.   | 4 |              |  |
| 5 Income tax imposed in prior year   | 5 |              |  |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 |              |  |

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

| Section D - Distributions  | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes  |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| 4 Amounts paid to acquire exempt-use assets  |              |
| 5 Qualified set-aside amounts (prior IRS approval required)  |              |
| 6 Other distributions (describe in Part VI). See instructions.   |              |
| 7 <b>Total annual distributions.</b> Add lines 1 through 6.  |              |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. |              |
| 9 Distributable amount for 2016 from Section C, line 6   |              |
| 10 Line 8 amount divided by Line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2016 | (iii)<br>Distributable<br>Amount for 2016 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2016 from Section C, line 6  |                             |  |   |
| 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.   |                             |  |   |
| 3 Excess distributions carryover, if any, to 2016:  |                             |  |   |
| a   |                             |  |   |
| b   |                             |  |   |
| c From 2013. . . . .  |                             |  |   |
| d From 2014. . . . .  |                             |  |   |
| e From 2015. . . . .  |                             |  |   |
| f <b>Total</b> of lines 3a through e  |                             |  |   |
| g Applied to underdistributions of prior years  |                             |  |   |
| h Applied to 2016 distributable amount  |                             |  |   |
| i Carryover from 2011 not applied (see instructions)  |                             |  |   |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |
| 4 Distributions for 2016 from Section D, line 7: \$   |                             |  |   |
| a Applied to underdistributions of prior years  |                             |  |   |
| b Applied to 2016 distributable amount  |                             |  |   |
| c Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |
| 5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. |                             |  |   |
| 6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |                             |  |   |
| 7 <b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c.   |                             |  |   |
| 8 Breakdown of line 7:  |                             |  |   |
| a   |                             |  |   |
| b Excess from 2013. . . .   |                             |  |   |
| c Excess from 2014. . . .   |                             |  |   |
| d Excess from 2015. . . .   |                             |  |   |
| e Excess from 2016. . . .   |                             |  |   |

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION  | 2012           | 2013            | 2014            | 2015            | 2016            | TOTAL             |
|--------------|----------------|-----------------|-----------------|-----------------|-----------------|-------------------|
| OTHER INCOME | 50,691.        | 116,032.        | 234,252.        | 310,995.        | 404,684.        | 1,116,654.        |
| TOTALS       | <u>50,691.</u> | <u>116,032.</u> | <u>234,252.</u> | <u>310,995.</u> | <u>404,684.</u> | <u>1,116,654.</u> |

**Schedule of Contributors**

**2016**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Name of the organization**

THE FUND FOR AMERICAN STUDIES

**Employer identification number**

13-6223604

**Organization type (check one):**

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **THE FUND FOR AMERICAN STUDIES**

Employer identification number  
13-6223604

**Part I** **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          |                                   | \$ 529,079.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          |                                   | \$ 259,880.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          |                                   | \$ 200,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          |                                   | \$ 104,491.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          |                                   | \$ 105,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          |                                   | \$ 112,000.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization **THE FUND FOR AMERICAN STUDIES**

Employer identification number  
13-6223604

**Part I** **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 7          |                                   | \$ 164,941.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          |                                   | \$ 110,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          |                                   | \$ 125,299.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         |                                   | \$ 100,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

Name of organization THE FUND FOR AMERICAN STUDIES

Employer identification number

13-6223604

**Part II** Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
|---------------------|---|--|-------------------|
| 6                   | AFLAC INC. STOCK OF 495 SHARES            | \$ 34,118.                               | 12/13/2016        |
|                     |   | \$                                       |                   |
|                     |   | \$                                       |                   |
|                     |   | \$                                       |                   |
|                     |   | \$                                       |                   |
|                     |   | \$                                       |                   |
|                     |   | \$                                       |                   |
|                     |   | \$                                       |                   |
|                     |   | \$                                       |                   |



Name of organization THE FUND FOR AMERICAN STUDIES

Employer identification number

13-6223604

**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

|   |                     |  |                                     |
|---|---------------------|--|-------------------------------------|
| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|   | _____               | _____                                    | _____                               |
|   | _____               | _____                                    | _____                               |
| (e) Transfer of gift                    |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
| _____                                   |                     | _____                                    |                                     |
| _____                                   |                     | _____                                    |                                     |
| _____                                   |                     | _____                                    |                                     |
| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|   | _____               | _____                                    | _____                               |
|   | _____               | _____                                    | _____                               |
| (e) Transfer of gift                    |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
| _____                                   |                     | _____                                    |                                     |
| _____                                   |                     | _____                                    |                                     |
| _____                                   |                     | _____                                    |                                     |
| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|   | _____               | _____                                    | _____                               |
|   | _____               | _____                                    | _____                               |
| (e) Transfer of gift                    |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
| _____                                   |                     | _____                                    |                                     |
| _____                                   |                     | _____                                    |                                     |
| _____                                   |                     | _____                                    |                                     |
| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|   | _____               | _____                                    | _____                               |
|   | _____               | _____                                    | _____                               |
| (e) Transfer of gift                    |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
| _____                                   |                     | _____                                    |                                     |
| _____                                   |                     | _____                                    |                                     |
| _____                                   |                     | _____                                    |                                     |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

THE FUND FOR AMERICAN STUDIES

13-6223604

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include purpose of easements, total number of easements, and various monitoring and reporting questions.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include questions about reporting art and historical treasures, and amounts for revenue and assets.

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

Schedule D (Form 990) 2016

JSA 6E1268 1.000

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 91.0000 %
b Permanent endowment 1.0000 %
c Temporarily restricted endowment 8.0000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
(ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i) X, 3a(ii) X, 3b

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)     | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives . . . . .   |                |  |
| (2) Closely-held equity interests . . . . .                                 |                |  |
| (3) Other   |                |  |
| (A)   |                |  |
| (B)   |                |  |
| (C)   |                |  |
| (D)   |                |  |
| (E)   |                |  |
| (F)   |                |  |
| (G)   |                |  |
| (H)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ |                |  |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1)   |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ |                |  |

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶ |                |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) CAPITAL LEASE OBLIGATION  | 36,347.        |
| (3) DEFERRED COMPENSATION   | 64,093.        |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 100,440.       |

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |   |                      |           |             |
|----------|---|----------------------|-----------|-------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements        |                      | <b>1</b>  | 11,222,560. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |                      |           |             |
| <b>a</b> | Net unrealized gains (losses) on investments                                    | <b>2a</b> 357,347.   |           |             |
| <b>b</b> | Donated services and use of facilities  | <b>2b</b>            |           |             |
| <b>c</b> | Recoveries of prior year grants   | <b>2c</b>            |           |             |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> 2,468,512. |           |             |
| <b>e</b> | Add lines 2a through 2d   |                      | <b>2e</b> | 2,825,859.  |
| <b>3</b> | Subtract line 2e from line 1  |                      | <b>3</b>  | 8,396,701.  |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |                      |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                | <b>4a</b>            |           |             |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> 1,790,275. |           |             |
| <b>c</b> | Add lines 4a and 4b   |                      | <b>4c</b> | 1,790,275.  |
| <b>5</b> | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) |                      | <b>5</b>  | 10,186,976. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |  |                      |           |             |
|----------|--|----------------------|-----------|-------------|
| <b>1</b> | Total expenses and losses per audited financial statements                       |                      | <b>1</b>  | 10,470,810. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |                      |           |             |
| <b>a</b> | Donated services and use of facilities   | <b>2a</b>            |           |             |
| <b>b</b> | Prior year adjustments   | <b>2b</b>            |           |             |
| <b>c</b> | Other losses   | <b>2c</b>            |           |             |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> 2,230,122. |           |             |
| <b>e</b> | Add lines 2a through 2d  |                      | <b>2e</b> | 2,230,122.  |
| <b>3</b> | Subtract line 2e from line 1   |                      | <b>3</b>  | 8,240,688.  |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |                      |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                 | <b>4a</b>            |           |             |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> 1,790,275. |           |             |
| <b>c</b> | Add lines 4a and 4b  |                      | <b>4c</b> | 1,790,275.  |
| <b>5</b> | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |                      | <b>5</b>  | 10,030,963. |

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

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**Part XIII Supplemental Information (continued)**

SCH D PART XI LINE 2D

AMOUNTS INCLUDED ON LINE 1, BUT NOT ON FORM 990:

RELATED ORGANIZATION REVENUE -FTE \$2,702,687

INTERCOMPANY ELIMINATIONS - (\$234,175)

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 \$2,468,512

SCH D PART XI LINE 4B

AMOUNTS INCLUDED ON FORM 990, BUT NOT ON LINE 1:

SCHOLARSHIPS \$1,790,275

SCH D PART XII LINE 2D

AMOUNTS INCLUDED ON LINE 1, BUT NOT ON FORM 990:

RELATED ORGANIZATION EXPENDITURE -FTE \$2,464,297

INTERCOMPANY ELIMINATIONS - (\$234,175)

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 \$2,230,122

SCH D PART XII LINE 4B

AMOUNTS INCLUDED ON FORM 990, BUT NOT ON LINE 1:

SCHOLARSHIPS \$1,790,275

PART V, LINE 4:

TO PROVIDE SCHOLARSHIPS FOR STUDENTS IN VARIOUS PROGRAMS OF THE ORGANIZATION, OR FOR SPECIFIC SUPPORT OF PROJECTS OF THE ORGANIZATION.

**Part XIII Supplemental Information (continued)**

PART X, LINE 2

TFAS IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE FUND'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. THERE HAS BEEN NO UNRELATED BUSINESS INCOME OR INCOME TAX EXPENSE FOR THE YEAR ENDED DECEMBER 31, 2016. THE FUND BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITION TAKEN AND, AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS. THE FUND RECOGNIZES INTEREST EXPENSE AND PENALTIES RELATED TO UNRECOGNIZED TAX POSITIONS IN ACCOUNTS PAYABLE AND ACCRUED EXPENSES AND OTHER EXPENSE ON THE CONSOLIDATED FINANCIAL STATEMENTS. THE FUND REPORTED NO PENALTIES AND INTEREST RELATED TO UNRECOGNIZED TAX POSITIONS FOR THE YEAR ENDED DECEMBER 31, 2016. TAX YEARS PRIOR TO 2013 ARE NO LONGER SUBJECT TO EXAMINATION BY THE IRS OR THE TAX JURISDICTION OF THE DISTRICT OF COLUMBIA.

PART V LINE 1

DURING THE YEAR ENDED DECEMBER 31, 2016, TFAS HAD A RESTATEMENT RELATED TO THE ENDOWMENT CLASSIFICATIONS, THEREFORE THE ENDING BALANCE AT DECEMBER 31, 2015 DOES NOT AGREE TO THE BEGINNING BALANCE AT JANUARY 1, 2016.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.  
▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

THE FUND FOR AMERICAN STUDIES

Employer identification number

13-6223604

**Part I** General Information on Activities Outside the United States. Complete if the organization answered "Yes" on 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?  Yes  No

**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.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| (1) CENTRAL AMERICA/CARIBBEAN                               |                                     |  | PROGRAM SERVICES   | ILA PROGRAM EXPENSE  | 73,250.  |
| (2) EAST ASIA AND THE PACIFIC                               |                                     |  | PROGRAM SERVICES   | AIPE PROGRAM EXPENSE   | 70,603.  |
| (3) EUROPE  |                                     | 1.   | PROGRAM SERVICES   | AIPES PROGRAM EXPENSE  | 93,532.  |
| (4) CENTRAL AMERICA/CARIBBEAN                               |                                     |  | GRANTMAKING  | SCHOLARSHIPS   | 15,850.  |
| (5) EAST ASIA AND THE PACIFIC                               |                                     |  | GRANTMAKING  | SCHOLARSHIPS   | 171,100.   |
| (6) EUROPE  |                                     |  | GRANTMAKING  | SCHOLARSHIPS   | 224,955.   |
| (7) MIDDLE EAST AND NORTH AFRICA                            |                                     |  | GRANTMAKING  | SCHOLARSHIPS   | 60,450.  |
| (8) NORTH AMERICA   |                                     |  | GRANTMAKING  | SCHOLARSHIPS   | 35,885.  |
| (9) RUSSIA/INDEPENDENT STATES                               |                                     |  | GRANTMAKING  | SCHOLARSHIPS   | 94,600.  |
| (10) SOUTH AMERICA  |                                     |  | GRANTMAKING  | SCHOLARSHIPS   | 132,850.   |
| (11) SOUTH ASIA   |                                     |  | GRANTMAKING  | SCHOLARSHIPS   | 58,100.  |
| (12)  |                                     |  |  |  |  |
| (13)  |                                     |  |  |  |  |
| (14)  |                                     |  |  |  |  |
| (15)  |                                     |  |  |  |  |
| (16)  |                                     |  |  |  |  |
| (17)  |                                     |  |  |  |  |
| <b>3a</b> Sub-total, . . . . .                              |                                     | 1.   |  |  | 1,031,175.   |
| <b>b</b> Total from continuation sheets to Part I . . . . . |                                     |  |  |  |  |
| <b>c</b> Totals (add lines 3a and 3b)                       |                                     | 1.   |  |  | 1,031,175.   |

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

Schedule F (Form 990) 2016

JSA  
6E1274 1.000



**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1    | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|--|------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (2)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (3)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (4)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (5)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (6)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (7)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (8)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (9)  |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (10) |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (11) |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (12) |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (13) |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (14) |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (15) |                          |  |            |                      |                          |                                 |                                  |                                       |   |
| (16) |                          |  |            |                      |                          |                                 |                                  |                                       |   |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . .

3 Enter total number of other organizations or entities. . . . .

**Part III** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region               | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|--------------------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1) SCHOLARSHIPS                | CENT. AMERICA/CARIBBEAN  | 6.                       |                          |                                 | 15,850.                           | SCHOLARSHIPS                           | FMV   |
| (2) SCHOLARSHIPS                | EAST ASIA/PACIFIC        | 43.                      |                          |                                 | 171,100.                          | SCHOLARSHIPS                           | FMV   |
| (3) SCHOLARSHIPS                | EUROPE/ICELAND/GREENLAND | 31.                      |                          |                                 | 224,955.                          | SCHOLARSHIPS                           | FMV   |
| (4) SCHOLARSHIPS                | MIDDLE EAST/NORTH AFRICA | 18.                      |                          |                                 | 60,450.                           | SCHOLARSHIPS                           | FMV   |
| (5) SCHOLARSHIPS                | NORTH AMERICA            | 39.                      |                          |                                 | 35,885.                           | SCHOLARSHIPS                           | FMV   |
| (6) SCHOLARSHIPS                | RUSSIA/NEWLY IND. STATES | 29.                      |                          |                                 | 94,600.                           | SCHOLARSHIPS                           | FMV   |
| (7) SCHOLARSHIPS                | SOUTH AMERICA            | 53.                      |                          |                                 | 132,850.                          | SCHOLARSHIPS                           | FMV   |
| (8) SCHOLARSHIPS                | SOUTH ASIA               | 19.                      |                          |                                 | 58,100.                           | SCHOLARSHIPS                           | FMV   |
| (9)                             |                          |                          |                          |                                 |                                   |  |   |
| (10)                            |                          |                          |                          |                                 |                                   |  |   |
| (11)                            |                          |                          |                          |                                 |                                   |  |   |
| (12)                            |                          |                          |                          |                                 |                                   |  |   |
| (13)                            |                          |                          |                          |                                 |                                   |  |   |
| (14)                            |                          |                          |                          |                                 |                                   |  |   |
| (15)                            |                          |                          |                          |                                 |                                   |  |   |
| (16)                            |                          |                          |                          |                                 |                                   |  |   |
| (17)                            |                          |                          |                          |                                 |                                   |  |   |
| (18)                            |                          |                          |                          |                                 |                                   |  |   |

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) . . . . .  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990) . . . . .  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) . . . . .  Yes  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; do not file with Form 990) . . . . .  Yes  No

**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).

PART I, LINE 2:

AMOUNTS PAID TO OVERSEAS ORGANIZATIONS ARE FOR PROGRAM SERVICES PROVIDED BY THEM TO THE FUND. THE AMOUNTS ARE BILLED TO THE FUND BY INVOICE WITH DETAILED EXPLANATION OF EACH EXPENDITURE.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization: **THE FUND FOR AMERICAN STUDIES**  
Employer identification number: **13-6223604**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

|                    | (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|--------------------|---|---------------|--|----|-----------------------------------|---|---|
|                    |   |               | Yes  | No |                                   |   |   |
| 1                  | ATTACHMENT 1  |               |  |    |                                   |   |   |
| 2                  |   |               |  |    |                                   |   |   |
| 3                  |   |               |  |    |                                   |   |   |
| 4                  |   |               |  |    |                                   |   |   |
| 5                  |   |               |  |    |                                   |   |   |
| 6                  |   |               |  |    |                                   |   |   |
| 7                  |   |               |  |    |                                   |   |   |
| 8                  |   |               |  |    |                                   |   |   |
| 9                  |   |               |  |    |                                   |   |   |
| 10                 |   |               |  |    |                                   |   |   |
| <b>Total</b> ..... |   |               |  |    |                                   | 120,000.  |   |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL,  
KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH,  
OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |  | (a) Event #1  | (b) Event #2 | (c) Other events | (d) Total events                |
|-----------------|--|---|--------------|------------------|---------------------------------|
|                 |  | (event type)  | (event type) | (total number)   | (add col. (a) through col. (c)) |
| Revenue         | 1  | Gross receipts  |              |                  |                                 |
|                 | 2  | Less: Contributions   |              |                  |                                 |
|                 | 3  | Gross income (line 1 minus line 2)                          |              |                  |                                 |
| Direct Expenses | 4  | Cash prizes   |              |                  |                                 |
|                 | 5  | Noncash prizes  |              |                  |                                 |
|                 | 6  | Rent/facility costs   |              |                  |                                 |
|                 | 7  | Food and beverages  |              |                  |                                 |
|                 | 8  | Entertainment   |              |                  |                                 |
|                 | 9  | Other direct expenses                                       |              |                  |                                 |
|                 | 10   | Direct expense summary. Add lines 4 through 9 in column (d) |              |                  |                                 |
| 11              | Net income summary. Subtract line 10 from line 3, column (d) |   |              |                  |                                 |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |   | (a) Bingo  | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming          | (d) Total gaming                |  |
|-----------------|---|--|---|---------------------------|---------------------------------|--|
|                 |   |  |   |                           | (add col. (a) through col. (c)) |  |
| Revenue         | 1 | Gross revenue  |   |                           |                                 |  |
| Direct Expenses | 2 | Cash prizes  |   |                           |                                 |  |
|                 | 3 | Noncash prizes   |   |                           |                                 |  |
|                 | 4 | Rent/facility costs  |   |                           |                                 |  |
|                 | 5 | Other direct expenses  |   |                           |                                 |  |
|                 | 6 | Volunteer labor  | Yes _____ %<br>No _____ %                     | Yes _____ %<br>No _____ % | Yes _____ %<br>No _____ %       |  |
|                 | 7 | Direct expense summary. Add lines 2 through 5 in column (d)        |   |                           |                                 |  |
|                 | 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) |   |                           |                                 |  |

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

|                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

---

ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER

BCC & ASSOCIATES

7625 WISCONSIN AVE,  
BETHESDA  
MD 20814

ACTIVITY

CONSULTING

DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?

YES NO

X

GROSS RECEIPTS FROM ACTIVITY

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION

120,000.



**SCHEDULE I  
(Form 990)**

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

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

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE FUND FOR AMERICAN STUDIES

Employer identification number

13-6223604

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|---------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1)  |         |                                 |                          |                                   |   |  |                                    |
| (2)  |         |                                 |                          |                                   |   |  |                                    |
| (3)  |         |                                 |                          |                                   |   |  |                                    |
| (4)  |         |                                 |                          |                                   |   |  |                                    |
| (5)  |         |                                 |                          |                                   |   |  |                                    |
| (6)  |         |                                 |                          |                                   |   |  |                                    |
| (7)  |         |                                 |                          |                                   |   |  |                                    |
| (8)  |         |                                 |                          |                                   |   |  |                                    |
| (9)  |         |                                 |                          |                                   |   |  |                                    |
| (10)   |         |                                 |                          |                                   |   |  |                                    |
| (11)   |         |                                 |                          |                                   |   |  |                                    |
| (12)   |         |                                 |                          |                                   |   |  |                                    |

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

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

Schedule I (Form 990) (2016)

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

| (a) Type of grant or assistance       | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 SCHOLARSHIPS                        | 337.                     |                          | 1,152,600.                        | FMV OF SCHOLARSHIPS                                   | TUITION SCHOLARSHIP                    |
| 2 ROBERT NOVAK JOURNALISM FELLOWSHIPS | 13.                      | 115,000.                 |                                   |   |  |
| 3                                     |                          |                          |                                   |   |  |
| 4                                     |                          |                          |                                   |   |  |
| 5                                     |                          |                          |                                   |   |  |
| 6                                     |                          |                          |                                   |   |  |
| 7                                     |                          |                          |                                   |   |  |

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

PART I, LINE 2:

A GRANTS COMMITTEE OF THE BOARD OF TRUSTEES WORKS WITH THE PRESIDENT AND CHAIRMAN OF THE BOARD TO SELECT AND APPROVE GRANTS TO ORGANIZATIONS, BASED ON KNOWLEDGE AND RESEARCH BY TRUSTEES OR MANAGEMENT. SINCE THE ORGANIZATION IS NOT PRIMARILY A GRANT-MAKING ORGANIZATION, THESE GRANTS ARE NORMALLY VERY SMALL AND LESS THAN \$10,000 IS BUDGETED FOR SUCH GRANTS EACH YEAR.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Name of the organization

THE FUND FOR AMERICAN STUDIES

Employer identification number

13-6223604

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? . . . . .

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? . . . . .
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. . . . .

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

|    | Yes | No |
|----|-----|----|
| 1a |     |    |
| 1b |     |    |
| 2  |     |    |
| 3  |     |    |
| 4a |     | X  |
| 4b |     | X  |
| 4c |     | X  |
| 5a |     | X  |
| 5b |     | X  |
| 6a |     |    |
| 6b |     | X  |
| 7  |     | X  |
| 8  |     | X  |
| 9  |     |    |

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

Schedule J (Form 990) 2016

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

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

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

| (A) Name and Title            | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|-------------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|                               | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1 ROGER R. REAM               | (i) 269,989.                                       | 0.                                  | 1,140.                              | 10,600.  | 10,958.                 | 292,687.                        | 0.  |
| 4 PRESIDENT                   | (ii) 37,559.                                       | 0.                                  | 0.                                  | 0.   | 0.                      | 37,559.                         | 0.  |
| ROBERT J. CALLAHAN            | (i) 112,483.                                       | 0.                                  | 1,032.                              | 6,158.   | 14,491.                 | 134,164.                        | 0.  |
| 2 CHIEF FINANCIAL OFFICER     | (ii) 35,890.                                       | 0.                                  | 0.                                  | 0.   | 0.                      | 35,890.                         | 0.  |
| STEVE SLATTERY                | (i) 137,245.                                       | 0.                                  | 1,044.                              | 6,396.   | 10,464.                 | 155,149.                        | 0.  |
| 3 EXECUTIVE VICE PRESIDENT    | (ii) 18,472.                                       | 0.                                  | 0.                                  | 0.   | 0.                      | 18,472.                         | 0.  |
| EDWARD TURNER                 | (i) 158,151.                                       | 0.                                  | 1,044.                              | 6,367.   | 11,996.                 | 177,558.                        | 0.  |
| 4 VICE PRESIDENT, DEVELOPMENT | (ii) 0.  | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 5                             | (i)  |                                     |                                     |  |                         |                                 |   |
| 6                             | (ii)   |                                     |                                     |  |                         |                                 |   |
| 7                             | (i)  |                                     |                                     |  |                         |                                 |   |
| 8                             | (ii)   |                                     |                                     |  |                         |                                 |   |
| 9                             | (i)  |                                     |                                     |  |                         |                                 |   |
| 10                            | (ii)   |                                     |                                     |  |                         |                                 |   |
| 11                            | (i)  |                                     |                                     |  |                         |                                 |   |
| 12                            | (ii)   |                                     |                                     |  |                         |                                 |   |
| 13                            | (i)  |                                     |                                     |  |                         |                                 |   |
| 14                            | (ii)   |                                     |                                     |  |                         |                                 |   |
| 15                            | (i)  |                                     |                                     |  |                         |                                 |   |
| 16                            | (ii)   |                                     |                                     |  |                         |                                 |   |

**Part III Supplemental Information**

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

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

THE FUND FOR AMERICAN STUDIES

Employer identification number

13-6223604

**Part I Types of Property**

|  | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|--|-------------------------------|--|--|--|
| 1 Art - Works of art . . . . .   |                               |  |  |  |
| 2 Art - Historical treasures . . . . .                                       |                               |  |  |  |
| 3 Art - Fractional interests . . . . .                                       |                               |  |  |  |
| 4 Books and publications . . . . .   |                               |  |  |  |
| 5 Clothing and household<br>goods . . . . .                                  |                               |  |  |  |
| 6 Cars and other vehicles . . . . .  |                               |  |  |  |
| 7 Boats and planes . . . . .   |                               |  |  |  |
| 8 Intellectual property . . . . .  |                               |  |  |  |
| 9 Securities - Publicly traded . . . . .                                     | X                             | 13.  | 114,191.   | FMV  |
| 10 Securities - Closely held stock . . . . .                                 | X                             | 1.   | 0.   |  |
| 11 Securities - Partnership, LLC,<br>or trust interests . . . . .            |                               |  |  |  |
| 12 Securities - Miscellaneous . . . . .                                      |                               |  |  |  |
| 13 Qualified conservation<br>contribution - Historic<br>structures . . . . . |                               |  |  |  |
| 14 Qualified conservation<br>contribution - Other . . . . .                  |                               |  |  |  |
| 15 Real estate - Residential . . . . .                                       |                               |  |  |  |
| 16 Real estate - Commercial . . . . .  |                               |  |  |  |
| 17 Real estate - Other . . . . .   |                               |  |  |  |
| 18 Collectibles . . . . .  |                               |  |  |  |
| 19 Food inventory . . . . .  |                               |  |  |  |
| 20 Drugs and medical supplies . . . . .                                      |                               |  |  |  |
| 21 Taxidermy . . . . .   |                               |  |  |  |
| 22 Historical artifacts . . . . .  |                               |  |  |  |
| 23 Scientific specimens . . . . .  |                               |  |  |  |
| 24 Archeological artifacts . . . . .   |                               |  |  |  |
| 25 Other ▶ ( )   |                               |  |  |  |
| 26 Other ▶ ( )   |                               |  |  |  |
| 27 Other ▶ ( )   |                               |  |  |  |
| 28 Other ▶ ( )   |                               |  |  |  |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29** 1.

|   | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . . |     | X  |
| b If "Yes," describe the arrangement in Part II.  |     |    |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .   | X   |    |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .  |     | X  |
| b If "Yes," describe in Part II.  |     |    |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.   |     |    |

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

Schedule M (Form 990) (2016)

JSA

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, LINE 33

DURING THE YEAR ENDED DECEMBER 31, 2016, TFAS RECEIVED A DONATION OF 3,182 COMMON SHARES OF PRIVATE COMPANY STOCK. GIVEN THERE IS NO ACTIVE MARKET FOR THIS STOCK, NO CONTRIBUTION OR ASSET HAS BEEN RECORDED. THE CONTRIBUTION WILL BE RECORDED IF/WHEN THE STOCK IS SOLD.

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE FUND FOR AMERICAN STUDIES

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Employer identification number

13-6223604

FORM 990, PART III, LINE 1

DESCRIPTION OF ORGANIZATION MISSION

FOUNDED IN 1967, TFAS ORGANIZES PROGRAMS FOR COLLEGE AND UNIVERSITY STUDENTS FROM THE UNITED STATES, EUROPE, THE MIDDLE EAST, ASIA AND LATIN AMERICA WHO ARE ON PATHS TOWARD LEADERSHIP IN PUBLIC POLICY, JOURNALISM, INTERNATIONAL AFFAIRS, BUSINESS, GOVERNMENT AND RELATED FIELDS. OUR GOAL IS TO PREPARE THESE YOUNG PEOPLE TO SERVE AS HONORABLE LEADERS BY EDUCATING THEM IN THE IDEAS MOST CONDUCTIVE TO INDIVIDUAL FREEDOM, HUMAN ACHIEVEMENT AND PERSONAL RESPONSIBILITY.

THE FUND FOR AMERICAN STUDIES OFFERS TRANSFORMATIONAL PROGRAMS THAT TEACH THE PRINCIPLES OF LIMITED GOVERNMENT, FREE MARKET ECONOMICS, AND HONORABLE LEADERSHIP TO STUDENTS AND YOUNG PROFESSIONALS. TFAS PROGRAMS INSPIRE THESE FUTURE LEADERS TO MAKE A DIFFERENCE IN THEIR COMMUNITIES AND THROUGHOUT THE WORLD BY UPHOLDING THE VALUES ESSENTIAL TO THE PRESERVATION OF A FREE SOCIETY.

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

THE BOARD OF TRUSTEES RECEIVES A COPY OF THE COMPLETED IRS FORM 990 PRIOR TO ITS FILING. A REVIEW AND COMMENT PERIOD IS PROVIDED SO QUESTIONS AND COMMENTS CAN BE RECEIVED AND RESPONDED TO BY MANAGEMENT. THE FORM IS ALSO REVIEWED BY THE ORGANIZATION'S GENERAL COUNSEL.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF TRUSTEES COMPLETES AND SIGNS AN ANNUAL CONFLICT OF INTEREST



|   |  |
|---|--|
| Name of the organization<br>THE FUND FOR AMERICAN STUDIES | Employer identification number<br>13-6223604 |
|---|--|

POLICY STATEMENT. THE STATEMENT ASKS THEM TO CERTIFY THAT THEY HAVE READ AND UNDERSTAND THE POLICY AND THAT THEY DO NOT HAVE ANY INTEREST THAT WOULD CONSTITUTE A CONFLICT OF INTEREST, OR KNOWINGLY TAKE ACTION THAT WOULD CONSTITUTE OR APPEAR TO CONSTITUTE A CONFLICT OF INTEREST. IT REQUIRES TRUSTEES TO DISCLOSE ANY POTENTIAL CONFLICTS TO THE PRESIDENT AND THE BOARD OF TRUSTEES, INCLUDING THOSE OF IMMEDIATE FAMILY MEMBERS. MANAGEMENT REVIEWS THE STATEMENTS FOR COMPLIANCE WITH THE BOARD POLICY AND WOULD REPORT ANY DISCLOSURES TO THE BOARD TO RESOLVE, AS WELL AS RECORD IN THE MINUTES OF THE MEETING.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF TRUSTEES' COMPENSATION COMMITTEE MEETS ANNUALLY TO DISCUSS EXECUTIVE PAY. THE COMMITTEE USES ACTUAL SALARY DATA AND REVIEWS COMPARABLE SALARY/BENEFITS DATA FROM OUTSIDE SOURCES SHOWING EXECUTIVES OF OTHER SIMILAR ORGANIZATIONS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST BY PROVIDING COPIES OR INSPECTION AT OUR OFFICE.

FORM 990, PART VII, SECTION A, COMPENSATION TO TRUSTEES:

IN ADDITION TO UNCOMPENSATED GOVERNANCE DUTIES AS CHAIRMAN OF THE BOARD OF TRUSTEES, RANDAL TEAGUE IS COMPENSATED FOR PROGRAM, DEVELOPMENT AND RELATED ACTIVITIES. HIS TIME REQUIREMENTS ARE SUBJECT TO THE BOARD OF TRUSTEES ANNUAL BUDGET ADOPTION AND APPROVAL OF MONTHLY TIME SHEETS

|   |  |
|---|--|
| Name of the organization<br>THE FUND FOR AMERICAN STUDIES | Employer identification number<br>13-6223604 |
|---|--|

ATTESTING TO SUCH PERFORMED ACTIVITIES.

TFAS PAID \$24,000 TO TRUSTEE FRED BARNES FOR SERVICES (SPEAKING AND ADVISING) OUTSIDE OF HIS ROLE AS A TRUSTEE.

FORM 990, PART VI SECTION A LINE 4

BY LAW CHANGES:

TFAS AMENDED THE BYLAWS IN NOVEMBER 2016 TO CLARIFY THE RESPONSIBILITIES OF THE CHAIRMAN AND THE PRESIDENT TO REFLECT ITS PRACTICE GOING FORWARD.

ATTACHMENT 1

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

| <u>DESCRIPTION</u>                                  | <u>GRANTS</u>     | <u>EXPENSES</u>   | <u>REVENUE</u>    |
|---|-------------------|-------------------|-------------------|
| INSTITUTE ON POLITICAL JOURNALISM (IPJ)             | 152,180.          | 712,273.          | 461,180.          |
| LEADERSHIP AND THE AMERICAN PRESIDENCY (LTAP)       | 119,240.          | 656,821.          | 372,550.          |
| INSTITUTE ON BUSINESS & GOVERNMENT AFFAIRS (IBGA)   | 154,505.          | 695,839.          | 424,696.          |
| INSTITUTE ON PHILANTHROPY & VOLUNTARY SERVICE (IPV) | 75,690.           | 555,795.          | 247,783.          |
| INSTITUTE ON POLITICAL & ECONOMIC SYSTEMS (AIPES)   | 304,925.          | 763,833.          | 394,239.          |
| LEGAL STUDIES INSTITUTE (LSI)                       | 49,500.           | 464,345.          | 173,403.          |
| NOVAK JOURNALISM FELLOWS PROGRAM                    | 115,000.          | 366,310.          | 32.               |
| ASIA INSTITUTE FOR POLITICAL ECONOMY (AIPE)         | 213,300.          | 576,265.          | 290,327.          |
| ALUMNI  |                   | 282,920.          | 104,526.          |
| INSTITUTE FOR LEADERSHIP IN THE AMERICAS (ILA)      | 119,450.          | 386,422.          | 140,766.          |
| OTHER PROGRAMS                                      | 1,261.            | 215,152.          | 17,850.           |
| FOUNDATION FOR TEACHING ECONOMICS                   |                   | 140,027.          |                   |
| TISDALE FELLOWSHIP                                  | 4,000.            | 16,627.           |                   |
| TOTALS  | <u>1,309,051.</u> | <u>5,832,629.</u> | <u>2,627,352.</u> |

|   |  |
|---|--|
| Name of the organization<br>THE FUND FOR AMERICAN STUDIES | Employer identification number<br>13-6223604 |
|---|--|

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CO, CT,

DC, FL, GA, IL, KS, KY, LA, ME, MD, MA, MI,

MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

RI, SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| <u>NAME AND ADDRESS</u>  | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|--|--------------------------------|---------------------|
| BCC & ASSOCIATES LLC<br>7625 WISCONSIN AVE<br>BETHESDA, MD 20814 | DEVELOPMENT CONSULT.           | 120,000.            |

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

Open to Public  
Inspection

Employer identification number

13-6223604

THE FUND FOR AMERICAN STUDIES

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (1) | (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|-----|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) |   |                         |  |                     |                           |                                  |
| (2) |   |                         |  |                     |                           |                                  |
| (3) |   |                         |  |                     |                           |                                  |
| (4) |   |                         |  |                     |                           |                                  |
| (5) |   |                         |  |                     |                           |                                  |
| (6) |   |                         |  |                     |                           |                                  |

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

| (1) | (a)<br>Name, address, and EIN of related organization                                  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|-----|--|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|     |  |                         |  |                            |   |                                  | Yes  | No |
| (1) | FOUNDATION FOR TEACHING ECONOMICS<br>51-0183347<br>260 RUSSELL BLVD<br>DAVIS, CA 95616 | EDUCATION               | CA   | 501(C)(3)                  | LINE 9  | THE FUND                         | X  |    |
| (2) |  |                         |  |                            |   |                                  |  |    |
| (3) |  |                         |  |                            |   |                                  |  |    |
| (4) |  |                         |  |                            |   |                                  |  |    |
| (5) |  |                         |  |                            |   |                                  |  |    |
| (6) |  |                         |  |                            |   |                                  |  |    |
| (7) |  |                         |  |                            |   |                                  |  |    |

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

Schedule R (Form 990) 2016

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

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (2)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (3)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (4)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (5)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (6)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (7)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |

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

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|   |                         |  |                                  |  |                              |                                    |                             | Yes  | No |
| (1)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (2)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (3)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (4)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (5)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (6)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (7)   |                         |  |                                  |  |                              |                                    |                             |  |    |

**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.

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?

|   | Yes | No |
|---|-----|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . . |     | X  |
| b Gift, grant, or capital contribution to related organization(s) . . . . .                                 |     | X  |
| c Gift, grant, or capital contribution from related organization(s) . . . . .                               |     | X  |
| d Loans or loan guarantees to or for related organization(s) . . . . .                                      |     | X  |
| e Loans or loan guarantees by related organization(s) . . . . .   |     | X  |
| f Dividends from related organization(s) . . . . .  |     | X  |
| g Sale of assets to related organization(s) . . . . .   |     | X  |
| h Purchase of assets from related organization(s) . . . . .   |     | X  |
| i Exchange of assets with related organization(s) . . . . .   |     | X  |
| j Lease of facilities, equipment, or other assets to related organization(s) . . . . .                      |     | X  |
| k Lease of facilities, equipment, or other assets from related organization(s) . . . . .                    |     | X  |
| l Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  |     | X  |
| m Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   |     | X  |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   |     | X  |
| o Sharing of paid employees with related organization(s) . . . . .  |     | X  |
| p Reimbursement paid to related organization(s) for expenses . . . . .                                      |     | X  |
| q Reimbursement paid by related organization(s) for expenses . . . . .                                      |     | X  |
| r Other transfer of cash or property to related organization(s) . . . . .                                   |     | X  |
| s Other transfer of cash or property from related organization(s) . . . . .                                 |     | X  |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

|     | (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----|-------------------------------------|-------------------------------|------------------------|--|
| (1) | FOUNDATION FOR TEACHING ECONOMICS   | Q                             | 234,175.               | COST   |
| (2) |                                     |                               |                        |  |
| (3) |                                     |                               |                        |  |
| (4) |                                     |                               |                        |  |
| (5) |                                     |                               |                        |  |
| (6) |                                     |                               |                        |  |

**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.

| (1)<br>Name, address, and EIN of entity | (2)<br>Primary activity | (3)<br>Legal domicile (state or foreign country) | (4)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (5)<br>Are all partners section 501(c)(3) organizations? |    | (6)<br>Share of total income | (7)<br>Share of end-of-year assets | (8)<br>Disproportionate allocations? |    | (9)<br>Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (10)<br>General or managing partner? |    | (11)<br>Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|--------------------------------------|----|------------------------------|
|   |                         |  |  | Yes  | No |                              |                                    | Yes                                  | No |  | Yes                                  | No |                              |
| (1)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                      |    |                              |
| (2)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                      |    |                              |
| (3)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                      |    |                              |
| (4)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                      |    |                              |
| (5)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                      |    |                              |
| (6)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                      |    |                              |
| (7)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                      |    |                              |
| (8)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                      |    |                              |
| (9)                                     |                         |  |  |  |    |                              |                                    |                                      |    |  |                                      |    |                              |
| (10)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                      |    |                              |
| (11)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                      |    |                              |
| (12)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                      |    |                              |
| (13)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                      |    |                              |
| (14)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                      |    |                              |
| (15)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                      |    |                              |
| (16)                                    |                         |  |  |  |    |                              |                                    |                                      |    |  |                                      |    |                              |

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.