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### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Inspection

| Α             | For the                    | e 2012 calendar year, or tax year beginning and                                                                                                                                                                            | ending            |                                 |                               |  |  |  |  |  |
|---------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------|-------------------------------|--|--|--|--|--|
| В             | Check if applicable        | C Name of organization                                                                                                                                                                                                     |                   | D Employer identifi             | cation number                 |  |  |  |  |  |
|               | Addre                      | AMERICAN ASTRONOMICAL SOCIETY                                                                                                                                                                                              |                   |                                 |                               |  |  |  |  |  |
|               | Name<br>chang              | Doing Business As                                                                                                                                                                                                          |                   | 21-0735173                      |                               |  |  |  |  |  |
|               | Initial<br>retum<br>Termir | Number and street (or P.0. box if mail is not delivered to street address) 2000 FLORIDA AVENUE, NW                                                                                                                         | Room/suite        | E Telephone number 202-328-2010 |                               |  |  |  |  |  |
| ᅡ             | Ameno                      |                                                                                                                                                                                                                            |                   | G Gross receipts \$             | 12,581,752.                   |  |  |  |  |  |
| Ē             | Ireturn<br>Applic<br>tion  |                                                                                                                                                                                                                            |                   | H(a) Is this a group re         |                               |  |  |  |  |  |
|               | pendir                     |                                                                                                                                                                                                                            | HD                | for affiliates?                 | Yes X No                      |  |  |  |  |  |
|               |                            | SAME AS C ABOVE                                                                                                                                                                                                            |                   | H(b) Are all affiliates inc     | cluded? Yes No                |  |  |  |  |  |
|               |                            | empt status: X 501(c)(3)                                                                                                                                                                                                   | or 527            | If "No," attach a               | list. (see instructions)      |  |  |  |  |  |
|               |                            | e: ► WWW.AAS.ORG                                                                                                                                                                                                           |                   | H(c) Group exemptio             |                               |  |  |  |  |  |
|               |                            | organization: X Corporation Trust Association Other                                                                                                                                                                        | L Year            | of formation: 1899              | M State of legal domicile: DC |  |  |  |  |  |
| <u> </u>      | art I                      | Summary  Briefly describe the organization's mission or most significant activities: TO P.                                                                                                                                 | р∩м∩пт            | CCTENTIEC                       | DECENDOU TH                   |  |  |  |  |  |
| Governance    | 1                          | THE AREA OF ASTRONOMY AND ASTROPHYSICS.                                                                                                                                                                                    | KOMOTE            | SCIENTIFC                       | RESEARCH IN                   |  |  |  |  |  |
| ern           | 2                          | Check this box 🕨 📖 if the organization discontinued its operations or dispo                                                                                                                                                | sed of more       | e than 25% of its net as        |                               |  |  |  |  |  |
| Š             | 3                          | Number of voting members of the governing body (Part VI, line 1a)                                                                                                                                                          |                   | 3                               | 19                            |  |  |  |  |  |
|               |                            | Number of independent voting members of the governing body (Part VI, line 1b)                                                                                                                                              |                   | 4                               | 18<br>22                      |  |  |  |  |  |
| Activities &  | 5                          | Total number of individuals employed in calendar year 2012 (Part V, line 2a)                                                                                                                                               |                   | 5                               | 200                           |  |  |  |  |  |
| ξ             | 7-                         | Total number of volunteers (estimate if necessary)                                                                                                                                                                         |                   | 6<br>7a                         | 303,060.                      |  |  |  |  |  |
| ¥             |                            | Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34                                                                                        | •                 | 7a<br>  7b                      | 215,622.                      |  |  |  |  |  |
|               | + 5                        | Net differenced business taxable income from 1 offit 990-1, fine 94                                                                                                                                                        |                   | Prior Year                      | Current Year                  |  |  |  |  |  |
| o.            | 8                          | Contributions and grants (Part VIII, line 1h)                                                                                                                                                                              | 7                 | 1,326,911.                      | 1,531,462.                    |  |  |  |  |  |
| Ž             | 9                          | Program service revenue (Part VIII, line 2g)                                                                                                                                                                               |                   | 10,500,758.                     | 10,535,750.                   |  |  |  |  |  |
| Revenue       | 10                         | Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 76) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                        | 없\                | 346,760.                        | 519,928.                      |  |  |  |  |  |
| -             | 11                         | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                                                                   | %l □              | 7,749.                          | <5,428.                       |  |  |  |  |  |
|               | 12                         | Total revenue - add lines 8 through 11 (must equal Part VIII) objurin (A), line 12)                                                                                                                                        | 剧                 | 12,182,178.                     | 12,581,712.                   |  |  |  |  |  |
|               | 13                         | Grants and similar amounts paid (Part IX, column (A), lines 1:3)                                                                                                                                                           | ` 1 ⊢             | 333,000.                        | 497,395.                      |  |  |  |  |  |
|               | 14                         | Grants and similar amounts paid (Part IX, column (A), lines 1:3)  Benefits paid to or for members (Part IX, column (A), line 4) GDEN, UT  Salanes, other compensation, employee benefits (Part IX, column (A), lines 5:10) |                   | 0.<br>2,303,166.                | 0.<br>2,244,911.              |  |  |  |  |  |
| Expenses      | 15                         |                                                                                                                                                                                                                            | -                 | 2,303,100.                      | 0.                            |  |  |  |  |  |
| Sen C         | 10a                        | Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)                                                                                                   | ₀. ⊢              | <u> </u>                        | <u> </u>                      |  |  |  |  |  |
| ă             | 17                         | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                                                                                                                                               | <del></del>       | 7,376,214.                      | 8,003,753.                    |  |  |  |  |  |
|               | 1                          | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                                                                                                                                                  |                   | 10,012,380.                     | 10,746,059.                   |  |  |  |  |  |
|               | 1                          | Revenue less expenses Subtract line 18 from line 12                                                                                                                                                                        |                   | 2,169,798.                      | 1,835,653.                    |  |  |  |  |  |
| 56            |                            |                                                                                                                                                                                                                            | Be                | ginning of Current Year         | End of Year                   |  |  |  |  |  |
| sets          | 20                         | Total assets (Part X, line 16)                                                                                                                                                                                             |                   | 17,247,476.                     | 20,180,784.                   |  |  |  |  |  |
| Net Assets or | 21                         | Total liabilities (Part X, line 26)                                                                                                                                                                                        | <u> </u>          | 2,988,411.                      | 3,150,875.                    |  |  |  |  |  |
| _             |                            | Net assets or fund balances. Subtract line 21 from line 20                                                                                                                                                                 |                   | 14,259,065.                     | 17,029,909.                   |  |  |  |  |  |
| _             |                            | Signature Block                                                                                                                                                                                                            | 4 _4.4            | and and to the best of an       | . I                           |  |  |  |  |  |
|               |                            | lties of perjury, I declare that I have examined this return, including accompanying schedule<br>t, and complete. Declaration of preparer (other than officer) is based on all information of wh                           |                   |                                 | y knowledge and belief, it is |  |  |  |  |  |
| 110           | 5, 601166                  | t, and complete, declaration of preparer (other than officer) is based on all morniation of wi                                                                                                                             | ilicii preparei   | ilas ally kilowieuge.           | <del> </del>                  |  |  |  |  |  |
| Sig           | ın                         | Signature of officer                                                                                                                                                                                                       |                   | Date                            | 17                            |  |  |  |  |  |
| He            | _                          | KEVIN B. MARVEL, PHD, EXECUTIVE OFFIC                                                                                                                                                                                      | ER                | 6-0                             | 14-13                         |  |  |  |  |  |
|               |                            | Type or print name and title                                                                                                                                                                                               |                   |                                 |                               |  |  |  |  |  |
|               |                            | Print/Type preparer's name Preparer's signature                                                                                                                                                                            |                   | Date Check                      | PTIN                          |  |  |  |  |  |
| Pa            |                            | FREDERICK LONGWOOD June Francisco                                                                                                                                                                                          | $\leq \downarrow$ | 6/14/6/3 II self-employ         |                               |  |  |  |  |  |
|               | eparer                     | Firm's name TATE AND TRYON                                                                                                                                                                                                 |                   | Firm's EIN                      | 52-1855942                    |  |  |  |  |  |
| Us            | e Only                     | Firm's address 2021 L STREET, NW SUITE 400                                                                                                                                                                                 |                   | ,                               | 2021 202 2200                 |  |  |  |  |  |
| _             | Ale : 1º                   | WASHINGTON, DC 20036                                                                                                                                                                                                       |                   | Phone no. (                     | 202) 293-2200<br>X Yes No     |  |  |  |  |  |
|               | 1y the II<br>1001 12-1     | AS discuss this return with the preparer shown above? (see instructions) 0-12 LHA For Paperwork Reduction Act Notice, see the separate instruction                                                                         | one               | <u> </u>                        | Form <b>990</b> (2012)        |  |  |  |  |  |
| 232           | .vv i 12-1                 | via and i or i applittora neguction and tropper, see the separate mist uch                                                                                                                                                 | VIII.             |                                 | 1 01111 000 (2012)            |  |  |  |  |  |

917-20

Form 990 (2012)

4e Total program service expenses ►
232002
12-10-12

Form **990** (2012)

1,003,568.

8,588,623.

Other program services (Describe in Schedule O.)

479,529 · including grants of \$

Form 990 (2012) AMERICAN AST
Part IV Checklist of Required Schedules

| / 3 3  | 1 / 3 | Р   | age 3         |
|--------|-------|-----|---------------|
|        |       | Yes | No            |
|        |       |     | - <del></del> |
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| ent    |       |     |               |
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|        | 11b   |     | <u> </u>      |
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|        | 11c   | _   | <u> </u>      |
|        | 11d   |     | х             |
|        | 11e   | Х   |               |
|        |       |     |               |
|        | 11f   | Х   |               |
|        | 40-   | х   |               |
|        | 12a   |     |               |
|        | 12b   |     | X             |
|        | 13    |     | X             |
|        | 14a   |     | X             |
| ,      |       |     |               |
| 0      | 14b   | x   |               |
|        |       |     |               |
|        | 15    |     | <u> </u>      |
| 5      |       |     |               |
|        | 16    | Х   |               |
|        | 17    |     | Х             |
|        |       |     | <del></del>   |
|        | 18    |     | <u>X</u>      |
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| Ì      | 19    |     | $\frac{x}{x}$ |
|        | 20a   |     | Δ             |

|     |                                                                                                                                                                                                                                                |      | Yes          | No       |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------|----------|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?                                                                                                                                            |      |              |          |
|     | If "Yes," complete Schedule A                                                                                                                                                                                                                  | 1    | X            | <u> </u> |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?                                                                                                                                                                 | 2    | Х            | <u> </u> |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for                                                                                                                |      |              |          |
|     | public office? If "Yes," complete Schedule C, Part I                                                                                                                                                                                           | 3    |              | X        |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect                                                                                                               |      | v            |          |
| E   | during the tax year? If "Yes," complete Schedule C, Part II                                                                                                                                                                                    | 4    | X            |          |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III                    | 5    |              | х        |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to                                                                                                                      |      |              |          |
|     | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I                                                                                                                   | 6    |              | X        |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,                                                                                                                                      |      |              |          |
|     | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                                                                                                                                           | 7    |              | X        |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete                                                                                                                   |      |              |          |
| _   | Schedule D, Part III                                                                                                                                                                                                                           | 8    |              | X        |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for                                                                                                                  |      |              |          |
|     | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?                                                                                                                      |      |              | v        |
| 10  | If "Yes," complete Schedule D, Part IV                                                                                                                                                                                                         | 9    |              | <u> </u> |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V                                           | 10   | х            |          |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X                                                                                                                    | 10   |              |          |
| ••  | as applicable.                                                                                                                                                                                                                                 |      |              |          |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,                                                                                                                    |      |              |          |
|     | Part VI                                                                                                                                                                                                                                        | 11a  | х            |          |
| b   | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total                                                                                                                    |      | -            |          |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII                                                                                                                                                                    | 11b  |              | X        |
| C   | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total                                                                                                                     |      |              |          |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII                                                                                                                                                                   | 11c  |              | <u> </u> |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in                                                                                                                   |      |              |          |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX                                                                                                                                                                                        | 11d  |              | <u> </u> |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                                                                                                                          | 11e  | Х            |          |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f  | x            |          |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete                                                                                                                            | 111  | <del>^</del> |          |
| ızu | Schedule D, Parts XI and XII                                                                                                                                                                                                                   | 12a  | х            |          |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?                                                                                                                                      | 124  |              |          |
|     | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                                                                                                                          | 12b  |              | X        |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                                                              | 13   |              | X        |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                    | 14a  |              | X        |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,                                                                                                                        |      | 1            |          |
|     | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000                                                                                                                     |      |              |          |
|     | or more? If "Yes," complete Schedule F, Parts I and IV                                                                                                                                                                                         | 14b  | X            |          |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization                                                                                                                      |      |              | v        |
| 46  | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals                    | 15   |              | <u> </u> |
| 16  | located outside the United States? If "Yes," complete Schedule F, Parts III and IV                                                                                                                                                             |      | x            |          |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,                                                                                                                        | 16   | ^            |          |
| ••  | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I                                                                                                                                                                             | 17   |              | х        |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines                                                                                                                   |      | 一十           |          |
|     | 1c and 8a? If "Yes," complete Schedule G, Part II                                                                                                                                                                                              | 18   | l            | X        |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"                                                                                                                         |      |              |          |
|     | complete Schedule G, Part III                                                                                                                                                                                                                  | 19   |              | X        |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                                                                                                                                    | 20a  |              | X        |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                   | 20b  |              |          |
|     |                                                                                                                                                                                                                                                | Form | 990 (        | 2012)    |

232003 12-10-12

Page 4

Form 990 (2012) AMERICAN ASTRONOMI
Part IV | Checklist of Required Schedules (continued)

|         |                                                                                                                                                                                                                              |     | Yes | No            |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|---------------|
| 21      | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the                                                                                                        |     |     |               |
|         | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                                                                                                                                  | 21  |     | X             |
| 22      | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III                              | 22  | Х   |               |
| 23      | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current                                                                                                   |     |     |               |
|         | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J                                                                                                    | 23  | Х   |               |
| 24a     | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the                                                                                                      |     |     |               |
|         | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete                                                                                                           |     |     |               |
|         | Schedule K. If "No", go to line 25                                                                                                                                                                                           | 24a |     | X             |
| b       | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                                                                                                            | 24b |     |               |
| C       | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease                                                                                                         |     | ;   |               |
|         | any tax-exempt bonds?                                                                                                                                                                                                        | 24c |     | <u> </u>      |
|         | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                                                                                                                      | 24d |     |               |
| 25a     | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                                | 25a |     | х             |
| b       | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and                                                                                                   |     |     |               |
|         | that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete Schedule L, Part I                                                                                     | 25b |     | х             |
| 26      | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified                                                                                              |     |     |               |
|         | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II                                                                                                                      | 26  |     | 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? If "Yes," complete Schedule L, Part III                                         | 27  | x   |               |
| 28      | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV                                                                                                            | 21  | 11  | <del></del> , |
| 20      | instructions for applicable filing thresholds, conditions, and exceptions):                                                                                                                                                  |     |     |               |
| а       | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                                                                                                                      | 28a |     | х             |
|         | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                                                                                                   | 28b |     | X             |
|         | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,                                                                                              |     |     |               |
|         | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV                                                                                                                                       | 28c |     | X             |
| 29      | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                                                                                                                     | 29  |     | Х             |
| 30      | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation                                                                                                  |     |     |               |
|         | contributions? If "Yes," complete Schedule M                                                                                                                                                                                 | 30  |     | <u> </u>      |
| 31      | Did the organization liquidate, terminate, or dissolve and cease operations?                                                                                                                                                 |     |     | v             |
| ^^      | If "Yes," complete Schedule N, Part I                                                                                                                                                                                        | 31  |     | <u> </u>      |
| 32      | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II                                                                                         | 32  |     | х             |
| 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? If "Yes," complete Schedule R, Part I                                                                                                                                                    | 33  |     | X             |
| 34      | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and                                                                                                    |     |     |               |
|         | Part V, line 1                                                                                                                                                                                                               | 34  |     | X             |
| 35a     | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                      | 35a |     | X             |
| b       | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity                                                                                                    |     |     |               |
|         | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2                                                                                                                                      | 35b |     |               |
| 36      | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?                                                                                                   |     |     | 7.7           |
|         | If "Yes," complete Schedule R, Part V, line 2                                                                                                                                                                                | 36  |     | <u> </u>      |
| 37      | Did the organization conduct more than 5% of its activities through an entity that is not a related organization                                                                                                             | _   |     | Х             |
| 38      | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 37  |     |               |
| <b></b> | Note. All Form 990 filers are required to complete Schedule O                                                                                                                                                                | 38  | х   |               |
|         | Note: 7 th 1 of the obstance of required to complete defined to                                                                                                                                                              |     |     | 2012)         |
|         |                                                                                                                                                                                                                              |     | (   |               |

21-0735173 AMERICAN ASTRONOMICAL SOCIETY Form 990 (2012) Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 18 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 22 filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes." enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the

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c Enter the amount of reserves on hand

organization is licensed to issue qualified health plans

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

13b

13c

X

Form **990** (2012)

14a

14b

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 to any question in this Part VI                                                                                                                                    |         |          | $\overline{\mathbf{X}}$ |  |  |  |  |  |  |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------|-------------------------|--|--|--|--|--|--|
| Sec              | tion A. Governing Body and Management                                                                                                                                                                      |         | -        |                         |  |  |  |  |  |  |
|                  |                                                                                                                                                                                                            |         | Yes      | No                      |  |  |  |  |  |  |
| 1a               | Enter the number of voting members of the governing body at the end of the tax year 19                                                                                                                     |         |          |                         |  |  |  |  |  |  |
|                  | If there are material differences in voting rights among members of the governing body, or if the governing                                                                                                | 1       |          |                         |  |  |  |  |  |  |
|                  | body delegated broad authority to an executive committee or similar committee, explain in Schedule O.                                                                                                      |         |          |                         |  |  |  |  |  |  |
| b                | Enter the number of voting members included in line 1a, above, who are independent 18                                                                                                                      |         |          |                         |  |  |  |  |  |  |
| 2                | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other                                                                                   |         |          |                         |  |  |  |  |  |  |
|                  | officer, director, trustee, or key employee?                                                                                                                                                               | 2       |          | X                       |  |  |  |  |  |  |
| 3                | Did the organization delegate control over management duties customarily performed by or under the direct supervision                                                                                      |         |          |                         |  |  |  |  |  |  |
|                  | of officers, directors, or trustees, or key employees to a management company or other person?                                                                                                             | 3       |          | Х                       |  |  |  |  |  |  |
| 4                | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                           | 4       |          | Х                       |  |  |  |  |  |  |
| 5                |                                                                                                                                                                                                            |         |          |                         |  |  |  |  |  |  |
| 6                | Did the organization have members or stockholders?                                                                                                                                                         | 6       |          | X                       |  |  |  |  |  |  |
| 7a               | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or                                                                                             |         |          |                         |  |  |  |  |  |  |
|                  | more members of the governing body?                                                                                                                                                                        | 7a      |          | X                       |  |  |  |  |  |  |
| b                | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or                                                                                         |         |          |                         |  |  |  |  |  |  |
|                  | persons other than the governing body?                                                                                                                                                                     | 7b      |          | X                       |  |  |  |  |  |  |
| 8                | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                          |         | _        |                         |  |  |  |  |  |  |
| а                | The governing body?                                                                                                                                                                                        | 8a      | Х        |                         |  |  |  |  |  |  |
| b                | Each committee with authority to act on behalf of the governing body?                                                                                                                                      | 8b      | X        |                         |  |  |  |  |  |  |
| 9                | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the                                                                                       |         |          |                         |  |  |  |  |  |  |
|                  | organization's mailing address? If "Yes," provide the names and addresses in Schedule O                                                                                                                    | 9       |          | X                       |  |  |  |  |  |  |
| <u>Sec</u>       | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)                                                                                           |         |          |                         |  |  |  |  |  |  |
|                  |                                                                                                                                                                                                            |         | Yes      | No                      |  |  |  |  |  |  |
| 10a              | Did the organization have local chapters, branches, or affiliates?                                                                                                                                         | 10a     |          | X                       |  |  |  |  |  |  |
| b                | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,                                                                                 |         |          |                         |  |  |  |  |  |  |
|                  | and branches to ensure their operations are consistent with the organization's exempt purposes?                                                                                                            | 10b     |          |                         |  |  |  |  |  |  |
|                  | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                                                                                | 11a     | X        |                         |  |  |  |  |  |  |
| b                | <b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.                                                                                                     |         |          |                         |  |  |  |  |  |  |
| 12a              | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                      |         |          |                         |  |  |  |  |  |  |
|                  | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                                                        | 12b     | X        |                         |  |  |  |  |  |  |
| С                | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe                                                                                         |         | l        |                         |  |  |  |  |  |  |
|                  | in Schedule O how this was done                                                                                                                                                                            | 12c     | X        |                         |  |  |  |  |  |  |
| 13               | Did the organization have a written whistleblower policy?                                                                                                                                                  | 13      | X        |                         |  |  |  |  |  |  |
| 14               | Did the organization have a written document retention and destruction policy?                                                                                                                             | 14      | ^        |                         |  |  |  |  |  |  |
| 15               | Did the process for determining compensation of the following persons include a review and approval by independent                                                                                         |         |          |                         |  |  |  |  |  |  |
|                  | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                                                                                          |         | v        |                         |  |  |  |  |  |  |
|                  | The organization's CEO, Executive Director, or top management official                                                                                                                                     | 15a     | X        |                         |  |  |  |  |  |  |
| D                | Other officers or key employees of the organization                                                                                                                                                        | 15b     | <u> </u> |                         |  |  |  |  |  |  |
| 16-              | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a |         |          |                         |  |  |  |  |  |  |
| ioa              |                                                                                                                                                                                                            | 160     |          | X                       |  |  |  |  |  |  |
|                  | taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation                                              | 16a     |          |                         |  |  |  |  |  |  |
| b                | In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's                                                                                             |         |          |                         |  |  |  |  |  |  |
|                  | exempt status with respect to such arrangements?                                                                                                                                                           | 16b     |          |                         |  |  |  |  |  |  |
| Sec              | tion C. Disclosure                                                                                                                                                                                         | IOD     |          |                         |  |  |  |  |  |  |
| 17               | List the states with which a copy of this Form 990 is required to be filed NONE                                                                                                                            |         |          |                         |  |  |  |  |  |  |
| 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) a                                                                           | ıvaılah | le.      |                         |  |  |  |  |  |  |
| .5               | for public inspection. Indicate how you made these available. Check all that apply.                                                                                                                        | ···     |          |                         |  |  |  |  |  |  |
|                  | X Own website Another's website X Upon request Other (explain in Schedule O)                                                                                                                               |         |          |                         |  |  |  |  |  |  |
| 19               | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an                                                                            | d finar | ncial    |                         |  |  |  |  |  |  |
|                  | statements available to the public during the tax year.                                                                                                                                                    | 1441    |          |                         |  |  |  |  |  |  |
| 20               | State the name, physical address, and telephone number of the person who possesses the books and records of the organiza                                                                                   | tion:   | •        |                         |  |  |  |  |  |  |
|                  | KEVIN MARVEL AND GEORGE F. BENEDICT - 512-471-3448                                                                                                                                                         | · ·     |          |                         |  |  |  |  |  |  |
|                  | 2000 FLORIDA AVE NW SUITE 400, WASHINGTON, DC 20009                                                                                                                                                        |         |          |                         |  |  |  |  |  |  |
| 232000<br>12-10- |                                                                                                                                                                                                            | Form    | 990      | (2012)                  |  |  |  |  |  |  |

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

Check if Schedule O contains a response to any question in this Part VII

#### 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.

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

- List all of the organization's former officers, key employees, 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.

| (A) Name and Title                  | (B)<br>Average<br>hours per                                | (do                            | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) |         |              |                                 |          | (D) Reportable compensation                    | (E) Reportable compensation                      | (F) Estimated amount of                                                           |
|-------------------------------------|------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------|---------|--------------|---------------------------------|----------|------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------------------------|
|                                     | week (list any hours for related organizations below line) | Individual trustee or director | Institutional frustee                                                                                  | Officer | Key emptoyee | Highest compensated<br>employee | Former   | from<br>the<br>organization<br>(W-2/1099-MISC) | from related<br>organizations<br>(W-2/1099-MISC) | other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
| DAVID J. HELFAND                    | 5.00                                                       | Į.,                            |                                                                                                        | v       |              | İ                               |          | 0.                                             | ۾ ا                                              | •                                                                                 |
| PRESIDENT                           | 1 00                                                       | X                              | <u> </u>                                                                                               | X       |              | $\vdash$                        | _        | 0.                                             | 0.                                               | 0.                                                                                |
| DEBRA ELMEGREEN                     | 1.00                                                       | <b>↓</b>                       |                                                                                                        | х       |              | ŀ                               |          | 0.                                             | 0.                                               | •                                                                                 |
| PAST PRESIDENT                      | 1.00                                                       | X                              | <u> </u>                                                                                               | _       | <u> </u>     | ⊢                               |          | 0.                                             | 0.                                               | 0.                                                                                |
| PAULA SZKODY                        | 1.00                                                       | x                              |                                                                                                        | х       |              |                                 |          | 0.                                             | 0.                                               | 0                                                                                 |
| VICE-PRESIDENT                      | 1.00                                                       | ^                              |                                                                                                        | Α.      | <u> </u>     |                                 | _        | 0.                                             | 0.                                               | 0.                                                                                |
| NICHOLAS B. SUNTZEFF                | 1.00                                                       | X                              |                                                                                                        | х       |              |                                 |          | 0.                                             | 0.                                               | 0                                                                                 |
| VICE-PRESIDENT                      | 1.00                                                       | <u> </u>                       | -                                                                                                      | 4       | <u> </u>     | ┢                               | H        | 0.                                             | 0.                                               | 0.                                                                                |
| EDWARD B. CHURCHWELL VICE-PRESIDENT | 1.00                                                       | X                              |                                                                                                        | х       | ŀ            | l                               | ļ        | 0.                                             | 0.                                               | 0.                                                                                |
| G. FRITZ BENEDICT                   | 1.00                                                       | ^                              |                                                                                                        | 4       | -            | _                               | -        | U •                                            | 0.                                               | <u> </u>                                                                          |
| SECRETARY                           | 1.00                                                       | x                              |                                                                                                        | X       |              |                                 | 1        | 0.                                             | 0.                                               | 0.                                                                                |
| HERVEY (PETER) STOCKMAN             | 1.00                                                       | ₽                              |                                                                                                        | 4       |              |                                 |          | · ·                                            |                                                  | 0.                                                                                |
| TREASURER                           | 1.00                                                       | X                              |                                                                                                        | X       |              | 1                               |          | 0.                                             | 0.                                               | 0.                                                                                |
| EDWARD E. PRATHER                   | 1.00                                                       | 1                              |                                                                                                        |         |              |                                 | _        | 0.                                             | 0.                                               | <u> </u>                                                                          |
| EDUCATION OFFICER                   | 1100                                                       | $ \mathbf{x} $                 |                                                                                                        | х       |              |                                 |          | 0.                                             | 0.                                               | 0.                                                                                |
| ANNE P. COWLEY                      | 2.00                                                       | 1.                             |                                                                                                        | -       | -            | ├                               | -        |                                                |                                                  |                                                                                   |
| PUBLICATIONS BOARD CHAIR            | 2100                                                       | $ _{\mathbf{X}} $              |                                                                                                        | x       |              |                                 |          | 0.                                             | 0.                                               | 0.                                                                                |
| NANCY S. BRICKHOUSE                 | 1.00                                                       | =                              | _                                                                                                      |         | -            | ╁                               |          | -                                              |                                                  |                                                                                   |
| COUNCILOR                           |                                                            | х                              |                                                                                                        |         |              | 1                               |          | 0.                                             | 0.                                               | 0.                                                                                |
| PATRICIA KNEZEK                     | 1.00                                                       | <del> </del>                   | _                                                                                                      | _       |              | ┪                               | $\vdash$ | •                                              |                                                  |                                                                                   |
| COUNCILOR                           |                                                            | X                              |                                                                                                        |         |              |                                 |          | 0.                                             | 0.                                               | 0.                                                                                |
| TODD J. HENRY                       | 1.00                                                       |                                |                                                                                                        |         |              |                                 |          |                                                |                                                  | <del></del>                                                                       |
| COUNCILOR                           |                                                            | X                              |                                                                                                        |         |              |                                 | l        | 0.                                             | 0.                                               | 0.                                                                                |
| ROBERT MATHIEU                      | 1.00                                                       |                                |                                                                                                        |         |              | <u> </u>                        | ┢        |                                                |                                                  |                                                                                   |
| COUNCILOR                           |                                                            | X                              |                                                                                                        |         |              |                                 |          | 0.                                             | 0.                                               | 0.                                                                                |
| STEVEN D. KAWALER                   | 1.00                                                       |                                |                                                                                                        |         |              |                                 |          |                                                |                                                  |                                                                                   |
| COUNCILOR                           |                                                            | X                              |                                                                                                        |         |              |                                 |          | 0.                                             | 0.                                               | 0.                                                                                |
| BRUCE BALICK                        | 1.00                                                       |                                |                                                                                                        |         |              |                                 |          |                                                |                                                  |                                                                                   |
| COUNCILOR                           | -                                                          | X                              |                                                                                                        |         |              | ł                               |          | 0.                                             | 0.                                               | 0.                                                                                |
| EDWARD F. GUINAN                    | 1.00                                                       |                                |                                                                                                        |         |              |                                 |          |                                                |                                                  |                                                                                   |
| COUNCILOR                           |                                                            | X                              |                                                                                                        |         |              |                                 | L        | 0.                                             | 0.                                               | 0.                                                                                |
| EILEEN D. FRIEL                     | 1.00                                                       |                                |                                                                                                        |         |              | Π                               |          |                                                |                                                  |                                                                                   |
| COUNCILOR                           |                                                            | X                              |                                                                                                        |         |              |                                 | L        | 0.                                             | 0.                                               | 0.                                                                                |

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| C    C    C    C    C    C    C    C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) |                                                |        |        |                                       |          |                 |        |                            |                     |     |            |            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------|--------|---------------------------------------|----------|-----------------|--------|----------------------------|---------------------|-----|------------|------------|
| The sub-total compensation from the organizations below ine)    Description   Public   Public |                                                                                                                   |                                                |        | (C)    |                                       |          |                 |        | 1                          |                     |     | (F)        |            |
| Columber Set   Week   (list any hours for related organizations   below line)   Sub-total   Columber Set   Sub-total   Columber   | Name and title                                                                                                    | i do no                                        |        |        | Position  (do not check more than one |          |                 | one    | Reportable                 | Reportable          | E:  | stimate    | ∍d         |
| Comparing the property of the program of the prog   |                                                                                                                   |                                                | box    | , unle | ss pe                                 | rson     | rson is both an |        | 1 '                        | •                   | ar  |            |            |
| hours for related organizations   below line)   g   g   g   g   g   g   g   g   g                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                   | 1                                              | H      | T      |                                       | I        | 1               | T T    |                            |                     |     |            |            |
| Delow   1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                   | 1 '                                            | Irrect |        |                                       |          | Ĺ               | l      | · -                        | •                   | 1 . |            |            |
| Delow   1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                   | i                                              | 90.0   | age    | İ                                     |          | nsate           | 1      |                            | (** 27 1000 111100) | 1   |            |            |
| ANGELA SPECK COUNCILOR  X  0. 0. 0. 0. EXEVIN B. MARVEL EXECUTIVE OFFICER  X  X  X  293,501. 0. 40,673.  XELLY E. CLARX 35.00 X  CHIEF FINANCIAL OFFICER  35.00 X  136,326. 0. 18,391.  CRES BIEMESDERPER  JER. OF PUBLISHING  X  112,789. 0. 25,036.  15 Sub-total C Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c)  Total (add lines 1b and 1c)  Total from the organization                                                                                                                       | organizations                                  | trust  | alt    |                                       | ě        | шbe             |        | ,,                         |                     | 1 ~ | •          |            |
| ANGELA SPECK COUNCILOR  X  0. 0. 0. 0. EXEVIN B. MARVEL EXECUTIVE OFFICER  X  X  X  293,501. 0. 40,673.  XELLY E. CLARX 35.00 X  CHIEF FINANCIAL OFFICER  35.00 X  136,326. 0. 18,391.  CRES BIEMESDERPER  JER. OF PUBLISHING  X  112,789. 0. 25,036.  15 Sub-total C Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c)  Total (add lines 1b and 1c)  Total from the organization                                                                                                                       | 1                                              | ndual  | tuton  | <br>  <u> </u>                        | 뛽        | loyee           | igi    |                            |                     | org | anızatı    | ons        |
| SEVENTION B. MARVEL SECULT B. O. O. O. A40,673.  RELICY B. CLARK 35.00 X X X 293,501. O. 40,673.  RELICY B. CLARK 35.00 X 136,326. O. 18,391.  CHIEF PINANCIAL OPFICER X 136,000 X 112,789. O. 25,036.  DIR. OF PUBLISHING X 112,789. O. 25,036.  1b Sub-total C Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c) Total (add lines 1b and 1c  |                                                                                                                   | .l <u> </u>                                    | ğ      | asur   | ğ                                     | Key      | き               | 퉏      |                            |                     |     |            |            |
| REVIN B. MARVEL  BLECUTIVE OFFICER  X X 293,501.  0. 40,673.  RELLY E. CLARK  35.00  XX 136,326.  0. 18,391.  CHRIS BIEMESDERFER  35.00  DIR. OF PUBLISHING  X 112,789.  0. 25,036.  1b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  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  3 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  4 For any individual listed on line 1 a, 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  5 Did any person listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organization list on line 1a, is the sum of reportable compensation and other compensation from the organization and related organization signal related organization list on line 1a, is the sum of reportable compensation and other compensation from the organization and related organization listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organization listed on line 1a, is the sum of reportable compensation and other compensation from the organization rendered to the organization? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a, is the sum of reportable compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X                                                                                                                                                                                                                                                            | ANGELA SPECK                                                                                                      | 1.00                                           |        |        |                                       | ŀ        |                 |        |                            | _                   |     |            | _          |
| EXECUTIVE OFFICER  X X X 293,501. 0. 40,673.  RELLY E. CLARK  SELLY E. CLARK   | COUNCILOR                                                                                                         |                                                | X      |        |                                       |          |                 |        | 0.                         | 0.                  |     |            | 0.         |
| RELLY E. CLARK CHIEF PINANCIAL OFFICER  35.00  X  136,326.  0. 18,391.  CHRIS BIEMESDERFER 35.00  X  112,789.  0. 25,036.   15 Sub-total C Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from 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  5 Did any person 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  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | KEVIN B. MARVEL                                                                                                   | 35.00                                          |        |        |                                       |          |                 |        |                            | _                   | ١.  |            |            |
| CHIEF FINANCIAL OFFICER  35.00  X 112,789.  0. 25,036.  1b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization so line 1a; If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  X 112,789.  0. 25,036.  112,789.  0. 84,100.  5 42,616.  0. 84,100.  5 42,616.  0. 84,100.  3 44,100.  3 3  Yes No  3 X  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | EXECUTIVE OFFICER                                                                                                 |                                                | X      |        | X                                     |          |                 | ┖      | 293,501.                   | 0.                  | 4   | 0,6        | <u>73.</u> |
| Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \$\int \text{Yes}\$," complete Schedule J for such individual} \text{Yes}\$," complete Schedule J for such person is the organization of individual for services rendered to the organization? If "Yes," complete Schedule J for such person is the organization of individual for services rendered to the organization? If "Yes," complete Schedule J for such person is the organization of individual for services and individual for services are detailed organization? If "Yes," complete Schedule J for such person is the organization of individual for services are detailed organization? If "Yes," complete Schedule J for such person is the organization of individual for services are detailed organization? If "Yes," complete Schedule J for such person is the organization? If "Yes," complete Schedule J for such person is the organization of individual for services are detailed organization? If "Yes," complete Schedule J for such person is the organization of individual for services are detailed organization? If "Yes," complete Schedule J for such person is the organization of individual for services are detailed organization or individual for services are detailed organization? If "Yes," complete Schedule J for such person is the organization of individual for services are detailed organization? If "Yes," complete Schedule J for such person is the organization of individual for services are detailed organization or individual for services are detailed organization or individual for services are detailed organization or individual for services are detailed organization or individual for services are detailed organization.                                                                                                                                                                                                                                                              | KELLY E. CLARK                                                                                                    | 35.00                                          |        |        |                                       |          |                 | i      |                            | _                   |     |            |            |
| DIR. OF PUBLISHING  X 112,789. 0. 25,036.  1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  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  3 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 4 For any individual listed on line 1a, is the sum of reportable compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  X 112,789. 0. 25,036.  0. 84,100.  9 Yes No  3 X  4 Yes No  3 X  4 X  5 Did any person listed on line 1a, is the sum of reportable compensation from the organization rindividual for services rendered to the organization? If "Yes," complete Schedule J for such person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CHIEF FINANCIAL OFFICER                                                                                           |                                                |        |        | X                                     | <u>_</u> |                 |        | 136,326.                   | 0.                  | 1   | <u>8,3</u> | 91.        |
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| Tes No  3 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  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2 Total number of individuals (including but in                                                                   | not limited to th                              | ose    | liste  | ed al                                 | oove     | e) wł           | no re  | eceived more than \$100,   | ,000 of reportable  |     |            | _          |
| 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  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | compensation from the organization                                                                                |                                                |        |        |                                       |          |                 |        |                            |                     |     |            |            |
| Inne 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                   |                                                |        |        |                                       |          |                 |        |                            |                     |     | Yes        | No         |
| 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  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3 Did the organization list any former officer                                                                    | , director, or tru                             | uste   | e, ke  | y er                                  | nplo     | yee,            | , or I | highest compensated er     | nployee on          | _   |            |            |
| and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | line 1a? If "Yes," complete Schedule J for                                                                        | "Yes," complete Schedule J for such individual |        |        |                                       |          |                 |        | 3                          |                     | X   |            |            |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 4 For any individual listed on line 1a, is the s                                                                  | um of reportab                                 | le co  | mp     | ensa                                  | ition    | and             | d oth  | ner compensation from t    | he organization     |     | . ]        |            |
| rendered to the organization? If "Yes," complete Schedule J for such person 5 X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | and related organizations greater than \$15                                                                       | 0,000? If "Yes,                                | " co   | mple   | ete S                                 | Sche     | dule            | e J f  | or such ındivıdual         |                     | 4   | Х          |            |
| Torrow of the first state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th | , F                                                                                                               | •                                              |        |        |                                       | -        |                 | elat   | ed organization or individ | dual for services   | _   | . ]        |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                   | nplete Schedul                                 | e J f  | or st  | ıch                                   | pers     | on              |        |                            |                     | 5   |            | <u> </u>   |

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

| (A) Name and business address                                                                                                           | (B) Description of services     | (C)<br>Compensation |
|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------|
|                                                                                                                                         | SCIENTIFIC JOURNAL<br>PUBLISHER | 900,000.            |
| MCMASTER UNIVERSITY, 1280 MAIN ST W,<br>HAMILTON, ONTARIO, CANADA L8S 4K1                                                               | APJ EDITORIAL OFFICE            | 301,706.            |
|                                                                                                                                         | APJ L EDITORIAL<br>OFFICE       | 259,468.            |
| BOARD OF REGENTS UNIV. OF WISCONSIN MADISON OFFICE OF SPONSORED RESEARCH PROGRAMS, MADI                                                 |                                 | 190,211.            |
| PRECISION COMPUTER WORKS 5508 GREENTREE ROAD, BETHESDA, MD 20817                                                                        | MANUSCRIPT PROCESSOR            | 135,620.            |
| 2 Total number of independent contractors (including but not limited to those liste \$100,000 of compensation from the organization ▶ 7 | d above) who received more than | <u> </u>            |

Form 990 (2012)

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (D)
Revenue excluded from tax under sections 512, 513, or 514 (A) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 965,298 **b** Membership dues 1b 10 c Fundraising events d Related organizations 1d 444,209 e Government grants (contributions) 1e f All other contributions, gifts, grants, and 121,955 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f 1,531,462 **Business Code** 2 a JOURNALS 303,060, Program Service Revenue 561300 8,529,017. 8,225,957 MEETINGS 900099 2,006,733 2,006,733 f All other program service revenue 10,535,750 Total. Add lines 2a-2f Investment income (including dividends, interest, and 519,968 519,968. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less: cost or other basis 40 and sales expenses <40. c Gain or (loss) <40 d Net gain or (loss) <40.> 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** <5,428. OTHER 900099 <5,428, 11 a b d All other revenue e Total. Add lines 11a-11d <5,428. Total revenue. See instructions 12,581,712. 10,227,262 303,060. 519,928. 232009 12-10-12

Part IX Statement of Functional Expenses

| Sect     | ion 501(c)(3) and 501(c)(4) organizations must com                                                                                                          | nplete all columns. All oth | er organizations must co     | mplete column (A).                  |                                         |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------|-------------------------------------|-----------------------------------------|
|          | Check if Schedule O contains a respon                                                                                                                       |                             | is Part IX                   |                                     |                                         |
|          | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.                                                                                  | (A)<br>Total expenses       | (B) Program service expenses | (C) Management and general expenses | ( <b>D</b> )<br>Fundraising<br>expenses |
| 1        | Grants and other assistance to governments and                                                                                                              |                             |                              |                                     |                                         |
|          | organizations in the United States. See Part IV, line 21                                                                                                    |                             |                              |                                     |                                         |
| 2        | Grants and other assistance to individuals in                                                                                                               |                             |                              |                                     |                                         |
|          | the United States. See Part IV, line 22                                                                                                                     | 448,395.                    | 448,395.                     |                                     |                                         |
| 3        | Grants and other assistance to governments,                                                                                                                 |                             | _                            |                                     |                                         |
|          | organizations, and individuals outside the                                                                                                                  |                             |                              |                                     |                                         |
|          | United States. See Part IV, lines 15 and 16                                                                                                                 | 49,000.                     | 49,000.                      |                                     |                                         |
| 4        | Benefits paid to or for members                                                                                                                             | _                           |                              | _                                   |                                         |
| 5        | Compensation of current officers, directors,                                                                                                                |                             |                              |                                     |                                         |
|          | trustees, and key employees                                                                                                                                 | 496,155.                    | 243,490.                     | 252,665.                            |                                         |
| 6        | Compensation not included above, to disqualified                                                                                                            |                             |                              |                                     |                                         |
|          | persons (as defined under section 4958(f)(1)) and                                                                                                           |                             |                              |                                     |                                         |
|          | persons described in section 4958(c)(3)(B)                                                                                                                  |                             |                              |                                     |                                         |
| 7        | Other salaries and wages                                                                                                                                    | 1,324,355.                  | 648,936.                     | 675,419.                            |                                         |
| 8        | Pension plan accruals and contributions (include                                                                                                            |                             |                              |                                     |                                         |
|          | section 401(k) and 403(b) employer contributions)                                                                                                           | 73,647.                     | 28,593.                      | 45,054.                             |                                         |
| 9        | Other employee benefits                                                                                                                                     | 350,754.                    | 229,973.                     | 120,781.                            |                                         |
| 10       | Payroll taxes                                                                                                                                               |                             |                              |                                     |                                         |
| 11       | Fees for services (non-employees):                                                                                                                          |                             |                              |                                     |                                         |
| а        | Management                                                                                                                                                  |                             |                              |                                     |                                         |
| b        | Legal                                                                                                                                                       | F2 054                      | 01 550                       | 24 052                              |                                         |
| С        | Accounting                                                                                                                                                  | 53,751.                     | 21,778.                      | 31,973.                             |                                         |
| d        | Lobbying                                                                                                                                                    |                             |                              |                                     |                                         |
| е        | Professional fundraising services. See Part IV, line 17                                                                                                     |                             |                              |                                     |                                         |
| f        | Investment management fees                                                                                                                                  |                             |                              |                                     |                                         |
| g        | Other. (If line 11g amount exceeds 10% of line 25,                                                                                                          | 140 455                     | 505                          | 140 060                             |                                         |
|          | column (A) amount, list line 11g expenses on Sch O.)                                                                                                        | 149,455.                    | 595.<br>375.                 | 148,860.                            |                                         |
| 12       | Advertising and promotion                                                                                                                                   | 2,037,842.                  | 1,705,144.                   | 332,698.                            |                                         |
| 13       | Office expenses                                                                                                                                             | 5,196.                      | 2,334.                       | 2,862.                              |                                         |
| 14       | Information technology                                                                                                                                      | 3,170.                      | 2,334.                       | 2,002.                              |                                         |
| 15<br>16 | Royalties                                                                                                                                                   | 195,984.                    | 20,245.                      | 175,739.                            | <del></del>                             |
| 17       | Occupancy<br>Travel                                                                                                                                         | 333,165.                    | 182,599.                     | 150,566.                            |                                         |
| 18       | Payments of travel or entertainment expenses                                                                                                                | 333,103.                    | 102,333.                     | 130,3000                            | <del></del>                             |
| .0       | for any federal, state, or local public officials                                                                                                           |                             |                              |                                     |                                         |
| 19       | Conferences, conventions, and meetings                                                                                                                      | 1,019,995.                  | 1,015,034.                   | 4,961.                              |                                         |
| 20       | Interest                                                                                                                                                    | _,,                         |                              | -,,,,,                              | · · · · · · · · · · · · · · · · · · ·   |
| 21       | Payments to affiliates                                                                                                                                      |                             |                              |                                     |                                         |
| 22       | Depreciation, depletion, and amortization                                                                                                                   | 45,715.                     |                              | 45,715.                             |                                         |
| 23       | Insurance                                                                                                                                                   | 29,891.                     |                              | 29,891.                             |                                         |
| 24       | Other expenses. Itemize expenses not covered                                                                                                                |                             |                              |                                     |                                         |
|          | above. (List miscellaneous expenses in line 24e. If line<br>24e amount exceeds 10% of line 25, column (A)<br>amount, list line 24e expenses on Schedule O.) |                             |                              |                                     |                                         |
| а        | UBIT                                                                                                                                                        | 79,542.                     |                              | 79,542.                             |                                         |
| b        | JOURNAL PRODUCTION                                                                                                                                          | 4,029,240.                  | 3,981,295.                   | 47,945.                             |                                         |
| c        | OTHER EXPENSES                                                                                                                                              | 10,888.                     | 10,477.                      | 411.                                | <del></del>                             |
| d        | DUES & MEMBERSHIP                                                                                                                                           | 8,741.                      | 360.                         | 8,381.                              |                                         |
| -        | All other expenses                                                                                                                                          | 3,268.                      |                              | 3,268.                              |                                         |
| 25       | Total functional expenses. Add lines 1 through 24e                                                                                                          | 10,746,059.                 | 8,588,623.                   | 2,157,436.                          | 0.                                      |
| 26       | Joint costs. Complete this line only if the organization                                                                                                    |                             |                              |                                     |                                         |
|          | reported in column (B) joint costs from a combined                                                                                                          |                             |                              |                                     |                                         |
|          | educational campaign and fundraising solicitation.                                                                                                          |                             |                              |                                     |                                         |
|          | Check here if following SOP 98-2 (ASC 958-720)                                                                                                              |                             |                              |                                     |                                         |
| 232010   | 12-10-12                                                                                                                                                    |                             |                              |                                     | Form <b>990</b> (2012)                  |

| Pa                          | rt X     | Balance Sheet                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |              |                    |
|-----------------------------|----------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------|--------------------|
|                             |          | Check if Schedule O contains a response to any                                     | question in this Part X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |              |                    |
|                             |          |                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (A)<br>Beginning of year |              | (B)<br>End of year |
|                             | 1        | Cash - non-interest-bearing                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1,382,635.               | 1            | 1,122,823.         |
|                             | 2        | Savings and temporary cash investments                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 462,941.                 | 2            | 439,117.           |
|                             | 3        | Pledges and grants receivable, net                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8,959.                   |              | 6,885.             |
|                             | 4        | Accounts receivable, net                                                           | 1,179,720.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4                        | 792,247.     |                    |
|                             | 5        | Loans and other receivables from current and fo                                    | ermar officare directors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          | <del></del>  |                    |
|                             |          | trustees, key employees, and highest compensations                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |              |                    |
|                             |          | Part II of Schedule L                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5                        |              |                    |
|                             | 6        | Loans and other receivables from other disquali                                    | find namons (as defined und                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ~ <del> </del>           | ۲            | <u> </u>           |
|                             | "        | section 4958(f)(1)), persons described in section                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          | l            |                    |
|                             |          | employers and sponsoring organizations of section                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ''9                      |              |                    |
|                             |          |                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          | 6            | '                  |
| ş                           | _        | employees' beneficiary organizations (see instr).  Notes and loans receivable, net | Complete Fait if of Scri L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          | 7            |                    |
| Assets                      | 7        | Inventories for sale or use                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          | 8            |                    |
| 4                           | 8        |                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 265,219.                 | 9            | 506,700.           |
|                             | 9        | Prepaid expenses and deferred charges                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 203,213.                 | <del>'</del> | 300,700.           |
|                             | iva      | Land, buildings, and equipment: cost or other                                      | 10a 562,07                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2                        |              | <b> </b>           |
|                             |          | basis. Complete Part VI of Schedule D                                              | 205 24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 8. 53,615.               | 10c          | 236,824.           |
|                             |          | Less: accumulated depreciation                                                     | 10b 325,24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 13,827,435.              | 111          | 17,006,124.        |
|                             | 11       | Investments - publicly traded securities                                           | 13,027,433.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 12                       | 17,000,124.  |                    |
|                             | 12       | Investments - other securities See Part IV, line 1                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          | 13           |                    |
|                             | 13       | Investments - program-related. See Part IV, line                                   | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 14                       |              |                    |
|                             | 14       | Intangible assets                                                                  | 66,952.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 15                       | 70,064.      |                    |
|                             | 15       | Other assets. See Part IV, line 11                                                 | 17,247,476.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 16                       | 20,180,784.  |                    |
| _                           | 16<br>17 | Total assets. Add lines 1 through 15 (must equal                                   | at line 34)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 407,224.                 | 17           | 488,718.           |
|                             | 18       | Accounts payable and accrued expenses                                              | 107,221                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 18                       | 400,710.     |                    |
|                             | 19       | Grants payable Deferred revenue                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2,580,148.               | 19           | 2,656,962.         |
|                             | 20       | Tax-exempt bond liabilities                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2,300,140.               | 20           | 2,030,302.         |
| <b>,</b>                    | 21       | Escrow or custodial account liability. Complete I                                  | Part IV of Schodula D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          | 21           |                    |
| Liabilities                 | 22       | Loans and other payables to current and former                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          | 21           |                    |
| ΞĒ                          | 22       | key employees, highest compensated employee                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |              | i                  |
| Ë                           | <u> </u> | Complete Part II of Schedule L                                                     | s, and disqualified persons.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          | 22           | الـ ـ ـ ـ          |
|                             | 23       | Secured mortgages and notes payable to unrela                                      | tod third partice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          | 23           |                    |
|                             | 24       | Unsecured notes and loans payable to unrelated                                     | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          | 24           |                    |
|                             | 25       | Other liabilities (including federal income tax, pa                                | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |              |                    |
|                             |          | parties, and other liabilities not included on lines                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |              |                    |
|                             |          | Schedule D                                                                         | The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s | 1,039.                   | 25           | 5,195.             |
|                             | 26       | Total liabilities. Add lines 17 through 25                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2,988,411.               | 26           | 3,150,875.         |
|                             |          | Organizations that follow SFAS 117 (ASC 958                                        | ), check here X and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |              |                    |
| ģ                           |          | complete lines 27 through 29, and lines 33 an                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |              | '                  |
| 2                           | 27       | Unrestricted net assets                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 12,190,433.              | 27           | 14,786,029.        |
| ala                         | 28       | Temporarily restricted net assets                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1,504,104.               | 28           | 1,678,992.         |
| B                           | 29       | Permanently restricted net assets                                                  | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 564,528.                 | 29           | 564,888.           |
| Š                           |          | Organizations that do not follow SFAS 117 (A                                       | SC 958), check here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ]                        |              |                    |
| 卢                           |          | and complete lines 30 through 34.                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                        |              | ,                  |
| ts                          | 30       | Capital stock or trust principal, or current funds                                 | '                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 30                       | '            |                    |
| SSe                         | 31       | Paid-in or capital surplus, or land, building, or eq                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 31                       |              |                    |
| Net Assets or Fund Balances | 32       | Retained earnings, endowment, accumulated in                                       | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          | 32           |                    |
| ž                           | 33       | Total net assets or fund balances                                                  | 27 TO THE TOTAL STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 14,259,065.              | 33           | 17,029,909.        |
|                             | 34       | Total liabilities and net assets/fund balances                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 17,247,476.              | 34           | 20,180,784.        |
|                             |          |                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                        |              | Form 990 (2012)    |

| Form | 990 (2012)                | AMERICAN                | ASTRONOMIC              | AL SOCIETY                |                            | 21-0       | <u>735173</u> | Pa         | ge <b>12</b> |
|------|---------------------------|-------------------------|-------------------------|---------------------------|----------------------------|------------|---------------|------------|--------------|
| Pa   | rt XI Reconciliation      | on of Net Assets        | 5                       |                           |                            |            |               |            |              |
|      | Check if Schedu           | le O contains a respo   | onse to any question    | in this Part XI           |                            |            |               |            |              |
|      |                           |                         |                         |                           |                            |            | 10 50         |            |              |
| 1    | Total revenue (must eq    | •                       | , ,,                    |                           |                            |            | 12,58         |            |              |
| 2    | Total expenses (must e    | •                       |                         |                           |                            | 2          | 10,74         |            |              |
| 3    | Revenue less expense      | s. Subtract line 2 fror | n line 1                |                           |                            | 3          | 1,83          |            |              |
| 4    | Net assets or fund bala   | ances at beginning of   | f year (must equal Pa   | rt X, line 33, column (A) | )                          | 4          | 14,25         |            |              |
| 5    | Net unrealized gains (lo  | osses) on investment    | s                       |                           |                            | 5          | 93            | 5,1        | <u>91.</u>   |
| 6    | Donated services and      | use of facilities       |                         |                           |                            | 6          |               |            |              |
| 7    | Investment expenses       |                         |                         |                           |                            | 7          |               |            |              |
| 8    | Prior period adjustmen    | ts                      |                         |                           |                            | 8          |               |            |              |
| 9    | Other changes in net a    | ssets or fund balanc    | es (explain in Schedu   | ıle O)                    |                            | 9          |               |            | 0.           |
| 10   | Net assets or fund bala   | ances at end of year.   | Combine lines 3 thro    | ough 9 (must equal Part   | X, line 33,                |            |               |            |              |
|      | column (B))               |                         |                         |                           |                            | 10         | 17,02         | <u>9,9</u> | <u>09.</u>   |
| Pai  | t XII Financial Sta       | itements and Re         | eporting                |                           |                            |            |               |            |              |
|      | Check if Schedu           | le O contains a respo   | onse to any question    | in this Part XII          |                            |            |               |            | <u>X</u>     |
|      |                           |                         | 🗆 .                     | चि. —                     | l <b>_</b> .               |            | _             | Yes        | No           |
| 1    | Accounting method us      | • •                     |                         | X Accrual                 | Other                      |            | -             |            |              |
| _    | If the organization char  | -                       | -                       | -                         | · ·                        | : O.       | -             | -          | ا ہے۔ ا      |
| 2a   | Were the organization's   |                         | •                       |                           |                            |            | 2a            |            | X            |
|      | If "Yes," check a box b   |                         |                         | tements for the year we   | re compiled or reviewe     | a no t     |               |            |              |
|      | separate basis, consoli   |                         |                         |                           |                            |            |               |            |              |
|      | Separate basis            | Consolidate             |                         | oth consolidated and se   | eparate basis              |            | -   -         |            |              |
| þ    | Were the organization's   |                         |                         |                           |                            |            | 2b            | Х          | <u> </u>     |
|      | If "Yes," check a box b   |                         | ther the financial stat | tements for the year we   | re audited on a separat    | e basis,   |               |            |              |
|      | consolidated basis, or    |                         |                         |                           |                            |            |               |            |              |
|      | X Separate basis          | Consolidate             |                         | oth consolidated and se   | -                          |            |               |            |              |
| С    | If "Yes" to line 2a or 2b | •                       |                         | •                         |                            | e audıt,   |               |            | <sup>}</sup> |
|      | review, or compilation of |                         |                         | •                         |                            |            | 2c            | X          | <u> </u>     |
|      | If the organization char  | -                       | - '                     | •                         | • • •                      |            |               |            |              |
| За   | As a result of a federal  |                         | nization required to u  | ndergo an audit or audi   | its as set forth in the Si | ngle Audıt |               | -          | <u>.</u> .   |
|      | Act and OMB Circular      |                         |                         |                           |                            |            | _3a           |            | Х            |
| b    | If "Yes," did the organiz | •                       | •                       | •                         | • .                        | ired audit |               |            | 1            |
|      | or audits, explain why i  | n Schedule O and de     | scribe any steps tak    | en to undergo such auc    | dits                       |            | 3b            |            |              |
|      |                           |                         |                         |                           |                            |            | Form          | 990 (      | (2012)       |

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

**Employer identification number** 21-0735173 AMERICAN ASTRONOMICAL SOCIETY 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 11, check only one box.) 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) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 that describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary organizátion in col in col. (i) listed in your organization in col. (described on lines 1-9 (i) organized in the U.S.? support organization governing document? (i) of your support? above or IRC section (see instructions)) Yes Nο Yes No Yes

232021 12-04-12

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

LHA For Paperwork Reduction Act Notice, see the Instructions for

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.)

| Se       | ction A. Public Support                                            |                   |                     |                                       |                     |                     |                 |
|----------|--------------------------------------------------------------------|-------------------|---------------------|---------------------------------------|---------------------|---------------------|-----------------|
| Cale     | ndar year (or fiscal year beginning in)                            | (a) 2008          | (b) 2009            | (c) 2010                              | (d) 2011            | (e) 2012            | (f) Total       |
| 1        | Gifts, grants, contributions, and                                  |                   |                     |                                       |                     |                     |                 |
|          | membership fees received. (Do not                                  |                   |                     |                                       |                     |                     |                 |
|          | include any "unusual grants.")                                     | 1,318,331.        | 2,059,261.          | 672,751.                              | 1,326,911.          | 1,531,462.          | 6,908,716.      |
| 2        | Tax revenues levied for the organ-                                 |                   |                     |                                       |                     |                     |                 |
|          | ızatıon's benefit and either paid to                               |                   |                     |                                       |                     |                     |                 |
|          | or expended on its behalf                                          |                   |                     |                                       |                     |                     |                 |
| 3        | The value of services or facilities                                |                   |                     |                                       |                     |                     | •               |
|          | furnished by a governmental unit to                                |                   |                     |                                       |                     |                     |                 |
|          | the organization without charge                                    |                   |                     |                                       |                     |                     |                 |
| 4        | Total. Add lines 1 through 3                                       | 1,318,331.        | 2,059,261.          | 672,751.                              | 1,326,911.          | 1,531,462.          | 6,908,716.      |
| 5        | The portion of total contributions                                 |                   |                     |                                       |                     |                     |                 |
|          | by each person (other than a                                       |                   |                     |                                       |                     |                     |                 |
|          | governmental unit or publicly                                      |                   |                     |                                       |                     |                     |                 |
|          | supported organization) included                                   |                   |                     |                                       |                     |                     |                 |
|          | on line 1 that exceeds 2% of the                                   |                   |                     |                                       |                     |                     |                 |
|          | amount shown on line 11,                                           |                   |                     |                                       |                     |                     |                 |
|          | column (f)                                                         |                   |                     |                                       |                     |                     | 172,559.        |
|          | Public support. Subtract line 5 from line 4                        |                   |                     |                                       |                     |                     | 6,736,157.      |
|          | ction B. Total Support                                             | _                 |                     |                                       |                     |                     |                 |
|          | ndar year (or fiscal year beginning in) 🕨                          |                   | (b) 2009            | (c) 2010                              | (d) 2011            | (e) 2012            | (f) Total       |
| 7        | Amounts from line 4                                                | 1,318,331.        | 2,059,261.          | 672,751.                              | 1,326,911.          | 1,531,462.          | 6,908,716.      |
| 8        | Gross income from interest,                                        |                   |                     |                                       |                     |                     |                 |
|          | dividends, payments received on                                    |                   |                     |                                       |                     |                     |                 |
|          | securities loans, rents, royalties                                 |                   |                     |                                       |                     |                     |                 |
|          | and income from similar sources                                    | 332,674.          | 268,333.            | 338,547.                              | 346,854.            | 519,968.            | 1,806,376.      |
| 9        | Net income from unrelated business                                 |                   |                     |                                       |                     |                     |                 |
|          | activities, whether or not the                                     |                   |                     |                                       | 400 60-             | 440 400             |                 |
|          | business is regularly carned on                                    |                   |                     |                                       | 123,695.            | 148,188.            | 271,883.        |
| 10       | Other income. Do not include gain                                  |                   |                     |                                       | :                   |                     |                 |
|          | or loss from the sale of capital                                   | 400 000           | 222 224             | 440 050                               |                     | - 40-               | 64.6.400        |
|          | assets (Explain in Part IV.)                                       | 183,263.          | 288,994.            | 149,353.                              |                     | <5,427.             | >616,183.       |
|          | Total support. Add lines 7 through 10                              |                   |                     |                                       |                     |                     | 9,603,158.      |
|          | Gross receipts from related activities,                            |                   |                     |                                       |                     |                     | ,486,628.       |
| 13       | First five years. If the Form 990 is for                           | -                 | first, second, thir | d, fourth, or fifth ta                | ex year as a sectio | n 501(c)(3)         | . —             |
| <u>e</u> | organization, check this box and storection C. Computation of Publ |                   | roontogo            |                                       |                     |                     | <u> </u>        |
|          | <del> </del>                                                       |                   | <del>_</del>        |                                       |                     |                     | 70.15 %         |
|          | Public support percentage for 2012 (                               |                   |                     | column (f))                           |                     | 14                  | 77 00           |
|          | Public support percentage from 2011                                |                   |                     |                                       |                     | 15                  | <del> </del>    |
| 168      | 33 1/3% support test - 2012. If the c                              | •                 |                     | •                                     | 14 is 33 1/3% or n  | nore, check this bo | ox and ►X       |
|          | stop here. The organization qualifies                              |                   | -                   |                                       | L 45 - 00 4 (00)    |                     | -               |
| D        | 33 1/3% support test - 2011. If the c                              | •                 |                     | •                                     | line 15 is 33 1/3%  | or more, cneck tr   | NS DOX          |
| 47-      | and stop here. The organization qual                               | , ,               | .,                  |                                       | 40 40 405 -         |                     | <b>P</b>        |
| 1/a      | 10% -facts-and-circumstances tes                                   | •                 |                     |                                       |                     |                     | ·-              |
|          | and if the organization meets the "fac                             |                   |                     | •                                     | •                   | π iv now the organ  | ization         |
|          | meets the "facts-and-circumstances"                                |                   | •                   | · · · · · · · · · · · · · · · · · · · |                     | 171 15              | 100/ =::        |
| b        | 10% -facts-and-circumstances tes                                   | _                 |                     |                                       |                     |                     |                 |
|          | more, and if the organization meets the                            |                   | •                   |                                       | •                   |                     | ,               |
| 40       | organization meets the "facts-and-circ                             |                   | •                   | •                                     |                     |                     |                 |
| 18       | Private foundation. If the organization                            | n dia not check a | box on line 13, 16a | a, 160, 1/a, or 17b                   |                     |                     |                 |
|          |                                                                    |                   |                     |                                       | Sche                | edule A (Form 990   | or 990-EZ) 2012 |

## Schedule A (Form 990 or 990-EZ) 2012 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Se         | ction A. Public Support                                                                                                                                                  |                     |                        |                                       |                      |                      |           |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------|---------------------------------------|----------------------|----------------------|-----------|
| Cale       | endar year (or fiscal year beginning in) 🕨                                                                                                                               | (a) 2008            | (b) 2009               | (c) 2010                              | (d) 2011             | (e) 2012             | (f) Total |
| 1          | Gifts, grants, contributions, and<br>membership fees received. (Do not<br>include any "unusual grants.")                                                                 |                     |                        |                                       |                      |                      |           |
| 2          | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |                     |                        |                                       |                      |                      |           |
| 3          | Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |                     |                        |                                       |                      |                      |           |
| 4          | Tax revenues levied for the organ-<br>ization's benefit and either paid to<br>or expended on its behalf                                                                  |                     |                        |                                       |                      |                      |           |
| 5          | The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |                     |                        |                                       |                      |                      |           |
| 6          | Total. Add lines 1 through 5                                                                                                                                             |                     |                        |                                       |                      |                      |           |
| 78         | Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                 |                     |                        |                                       |                      |                      |           |
| t          | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year  |                     |                        |                                       |                      |                      |           |
| c          | Add lines 7a and 7b                                                                                                                                                      |                     |                        |                                       |                      |                      |           |
| 8          | Public support (Subtract line 7c from line 6)                                                                                                                            |                     |                        |                                       |                      |                      |           |
| Se         | ction B. Total Support                                                                                                                                                   |                     |                        |                                       |                      |                      |           |
| Cale       | endar year (or fiscal year beginning in)                                                                                                                                 | (a) 2008            | <b>(b)</b> 2009        | (c) 2010                              | (d) 2011             | (e) 2012             | (f) Total |
|            | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                       |                     |                        |                                       |                      |                      |           |
| b          | Unrelated business taxable income<br>(less section 511 taxes) from businesses<br>acquired after June 30, 1975                                                            |                     |                        |                                       |                      |                      |           |
|            | Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on                        |                     |                        | <u> </u>                              |                      |                      |           |
|            | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12)                           |                     |                        |                                       |                      |                      |           |
|            | First five years. If the Form 990 is for                                                                                                                                 | the organization's  | s first, second, thir  | d, fourth, or fifth ta                | ax year as a section | on 501(c)(3) organiz | ation,    |
|            | check this box and stop here                                                                                                                                             |                     |                        | <u> </u>                              |                      |                      |           |
| Sec        | ction C. Computation of Publ                                                                                                                                             | ic Support Pe       | rcentage               |                                       |                      |                      |           |
| 15         | Public support percentage for 2012 (I                                                                                                                                    | ine 8, column (f) d | ivided by line 13, c   | olumn (f))                            |                      | 15                   | %         |
|            | Public support percentage from 2011                                                                                                                                      |                     |                        |                                       |                      | 16                   | %         |
|            | ction D. Computation of Inves                                                                                                                                            |                     |                        | · · · · · · · · · · · · · · · · · · · |                      |                      |           |
|            | Investment income percentage for 20                                                                                                                                      | •                   |                        | ne 13, column (f))                    |                      | 17                   | %         |
|            | Investment income percentage from 2                                                                                                                                      |                     |                        |                                       | •                    | 18                   | %         |
| 19a        | 33 1/3% support tests - 2012. If the                                                                                                                                     |                     |                        |                                       |                      |                      | 7 is not  |
|            | more than 33 1/3%, check this box as                                                                                                                                     |                     |                        |                                       |                      |                      | ▶□        |
| 0          | 33 1/3% support tests - 2011. If the                                                                                                                                     | -                   |                        |                                       | •                    | •                    | and       |
| 20         | line 18 is not more than 33 1/3%, che<br>Private foundation. If the organization                                                                                         |                     |                        |                                       |                      |                      |           |
| <u> 20</u> | i ilvate louliuation. Il the organizatio                                                                                                                                 | n did not check a   | DOX OIT III 10 14, 198 | a, or 190, check th                   | iis DOX and See in   | suucuons             | <u> </u>  |

| Part IV S | upple    | mental l | nform | ation | <ul><li>Comp</li></ul> | lete th | is part to                            | provid     | le the e | xplanat     | ions require | d by Part II, line | , line 17a d                                     |     |
|-----------|----------|----------|-------|-------|------------------------|---------|---------------------------------------|------------|----------|-------------|--------------|--------------------|--------------------------------------------------|-----|
|           |          |          |       |       |                        |         |                                       |            |          |             | Instructions |                    | <br>                                             |     |
| SCHEDUL.  | EA,      | PART     | 11,   | ТТГ   | E I                    | ), 1    | SXPLA                                 | MAT.       | TON      | FOR         | OTHER        | INCOME:            | <br>                                             |     |
| REVENUE   | FROI     | M ACT    | TIVI  | IES   | NOT                    | REC     | JULAR                                 | LY (       | CARF     | RIED        | ON           |                    | <br>···· <u>·</u>                                |     |
|           |          |          |       | _     |                        |         |                                       |            |          |             |              |                    |                                                  |     |
|           |          |          |       |       |                        |         |                                       |            |          |             |              |                    |                                                  |     |
|           |          | _        |       |       |                        |         |                                       |            |          |             |              | -                  |                                                  |     |
|           |          |          |       |       |                        |         |                                       |            |          |             | ·- ·         |                    |                                                  | _   |
|           |          |          |       |       |                        |         |                                       |            |          |             |              | <del></del>        |                                                  |     |
|           |          |          |       |       |                        |         |                                       |            |          |             |              |                    |                                                  |     |
|           |          |          |       |       |                        |         |                                       |            |          |             |              |                    | <br>_                                            |     |
|           |          |          |       |       |                        |         |                                       |            |          |             |              |                    |                                                  |     |
|           |          |          |       |       |                        |         |                                       |            |          |             |              |                    |                                                  |     |
|           |          |          |       |       |                        |         |                                       | <u>-</u> . |          |             |              |                    | <br>                                             |     |
|           |          |          |       |       |                        |         |                                       |            |          |             |              |                    | <br>                                             |     |
|           |          |          |       |       |                        |         |                                       |            |          |             | <u>-</u>     |                    |                                                  |     |
|           |          |          |       |       |                        |         |                                       |            |          | _           |              |                    |                                                  |     |
|           |          |          |       |       |                        |         |                                       |            |          |             |              |                    |                                                  |     |
|           |          |          |       |       |                        |         |                                       |            |          |             |              |                    |                                                  |     |
|           |          |          |       |       |                        |         |                                       |            |          |             |              |                    |                                                  |     |
|           |          |          |       |       |                        |         |                                       |            |          |             | -            |                    |                                                  |     |
| -         |          |          |       |       |                        |         |                                       |            |          |             |              |                    | <br>                                             |     |
|           |          |          |       |       |                        |         |                                       |            |          |             |              |                    |                                                  |     |
|           |          |          |       |       |                        |         |                                       |            |          |             |              |                    |                                                  |     |
| -         |          |          |       |       |                        |         |                                       |            |          |             |              |                    |                                                  |     |
|           |          |          |       |       |                        |         |                                       |            |          |             |              |                    | <br>                                             | - : |
|           |          |          |       |       |                        |         |                                       | -          |          |             |              |                    |                                                  |     |
|           |          | <u> </u> |       |       |                        |         |                                       |            |          |             |              |                    | <br>                                             |     |
|           |          | _        |       |       |                        |         |                                       |            |          |             |              |                    |                                                  |     |
|           |          |          |       |       |                        |         |                                       |            |          |             |              |                    |                                                  |     |
|           |          | ·-       |       | _     |                        |         |                                       |            |          |             |              |                    |                                                  |     |
|           |          | -        |       |       | <del>.</del>           |         | · · · · · · · · · · · · · · · · · · · |            | -        | <del></del> |              |                    | <br><u>.                                    </u> |     |
|           | <u>-</u> | <u>-</u> |       |       | <u>.</u>               |         |                                       |            |          |             |              | <del></del>        | <br>                                             | -   |
|           |          |          |       |       | _                      |         |                                       |            | -        |             |              |                    |                                                  |     |
|           |          |          |       |       |                        |         |                                       |            |          |             |              |                    |                                                  |     |

## SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Political Campaign and Lobbying Activities**

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

| •          | Section :          | 501(c)(4), (5), or (6) organıza                            | tions: Complete Part III.                                                                                                                       |                                                      |                                                                     |                                                                                                                                             |
|------------|--------------------|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| Nan        | ne of org          | anızatıon                                                  |                                                                                                                                                 |                                                      | Emp                                                                 | loyer identification number                                                                                                                 |
|            |                    |                                                            | N ASTRONOMICAL S                                                                                                                                |                                                      |                                                                     | 21-0735173                                                                                                                                  |
| Pa         | art I-A            | Complete if the org                                        | janization is exempt und                                                                                                                        | ler section 501(c)                                   | or is a section 527 of                                              | organization.                                                                                                                               |
| 2          |                    | l expenditures                                             | ation's direct and indirect politic                                                                                                             | cal campaign activities                              | ın Part IV. ▶ \$                                                    | 3                                                                                                                                           |
| Pa         | art I-B            | Complete if the ord                                        | anization is exempt und                                                                                                                         | ler section 501(c)                                   | )(3).                                                               |                                                                                                                                             |
| Щ.         | <del></del>        | <del></del>                                                | incurred by the organization und                                                                                                                | <del></del>                                          | <b>▶</b> \$                                                         |                                                                                                                                             |
|            |                    | •                                                          | incurred by organization manag                                                                                                                  |                                                      | _                                                                   |                                                                                                                                             |
| 3          | If the or          | ganization incurred a section                              | n 4955 tax, did it file Form 4720                                                                                                               | for this year?                                       |                                                                     | Yes No                                                                                                                                      |
| <b>4</b> a | a Was a c          | correction made?                                           |                                                                                                                                                 |                                                      |                                                                     | Yes No                                                                                                                                      |
| b          | o If "Yes,"        | describe in Part IV.                                       |                                                                                                                                                 |                                                      |                                                                     |                                                                                                                                             |
| Pa         | art I-C            | Complete if the org                                        | janization is exempt und                                                                                                                        | ler section 501(c)                                   | , except section 501                                                | (c)(3).                                                                                                                                     |
| 1          | Enter th           | e amount directly expended                                 | by the filing organization for se                                                                                                               | ction 527 exempt fund                                | ction activities                                                    |                                                                                                                                             |
| 2          | Enter th           | e amount of the filing organ                               | ızatıon's funds contributed to ot                                                                                                               | her organizations for s                              | ection 527                                                          |                                                                                                                                             |
|            | exempt             | function activities                                        |                                                                                                                                                 |                                                      | ▶\$                                                                 | ·                                                                                                                                           |
| 3          | Total ex           | empt function expenditures                                 | . Add lines 1 and 2. Enter here a                                                                                                               | and on Form 1120-POL                                 |                                                                     |                                                                                                                                             |
|            | line 17b           | )                                                          |                                                                                                                                                 |                                                      | ▶ \$                                                                | ·                                                                                                                                           |
| 4          | Did the            | filing organization file Form                              | 1120-POL for this year?                                                                                                                         |                                                      |                                                                     | Yes No                                                                                                                                      |
| 5          | made p<br>contribu | ayments. For each organiza<br>utions received that were pr | nployer identification number (El<br>tion listed, enter the amount pai<br>comptly and directly delivered to<br>additional space is needed, prov | d from the filing organi<br>a separate political org | zation's funds. Also enter th<br>ganization, such as a separa       | ne amount of political                                                                                                                      |
|            |                    | (a) Name                                                   | (b) Address                                                                                                                                     | (c) EIN                                              | (d) Amount paid from filing organization's funds. If none, enter -0 | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0 |
|            |                    |                                                            |                                                                                                                                                 |                                                      |                                                                     |                                                                                                                                             |
|            |                    |                                                            |                                                                                                                                                 |                                                      |                                                                     |                                                                                                                                             |
|            |                    |                                                            |                                                                                                                                                 |                                                      |                                                                     | _                                                                                                                                           |
|            |                    |                                                            |                                                                                                                                                 |                                                      |                                                                     |                                                                                                                                             |
|            |                    |                                                            |                                                                                                                                                 |                                                      |                                                                     |                                                                                                                                             |
|            |                    |                                                            |                                                                                                                                                 |                                                      |                                                                     |                                                                                                                                             |

LHA 232041 01-07-13

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

Schedule C (Form 990 or 990-EZ) 2012

| Schedule C (Form 990 or 990-EZ) 2012           | AMERI       | CAN AS        | TRONOMICAL                | SOCIETY                   | 21-                   | 0735173 Page 2       |
|------------------------------------------------|-------------|---------------|---------------------------|---------------------------|-----------------------|----------------------|
| Part II-A   Complete if the org                | ganizati    | on is exe     | mpt under section         | on 501(c)(3) and fil      | ed Form 5768          |                      |
| (election under sec                            | tion 50     | 1(h)).        |                           |                           |                       |                      |
| A Check If the filing organiza                 | ition belor | ngs to an aff | iliated group (and list i | n Part IV each affiliated | group member's na     | me, address, EIN,    |
| expenses, and sha                              | re of exce  | ss lobbying   | expenditures).            |                           |                       |                      |
| B Check ▶ ☐ If the filing organiza             | ition chec  | ked box A a   | nd "limited control" pr   | ovisions apply.           |                       |                      |
| Limi                                           | te on Loh   | bying Expe    | nditurae                  |                           | (a) Filing            | (b) Affiliated group |
|                                                |             |               | unts paid or incurred     | .)                        | organization's totals | totals               |
| 1a Total lobbying expenditures to infl         | uence pub   | olic opinion  | (grass roots lobbying)    |                           |                       |                      |
| <b>b</b> Total lobbying expenditures to infli  |             |               |                           |                           |                       |                      |
| c Total lobbying expenditures (add I           | ines 1a an  | d 1b)         |                           |                           |                       |                      |
| d Other exempt purpose expenditure             | es          | •             |                           |                           |                       |                      |
| e Total exempt purpose expenditure             |             | es 1c and 1   | d)                        |                           |                       |                      |
| f Lobbying nontaxable amount. Enter            | er the amo  | ount from th  | e following table in bot  | th columns.               |                       |                      |
| If the amount on line 1e, column (a) o         |             |               | bying nontaxable am       |                           |                       |                      |
| Not over \$500,000                             |             |               | the amount on line 1e     |                           |                       |                      |
| Over \$500,000 but not over \$1,000            | 0,000       | \$100,00      | 00 plus 15% of the exc    | cess over \$500,000.      |                       |                      |
| Over \$1,000,000 but not over \$1,5            |             | \$175,00      | 00 plus 10% of the exc    | cess over \$1,000,000     |                       |                      |
| Over \$1,500,000 but not over \$17,            | ,000,000    |               | 00 plus 5% of the exce    |                           |                       |                      |
| Over \$17,000,000                              |             | \$1,000,      | 000.                      |                           |                       | !                    |
|                                                |             |               |                           |                           |                       | İ                    |
| g Grassroots nontaxable amount (er             | nter 25% c  | of line 1f)   |                           |                           |                       |                      |
| h Subtract line 1g from line 1a. If zer        | o or less,  | enter -0-     |                           |                           |                       |                      |
| i Subtract line 1f from line 1c. If zero       | or less, e  | enter -0-     |                           |                           |                       |                      |
| j If there is an amount other than ze          | ro on eithe | er line 1h or | line 11, did the organiz  | ation file Form 4720      |                       |                      |
| reporting section 4911 tax for this            | year?       |               |                           |                           |                       | Yes No               |
|                                                |             | 4-Year Ave    | eraging Period Under      | Section 501(h)            |                       |                      |
|                                                |             |               |                           | n do not have to comp     |                       |                      |
| CO                                             | lumns be    | low. See th   | e instructions for line   | es 2a through 2f on pa    | ge 4.)                |                      |
|                                                | Lobi        | bying Expe    | nditures During 4-Ye      | ar Averaging Period       |                       |                      |
| Calendar year<br>(or fiscal year beginning in) | (a)         | 2009          | <b>(b)</b> 2010           | (c) 2011                  | ( <b>d)</b> 2012      | (e) Total            |
| 2a Lobbying nontaxable amount                  |             |               |                           |                           |                       |                      |
| b Lobbying ceiling amount                      |             |               |                           |                           |                       |                      |
| (150% of line 2a, column(e))                   |             |               |                           |                           |                       |                      |
| c Total lobbying expenditures                  |             | _             |                           |                           | <del></del>           |                      |
| d Grassroots nontaxable amount                 |             |               |                           |                           |                       |                      |
| e Grassroots ceiling amount                    |             |               |                           |                           |                       |                      |
| (150% of line 2d, column (e))                  |             |               |                           |                           |                       |                      |
| f Grassroots lobbying expenditures             | -           |               |                           |                           |                       |                      |

Schedule C (Form 990 or 990-EZ) 2012

## Schedule C (Form 990 or 990-EZ) 2012 AMERICAN ASTRONOMICAL SOCIETY 21-073517 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description                                                                                                    | (2                 | a)             | (b            | )          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------|---------------|------------|
| of the lobbying activity.                                                                                                                                                                           | Yes                | No             | Amo           | unt        |
| During the year, did the filing organization attempt to influence foreign, national, state or                                                                                                       |                    |                |               |            |
| local legislation, including any attempt to influence public opinion on a legislative matter                                                                                                        |                    |                |               |            |
| or referendum, through the use of:                                                                                                                                                                  |                    |                |               |            |
| a Volunteers?                                                                                                                                                                                       | X                  |                |               |            |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?                                                                                                      | X                  |                |               |            |
| c Media advertisements?                                                                                                                                                                             | 77                 | Х              |               |            |
| d Mailings to members, legislators, or the public?                                                                                                                                                  | X                  |                | 1             | <u> </u>   |
| e Publications, or published or broadcast statements?                                                                                                                                               | X                  | х              | 1             | ,500.      |
| f Grants to other organizations for lobbying purposes?                                                                                                                                              | X                  | ^              | 17            | ,352.      |
| g Direct contact with legislators, their staffs, government officials, or a legislative body?                                                                                                       |                    | Х              | 4 /           | , 334 .    |
| <ul><li>h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</li><li>i Other activities?</li></ul>                                                           |                    | X              |               |            |
| j Total. Add lines 1c through 1:                                                                                                                                                                    |                    | - 21           | 48            | ,852.      |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?                                                                                                    |                    | х              |               | ,032.      |
| b if "Yes," enter the amount of any tax incurred under section 4912                                                                                                                                 | -                  |                |               |            |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912                                                                                                        |                    |                | -             |            |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?                                                                                                      |                    |                |               |            |
| Part III-A Complete if the organization is exempt under section 501(c)(4), sec                                                                                                                      | tion 501(c)        | (5), or sec    | tion          |            |
| 501(c)(6).                                                                                                                                                                                          |                    |                |               |            |
|                                                                                                                                                                                                     |                    |                | Yes           | No         |
| 1 Were substantially all (90% or more) dues received nondeductible by members?                                                                                                                      |                    | 1              |               |            |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?                                                                                                                 |                    | 2              |               |            |
| 3 Did the organization agree to carry over lobbying and political expenditures from the pnor year?                                                                                                  |                    | 3              |               |            |
| Part III-B Complete if the organization is exempt under section 501(c)(4), sec                                                                                                                      |                    |                |               | - 0 :-     |
| 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes."                                                                                                             | a "No," Of         | K (D) Part I   | III-A, IIN    | e 3, is    |
|                                                                                                                                                                                                     |                    | TT             |               |            |
| <ul> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)</li> </ul> | tical              | 1              |               |            |
| expenses for which the section 527(f) tax was paid).                                                                                                                                                | ucai               |                |               |            |
| a Current year                                                                                                                                                                                      |                    | 2a             |               |            |
| b Carryover from last year                                                                                                                                                                          | •                  | 2b             |               |            |
| c Total                                                                                                                                                                                             |                    | 2c             | -             |            |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues                                                                                                   |                    | 3              |               |            |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e                                                                                                | xcess              |                | •             |            |
| does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and                                                                                                   |                    |                |               |            |
| expenditure next year?                                                                                                                                                                              |                    | 4              |               |            |
| 5 Taxable amount of lobbying and political expenditures (see instructions)                                                                                                                          |                    | 5              |               |            |
| Part IV Supplemental Information                                                                                                                                                                    |                    | _              |               | _          |
| Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5;                                                                                   | Part II-A (affilia | ated group lis | t); Part II-A | A, line 2; |
| and Part II-B, line 1. Also, complete this part for any additional information.                                                                                                                     |                    |                |               |            |
| PART II-B, LINE 1, LOBBYING ACTIVITIES:                                                                                                                                                             |                    |                |               |            |
| MILE AND ENGAGED IN LINITED LODDUING AGETTEMY MILE IN                                                                                                                                               | D.C.D.C.M. T       |                |               |            |
| THE AAS ENGAGES IN LIMITED LOBBYING ACTIVITY, THE LA                                                                                                                                                | RGEST E            | VENT B         | EING          |            |
| ONE DAY OF CONGRESSIONAL OFFICE VISITS BY AAS MEMBER                                                                                                                                                | S IN DO            | THAT           | OCCUR         | s          |
| IN THE SPRING, IN WHICH AAS MEMEBERS VISIT THE OFFIC                                                                                                                                                | ES OF T            | HEIR S         | ENATE         |            |
| AND HOUSE MEMBERS AND ADVOCATE FOR SCIENCE FUNDING.                                                                                                                                                 | AAS AL             | SO             |               |            |
| FACILITATES MEMBER VISITS TO THEIR LOCAL CONGRESSION                                                                                                                                                | AL OFFI            | CES IN         | THE           |            |

232043 01-07-13

#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

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

2012
Open to Public Inspection

Name of the organization

AMERICAN ASTRONOMICAL SOCIETY

Employer identification number

|     | AMERICAN ASTRONOMICAL                                                      |                                             | 21-0/351/3                             |
|-----|----------------------------------------------------------------------------|---------------------------------------------|----------------------------------------|
| Pa  | —                                                                          | ias or Other Similar Funds or <i>I</i>      | Accounts.Complete if the               |
|     | organization answered "Yes" to Form 990, Part IV, line 6.                  |                                             |                                        |
|     | <u> </u>                                                                   | (a) Donor advised funds                     | (b) Funds and other accounts           |
| 1   | Total number at end of year                                                |                                             | <del></del>                            |
| 2   | Aggregate contributions to (during year)                                   |                                             |                                        |
| 3   | Aggregate grants from (during year)                                        |                                             |                                        |
| 4   | Aggregate value at end of year                                             |                                             | <u>-</u>                               |
| 5   | Did the organization inform all donors and donor advisors in writing       | that the assets held in donor advised fui   | nds                                    |
|     | are the organization's property, subject to the organization's exclusi     | ve legal control?                           | └─ Yes └─ No                           |
| 6   | Did the organization inform all grantees, donors, and donor advisors       | in writing that grant funds can be used     | only                                   |
|     | for chantable purposes and not for the benefit of the donor or donor       | advisor, or for any other purpose confe     | mng                                    |
|     | ımpermissible private benefit?                                             |                                             | Yes No                                 |
| Pa  | TII Conservation Easements. Complete if the organization                   | on answered "Yes" to Form 990, Part IV      | , line 7                               |
| 1   | Purpose(s) of conservation easements held by the organization (che         | ck all that apply).                         |                                        |
|     | Preservation of land for public use (e.g., recreation or education         | n) Preservation of an historica             | lly important land area                |
|     | Protection of natural habitat                                              | Preservation of a certified h               | storic structure                       |
|     | Preservation of open space                                                 |                                             |                                        |
| 2   | Complete lines 2a through 2d if the organization held a qualified con      | servation contribution in the form of a c   | onservation easement on the last       |
|     | day of the tax year.                                                       |                                             |                                        |
|     |                                                                            |                                             | Held at the End of the Tax Year        |
| а   | Total number of conservation easements                                     |                                             | 2a                                     |
| b   | Total acreage restricted by conservation easements                         |                                             | 2b                                     |
| C   | Number of conservation easements on a certified historic structure is      | ncluded in (a)                              | 2c                                     |
| d   | Number of conservation easements included in (c) acquired after 8/         | 17/06, and not on a historic structure      |                                        |
|     | listed in the National Register                                            |                                             | 2d                                     |
| 3   | Number of conservation easements modified, transferred, released,          | extinguished, or terminated by the orga     | nization during the tax                |
|     | year ▶                                                                     |                                             |                                        |
| 4   | Number of states where property subject to conservation easement           | is located ▶                                |                                        |
| 5   | Does the organization have a written policy regarding the periodic m       | onitoring, inspection, handling of          |                                        |
|     | violations, and enforcement of the conservation easements it holds?        | •                                           | Yes No                                 |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting, and en        | forcing conservation easements during t     | the year 🕨                             |
| 7   | Amount of expenses incurred in monitoring, inspecting, and enforcing       | g conservation easements during the ye      | ear ▶ \$                               |
| 8   | Does each conservation easement reported on line 2(d) above satisf         | y the requirements of section 170(h)(4)(l   | 3)(i)                                  |
|     | and section 170(h)(4)(B)(ii)?                                              |                                             | Yes No                                 |
| 9   | In Part XIII, describe how the organization reports conservation ease      | ments in its revenue and expense state      | ment, and balance sheet, and           |
|     | include, if applicable, the text of the footnote to the organization's fir |                                             |                                        |
|     | conservation easements.                                                    |                                             |                                        |
| Pai | t III Organizations Maintaining Collections of Art,                        | Historical Treasures, or Other              | Similar Assets.                        |
|     | Complete if the organization answered "Yes" to Form 990, Pa                | rt IV, line 8.                              |                                        |
| 1a  | If the organization elected, as permitted under SFAS 116 (ASC 958),        | not to report in its revenue statement a    | nd balance sheet works of art,         |
|     | historical treasures, or other similar assets held for public exhibition,  |                                             |                                        |
|     | the text of the footnote to its financial statements that describes the    | se items.                                   |                                        |
| b   | If the organization elected, as permitted under SFAS 116 (ASC 958),        | to report in its revenue statement and t    | palance sheet works of art, historical |
|     | treasures, or other similar assets held for public exhibition, education   |                                             |                                        |
|     | relating to these items:                                                   | ,                                           | g                                      |
|     | (i) Revenues included in Form 990, Part VIII, line 1                       |                                             | ▶ \$                                   |
|     | (ii) Assets included in Form 990, Part X                                   |                                             | <b>S S</b>                             |
| 2   | If the organization received or held works of art, historical treasures,   | or other similar assets for financial dain. | · · ·                                  |
| _   | the following amounts required to be reported under SFAS 116 (ASC          | <del>-</del>                                | piotido                                |
| а   | Revenues included in Form 990, Part VIII, line 1                           | . 335, rolding to most items.               | ▶ \$                                   |
| b   | Assets included in Form 990, Part X                                        |                                             | <b>▶</b> \$                            |
|     | , additional and only of the A                                             |                                             | . • •                                  |

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Schedule D (Form 990) 2012

|     |                                                   | N ASTRONOM                            |                         |                |              |                       | <u> 21-07</u> |                   |                                                  |
|-----|---------------------------------------------------|---------------------------------------|-------------------------|----------------|--------------|-----------------------|---------------|-------------------|--------------------------------------------------|
| Pai | rt III   Organizations Maintaining C              | Collections of A                      | rt, Historical Tr       | easures,       | or Othe      | r Simil               | ar Asse       | <b>ts</b> (contin | ued)                                             |
| 3   | Using the organization's acquisition, accessi     | on, and other record                  | is, check any of the    | following that | at are a sig | gnificant             | use of its    | collection        | ı ıtems                                          |
|     | (check all that apply):                           |                                       |                         |                |              |                       |               |                   |                                                  |
| а   | Public exhibition                                 | d                                     | Loan or exc             | hange progr    | ams          |                       |               |                   |                                                  |
| b   | Scholarly research                                | е                                     | Other                   |                |              |                       |               |                   |                                                  |
| C   | Preservation for future generations               |                                       |                         |                |              |                       |               |                   |                                                  |
| 4   | Provide a description of the organization's co    | ollections and explai                 | n how they further t    | he organizati  | on's exen    | npt purpo             | se in Par     | t XIII.           |                                                  |
| 5   | During the year, did the organization solicit of  | r receive donations                   | of art, historical trea | sures, or oth  | er sımılar   | assets                |               |                   |                                                  |
|     | to be sold to raise funds rather than to be ma    | aintained as part of t                | the organization's co   | ollection?     |              |                       |               | Yes               | No_                                              |
| Par | rt IV Escrow and Custodial Arran                  | gements. Comple                       | ete if the organization | n answered     | "Yes" to F   | orm 990               | , Part IV, I  | ine 9, or         |                                                  |
|     | reported an amount on Form 990, Pa                |                                       |                         |                |              |                       |               |                   |                                                  |
| 1a  | Is the organization an agent, trustee, custod     | an or other intermed                  | liary for contribution  | s or other as  | sets not i   | ncluded               |               |                   |                                                  |
|     | on Form 990, Part X?                              |                                       |                         |                |              |                       |               | Yes               | ☐ No                                             |
| b   | If "Yes," explain the arrangement in Part XIII    | and complete the fo                   | llowing table:          |                |              |                       |               |                   |                                                  |
|     |                                                   |                                       | -                       |                |              |                       | •             | Amount            |                                                  |
| С   | Beginning balance                                 |                                       |                         |                |              | 1c                    |               |                   |                                                  |
| d   | Additions during the year                         |                                       |                         |                |              | 1d                    |               |                   |                                                  |
| е   | Distributions during the year                     |                                       |                         |                |              | 1e                    |               |                   |                                                  |
| f   | Ending balance                                    |                                       |                         |                |              | 1f                    |               |                   |                                                  |
| 2a  | Did the organization include an amount on Fe      | orm 990, Part X, line                 | 21?                     |                |              |                       |               | Yes               | No                                               |
| b   | If "Yes," explain the arrangement in Part XIII.   | Check here if the ex                  | planation has been      | provided in    | Part XIII    |                       |               |                   |                                                  |
| Par | t V Endowment Funds. Complete r                   | f the organization an                 | swered "Yes" to Fo      | rm 990, Part   | IV, line 10  | ).                    |               |                   |                                                  |
|     |                                                   | (a) Current year                      | (b) Prior year          | (c) Two year   |              |                       | ears back     | (e) Four          | years back                                       |
| 1a  | Beginning of year balance                         | 564,528.                              | 564,198.                | 48             | 8,523.       | 4                     | 87,773.       |                   | 411,144.                                         |
| b   | Contributions                                     | 360.                                  | 330.                    | 7              | 5,675.       |                       | 750.          |                   | 76,629.                                          |
| c   | Net investment earnings, gains, and losses        |                                       |                         |                |              |                       |               |                   |                                                  |
| d   | Grants or scholarships                            |                                       |                         |                |              |                       |               |                   |                                                  |
| е   | Other expenditures for facilities                 |                                       |                         |                |              |                       |               |                   |                                                  |
|     | and programs                                      |                                       |                         |                |              |                       |               |                   |                                                  |
| f   | Administrative expenses                           |                                       |                         |                |              |                       |               |                   |                                                  |
| g   | End of year balance                               | 564,888.                              | 564,528.                | 56             | 4,198.       | 4                     | 88,523.       |                   | 487,773.                                         |
| 2   | Provide the estimated percentage of the curr      | rent vear end balanc                  | e (line 1a. column (a   | ı)) heid as:   | <u> </u>     |                       |               |                   |                                                  |
| a   | Board designated or quasi-endowment               | ,                                     | %                       | -,,            |              |                       |               |                   |                                                  |
| b   | Permanent endowment ▶ 100.00                      | %                                     | <b>-</b> '              |                |              |                       |               |                   |                                                  |
| c   | Temporarily restricted endowment ▶                | %                                     |                         |                |              |                       |               |                   |                                                  |
| •   | The percentages in lines 2a, 2b, and 2c should    |                                       |                         |                |              |                       |               |                   |                                                  |
| 3a  | Are there endowment funds not in the posse        |                                       | ation that are held a   | nd administe   | red for the  | e organiz             | ation         |                   |                                                  |
|     | by:                                               |                                       |                         |                |              | ga                    |               | [·                | Yes No                                           |
|     | (i) unrelated organizations                       |                                       |                         |                |              |                       |               | 3a(i)             | X                                                |
|     | (ii) related organizations                        |                                       |                         |                |              |                       |               | 3a(ii)            | X                                                |
| b   | If "Yes" to 3a(ii), are the related organizations | s listed as required o                | n Schedule R?           |                |              |                       |               | 3b                | <del>                                     </del> |
| 4   | Describe in Part XIII the intended uses of the    | •                                     |                         |                |              |                       |               | <u> </u>          |                                                  |
| Par |                                                   |                                       |                         |                |              |                       |               |                   |                                                  |
|     | Description of property                           | (a) Cost or of                        | <del></del>             | or other       | (c) Acc      | umulate               | d             | (d) Book          | value                                            |
|     |                                                   | basis (investm                        |                         | (other)        |              | eciation              | _             | , 2, 2001         | . 3.00                                           |
| 1a  | Land                                              | , , ,                                 | , , , , , ,             | - '            | Is.          |                       |               |                   |                                                  |
| -   | Buildings                                         | · · · · · · · · · · · · · · · · · · · |                         |                |              | _                     |               |                   |                                                  |
| c   | Leasehold improvements                            |                                       | 3                       | 8,740.         |              | 37,79                 | 2.            | -                 | 948.                                             |
| d   | Equipment                                         |                                       |                         | 1,034.         |              | 45,15                 |               | 235               | 7,876.                                           |
|     | Other                                             |                                       |                         | 2,298.         |              | $\frac{10,12}{42,29}$ |               |                   | 0.                                               |
|     | Add lines 1a through 1e (Column (d) must e        | gual Form 990 Part                    |                         |                |              | ,                     |               | 236               | 824.                                             |

Schedule D (Form 990) 2012

232053 12-10-12

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

| Sche    | edule D (Form 990) 2012 AMERICAN ASTRONOMICAL SOCIETY                                                                                                                                  | 21-           | 0735173            | Page 4   |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------|----------|
| Pa      | rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F                                                                                                    | letur         |                    |          |
| 1       | Total revenue, gains, and other support per audited financial statements                                                                                                               | 1             | 13,516,            | 903.     |
| 2       | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                                                                                                    |               |                    |          |
| а       | Net unrealized gains on investments 2a 935, 191.                                                                                                                                       | .]            |                    |          |
| b       | Donated services and use of facilities 2b                                                                                                                                              | ]             |                    |          |
| С       | Recoveries of prior year grants 2c                                                                                                                                                     | 1             | ı                  |          |
| d       | Other (Describe in Part XIII.)                                                                                                                                                         | 1             |                    |          |
| е       | Add lines 2a through 2d                                                                                                                                                                | 2e            | 935,               | 191.     |
| 3       | Subtract line 2e from line 1                                                                                                                                                           | 3             | 12,581,            | 712.     |
| 4       | Amounts included on Form 990, Part VIII, line 12, but not on line 1                                                                                                                    |               |                    |          |
| а       | Investment expenses not included on Form 990, Part VIII, line 7b                                                                                                                       |               |                    |          |
| þ       | Other (Describe in Part XIII.)                                                                                                                                                         | 1 /           |                    |          |
| С       | Add lines 4a and 4b                                                                                                                                                                    | 4c            |                    | 0.       |
| 5       | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)                                                                                                        | 5             | 12,581,            | 712.     |
|         | rt XII   Reconciliation of Expenses per Audited Financial Statements With Expenses per                                                                                                 |               |                    |          |
| 1       | Total expenses and losses per audited financial statements                                                                                                                             | 1             | 10,746,            | 059.     |
| 2       | Amounts included on line 1 but not on Form 990, Part IX, line 25:                                                                                                                      |               |                    |          |
| а       | Donated services and use of facilities 2a                                                                                                                                              |               |                    |          |
| b       | Prior year adjustments 2b                                                                                                                                                              | 1             |                    |          |
| C       | Other losses 2c                                                                                                                                                                        | 1             |                    |          |
| d       | Other (Describe in Part XIII.)                                                                                                                                                         | 1 1           |                    |          |
| e       | Add lines 2a through 2d                                                                                                                                                                | <sub>2e</sub> |                    | 0.       |
| 3       | Subtract line 2e from line 1                                                                                                                                                           | 3             | 10,746,            | 059.     |
| 4       | Amounts included on Form 990, Part IX, line 25, but not on line 1:                                                                                                                     | ٣             |                    |          |
| ·<br>a  | Investment expenses not included on Form 990, Part VIII, line 7b                                                                                                                       |               |                    |          |
| b       | Other (Describe in Part XIII.)                                                                                                                                                         | 1 1           |                    |          |
|         | Add lines 4a and 4b                                                                                                                                                                    | 4c            |                    | 0.       |
| 5       | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)                                                                                                        | 5             | 10,746,            |          |
|         | rt XIII] Supplemental Information                                                                                                                                                      |               | 10,710,            | 033.     |
|         | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1                                                        | b and '       | 2b: Part V. line / | 1: Part  |
| X, line | e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional informat<br>RT V, LINE 4: THE SOCIETY CLASSIFIES AS PERMANENTLY RESTRI | tion.         |                    | v, i ait |
|         |                                                                                                                                                                                        |               |                    |          |
| ASS     | SETS (A) THE ORIGINAL VALUE OF GIFTS DONATED TO THE PERMAN                                                                                                                             | ENT           | ENDOWME            | NT,      |
| (B)     | THE ORIGINAL VALUE OF SUBSEQUENT GIFTS TO THE PERMANENT                                                                                                                                | END           | OWMENT,            | AND      |
| (C)     | ACCUMULATIONS TO THE PERMANENT ENDOWMENT MADE IN ACCORDA                                                                                                                               | NCE           | WITH TH            | E        |
| DIF     | RECTION OF THE APPLICABLE DONOR GIFT INSTRUMENT AT THE TIM                                                                                                                             | E T           | нЕ                 |          |
| ACC     | CUMULATION IS ADDED TO THE FUND.                                                                                                                                                       |               |                    |          |
|         |                                                                                                                                                                                        |               |                    |          |
| THE     | DOLLAR AMOUNT ON PAGE 4, PART XI, LINE 4 REPRESENTS THE                                                                                                                                | MARI          | K TO MAR           | KET_     |
|         | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                  | Sched         | lule D (Form 99    | 10) 2012 |

#### SCHEDULE F (Form 990)

#### **Statement of Activities Outside the United States**

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

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection

| Name of the organization                                              |                       |                                         |                                                                          |                         | Employer identif                    | ication number                       |
|-----------------------------------------------------------------------|-----------------------|-----------------------------------------|--------------------------------------------------------------------------|-------------------------|-------------------------------------|--------------------------------------|
| AMERICAN ASTRON                                                       | OMICAL S              | OCIETY                                  |                                                                          |                         | 21-073517                           | <b>'</b> 3                           |
|                                                                       |                       |                                         | tside the United States. Compl                                           | ete if the organ        |                                     |                                      |
| to Form 990, Par                                                      |                       |                                         |                                                                          |                         |                                     |                                      |
| 1 For grantmakers. Does                                               | the organization      | n maintain recor                        | ds to substantiate the amount of its gr                                  | ants and other          | assistance,                         |                                      |
| the grantees' eligibility f                                           | or the grants or a    | assistance, and                         | the selection criteria used to award the                                 | e grants or ass         | stance?                             | Yes No                               |
|                                                                       | B                     |                                         |                                                                          |                         |                                     |                                      |
| <ol><li>For grantmakers. Description</li><li>United States.</li></ol> | nbe in Part V the     | e organization's                        | procedures for monitoring the use of it                                  | s grants and o          | ther assistance out                 | side the                             |
| •                                                                     | he following Part     | t I. line 3 table ca                    | an be duplicated if additional space is                                  | needed.)                |                                     |                                      |
| (a) Region                                                            | (b) Number of offices | (c) Number of employees, agents, and    | (d) Activities conducted in region (by type) (e.g., fundraising, program | (e) if activise a pro-  | vity listed in (d)<br>gram service, | (f) Total<br>expenditures<br>for and |
|                                                                       | in the region         | independent<br>contractors<br>in region | services, investments, grants to recipients located in the region)       |                         | e specific type<br>ce(s) in region  | investments<br>in region             |
| EUROPE (INCLUDING                                                     |                       |                                         |                                                                          |                         |                                     |                                      |
| ICELAND & GREENLAND)                                                  |                       |                                         |                                                                          | <br>EDITORIAL -         | SCIENTIFIC                          |                                      |
| -                                                                     | o                     | 0                                       | GRANT                                                                    | JOURNALS                |                                     | 30,000.                              |
|                                                                       |                       |                                         |                                                                          |                         |                                     |                                      |
|                                                                       |                       |                                         |                                                                          |                         |                                     |                                      |
| MIDDLE EAST AND<br>NORTH AFRICA -                                     |                       | 0                                       | GRANT                                                                    | EDITORIAL -<br>JOURNALS | SCIENTIFIC                          | 10 500                               |
| NORTH AFRICA -                                                        | -                     |                                         | BRANT                                                                    | DOURNALS                | <del></del>                         | 10,500.                              |
|                                                                       |                       |                                         |                                                                          | 1                       |                                     |                                      |
| EUROPE (INCLUDING                                                     |                       |                                         |                                                                          |                         |                                     |                                      |
| ICELAND & GREENLAND)                                                  | 0                     | 0                                       | GRANT                                                                    | CHRETIEN RE             | SEARCH GRANT                        | 8,500.                               |
|                                                                       |                       |                                         |                                                                          |                         |                                     |                                      |
|                                                                       |                       |                                         |                                                                          | İ                       |                                     |                                      |
|                                                                       |                       |                                         |                                                                          |                         |                                     |                                      |
|                                                                       |                       |                                         |                                                                          |                         |                                     |                                      |
|                                                                       |                       |                                         |                                                                          |                         |                                     |                                      |
|                                                                       |                       |                                         |                                                                          |                         |                                     |                                      |
|                                                                       | _                     |                                         |                                                                          |                         | <del></del>                         |                                      |
|                                                                       |                       |                                         |                                                                          |                         |                                     |                                      |
|                                                                       |                       |                                         |                                                                          |                         |                                     |                                      |
|                                                                       |                       |                                         |                                                                          |                         |                                     |                                      |
|                                                                       |                       |                                         |                                                                          |                         |                                     |                                      |
|                                                                       |                       |                                         |                                                                          |                         |                                     |                                      |
|                                                                       |                       |                                         |                                                                          |                         |                                     | ļ                                    |
|                                                                       |                       |                                         |                                                                          |                         |                                     |                                      |
|                                                                       |                       |                                         |                                                                          |                         |                                     |                                      |
|                                                                       |                       |                                         |                                                                          |                         |                                     |                                      |
| O - Out total                                                         | 0                     | 0                                       |                                                                          |                         |                                     | 40.000                               |
| 3 a Sub-total  b Total from continuation                              | <del>-</del>          |                                         |                                                                          |                         |                                     | 49,000.                              |
| sheets to Part I                                                      | 0                     | 0                                       |                                                                          |                         |                                     | 0.                                   |
| c Totals (add lines 3a                                                |                       |                                         |                                                                          |                         |                                     |                                      |
|                                                                       | ا ا                   |                                         |                                                                          |                         |                                     |                                      |

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

Schedule F (Form 990) 2012

Schedule F (Form 990) 2012 AME

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

| od of<br>ook, FMV,<br>, other)                        |  |  |  |  |                                                                                                                                                                                                                                                                                                        | 190) 2012                  |
|-------------------------------------------------------|--|--|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| (i) Method of valuation (book, FMV, appraisal, other) |  |  |  |  |                                                                                                                                                                                                                                                                                                        | Schedule F (Form 990) 2012 |
| (h) Description of non-cash assistance                |  |  |  |  |                                                                                                                                                                                                                                                                                                        | Schedu                     |
| (g) Amount of non-cash assistance                     |  |  |  |  | xempt by ▶                                                                                                                                                                                                                                                                                             |                            |
| (f) Manner of<br>cash disbursement                    |  |  |  |  | recognized as tax-e                                                                                                                                                                                                                                                                                    |                            |
| (e) Amount of cash grant                              |  |  |  |  | foreign country,                                                                                                                                                                                                                                                                                       |                            |
| (d) Purpose of grant                                  |  |  |  |  | Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities |                            |
| (c) Region                                            |  |  |  |  | is listed above that are r<br>I has provided a section<br>r entities                                                                                                                                                                                                                                   |                            |
| (b) IRS code section<br>and EIN (if applicable)       |  |  |  |  | Enter total number of recipient organizations listed a<br>the IRS, or for which the grantee or counsel has pro<br>Enter total number of other organizations or entities                                                                                                                                |                            |
| 1<br>(a) Name of organization                         |  |  |  |  | <ul><li>2 Enter total number of the IRS, or for which the IRS or for which the IRS of the Inter total number of</li></ul>                                                                                                                                                                              |                            |

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Page 3

AMERICAN ASTRONOMICAL SOCIETY

Schedule F (Form 990) 2012 AMERICAN ASTRONOMICAL SOCIETY 21-0735173

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

Part III can be duplicated if additional space is needed

| rait iii can be urplicated ii additona space is needed | additional space is neede   | c) Number of | (d) Amount of  |                   | (f) Amount of          | fo Containment      | (h) Mothod of                 |
|--------------------------------------------------------|-----------------------------|--------------|----------------|-------------------|------------------------|---------------------|-------------------------------|
| (a) Type of grant or assistance                        | (b) Region                  | recipients   | cash grant     | cash disbursement | non-cash<br>assistance | non-cash assistance | (book, FMV, appraisal, other) |
| EDITORIAL - SCIENTIFIC                                 | ECO (11.10)                 | c            | c              | 2200110           | c                      |                     |                               |
| COORNALD                                               | EURUFE                      | 2            | 30, 000. CHECK | CHECK             | 0                      |                     |                               |
| EDITORIAL - SCIENTIFIC                                 | MIDDLE EAST AND             |              |                |                   |                        |                     |                               |
| JOURNALS                                               | NORTH AFRICA                | 1            | 10,500.CHECK   | снвск             | 0.                     |                     |                               |
|                                                        | EUROPE (INCLUDING ICELAND & | •            | c<br>L         |                   |                        |                     |                               |
| CHRETIEN RESEARCH GRANT                                | GREENLAND)                  | <b>-</b>     | 8,500.CHECK    | CHECK             | 0.0                    |                     |                               |
|                                                        |                             |              |                |                   | _                      | ·                   |                               |
|                                                        |                             |              |                |                   |                        |                     |                               |
|                                                        |                             |              |                |                   |                        |                     |                               |
|                                                        |                             |              |                |                   |                        |                     |                               |
|                                                        |                             |              |                |                   |                        |                     |                               |
|                                                        |                             |              |                |                   |                        |                     |                               |
|                                                        |                             |              |                |                   |                        | Schedu              | Schedule F (Form 990) 2012    |

| Part | IV                   | Foreign Forms                                                                                                                                                                                                                                                                                                                                              |              | 1 ugo 1     |
|------|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------|
| 1    | orga                 | s the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the anization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign poration (see Instructions for Form 926)                                                                                                     | Yes          | X No        |
| 2    | may<br>Rec           | the organization have an interest in a foreign trust during the tax year? If "Yes," the organization be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and eight of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With S. Owner (see Instructions for Forms 3520 and 3520-A) | . Yes        | X No        |
| 3    | the d                | the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To tail Foreign Corporations. (see Instructions for Form 5471)                                                                                         | Yes          | X No        |
| 4    | qual<br><i>Infoi</i> | the organization a direct or indirect shareholder of a passive foreign investment company or a lified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, remation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. Instructions for Form 8621)                    | ☐ Yes        | X No        |
| 5    | the c                | the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain eign Partnerships. (see Instructions for Form 8865)                                                                                                     | Yes          | X No        |
| 6    | "Yes                 | the organization have any operations in or related to any boycotting countries during the tax year? If it," the organization may be required to file Form 5713, International Boycott Report. (see Instructions Form 5713)                                                                                                                                 | Yes          | X No        |
|      |                      | Sch                                                                                                                                                                                                                                                                                                                                                        | edule F (For | m 990) 2012 |

232074 12-10-12

Employer identification number 21-0735173 Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. (f) Method of Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. (d) Amount of cash grant AMERICAN ASTRONOMICAL SOCIETY (c) IRC section if applicable General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE 1 (Form 990) Part I Part II

å [

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

Schedule I (Form 990) (2012)

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

AMERICAN ASTRONOMICAL SOCIETY Schedule I (Form 990) (2012)

Page 2

21-0735173

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

Part III

(f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information (e) Method of valuation (book, FMV, appraisal, other) THE RECIPIENTS FILE A FINAL REPORT ON THE USE OF ONCE THE TRAVEL WE COLLECT ACKNOWLEDGEMENTS AND ALL ORIGINAL INCLUDING ALL SCHEDULE I, PART I, LINE 2: THERE ARE TWO MAIN TYPES OF GRANTS: THE (d) Amount of non-cash assistance ٥. ö ö °. INTERNATIONAL TRAVEL GRANT AND THE SMALL RESEARCH GRANT. THE RESEARCH THAT WAS AIDED BY THE FUNDS, 93,754. 264,363, 55,346, 22,100, 4 332 (c) Amount of cash grant (b) Number of recipients 28 35 173 THE GRANT EXPENSES DOCUMENTATION OF EXPENSES. (a) Type of grant or assistance AND RESEARCH IS COMPLETE, INTERNATIONAL TRAVEL GRANTS SMALL RESEARCH GRANTS STUDENT TRAVEL GRANTS THE FUNDS AND RECEIPTS FOR CHILDCARE GRANTS JOURNAL GRANTS Part IV

THE AAS PROVIDES STUDENT TRAVEL GRANTS TO ATTEND MEETINGS; ALL RECEIPTS ARE

ENABLE MEMBERS TO WE ALSO PROVIDE SMALL CHILDCARE GRANTS TO 36 SUPPLIED.

232102 12-18-12

| ICAL SOCIETY 21-0735173 Page 2                    | Number of cash grant cash assistance as grant cash assistance appraisal, other)  (c) Amount of (d) Amount of non-cash assistance appraisal, other) | 1. 8,500. 0.            |  |  |  |
|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--|--|--|
|                                                   |                                                                                                                                                    | 0.                      |  |  |  |
| i i                                               | (d) Amount of no                                                                                                                                   |                         |  |  |  |
| CIETY                                             | (c) Amount of cash grant                                                                                                                           | 8,500.                  |  |  |  |
| OMICAL SC                                         | (b) Number of recipients                                                                                                                           | 1.                      |  |  |  |
| Schedule (Form 990) AMERICAN ASTRONOMICAL SOCIETY | (a) Type of grant or assistance conditioners (cash grant or assistance recipients cash grant or assistance conditions.                             | CHRETIEN RESEARCH GRANT |  |  |  |

Schedule I (Form 990)

#### SCHEDULE J (Form 990)

## **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Ves" to Form 990

➤ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

**Questions Regarding Compensation** 

Department of the Treasury

Internal Revenue Service

AMERICAN ASTRONOMICAL SOCIETY

Employer identification number 21-0735173

|    |                                                                                                                            |    | Yes | No       |
|----|----------------------------------------------------------------------------------------------------------------------------|----|-----|----------|
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,     |    |     |          |
|    | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.                 |    |     | Ι ΄      |
|    | First-class or charter travel                                                                                              |    |     | l '      |
|    | Travel for companions Payments for business use of personal residence                                                      |    |     |          |
|    | Tax indemnification and gross-up payments Health or social club dues or initiation fees                                    |    |     | 1 ;      |
|    | Discretionary spending account Personal services (e.g., maid, chauffeur, chef)                                             |    |     |          |
|    |                                                                                                                            |    |     | ; ا      |
| 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                   | 1b |     |          |
| 2  | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, |    |     |          |
|    | trustees, and the CEO/Executive Director, regarding the items checked in line 1a?                                          | 2  |     |          |
|    |                                                                                                                            |    |     |          |
| 3  | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's  |    |     | i        |
|    | 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.                                             |    |     | '        |
|    | X Compensation committee X Written employment contract                                                                     |    |     |          |
|    | Independent compensation consultant  Compensation survey or study                                                          |    |     | ,        |
|    | Form 990 of other organizations  X Approval by the board or compensation committee                                         |    |     | ĺ '      |
|    |                                                                                                                            |    |     | 1        |
| 4  | During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing               |    |     | ,        |
|    | organization or a related organization:                                                                                    |    |     |          |
| а  | Receive a severance payment or change-of-control payment?                                                                  | 4a |     | X        |
| b  | Participate in, or receive payment from, a supplemental nonqualified retirement plan?                                      | 4b |     | Х        |
| C  | Participate in, or receive payment from, an equity-based compensation arrangement?                                         | 4c |     | Х        |
|    | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.              |    |     | !        |
|    |                                                                                                                            |    |     | į '      |
|    | Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.                                                |    |     |          |
| 5  | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation          |    |     |          |
|    | contingent on the revenues of:                                                                                             |    |     | 1        |
| а  | The organization?                                                                                                          | 5a |     | X        |
| b  | Any related organization?                                                                                                  | 5b |     | X        |
|    | If "Yes" to line 5a or 5b, describe in Part III.                                                                           |    |     |          |
| 6  | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation          |    |     |          |
|    | contingent on the net earnings of:                                                                                         |    | -   | i        |
| а  | The organization?                                                                                                          | 6a |     | X        |
| b  | Any related organization?                                                                                                  | 6b |     | X        |
|    | If "Yes" to line 6a or 6b, describe in Part III.                                                                           |    | -   |          |
| 7  | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments          |    |     |          |
|    | not described in lines 5 and 6? If "Yes," describe in Part III                                                             | 7  |     | <u>X</u> |
| 8  | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the            |    |     |          |
|    | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III                | 8  |     | X        |
| 9  | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in                     |    |     | İ        |
|    | Regulations section 53.4958-6(c)?                                                                                          | 9_ |     |          |

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Schedule J (Form 990) 2012

Page 2

AMERICAN ASTRONOMICAL SOCIETY

Schedule J (Form 990) 2012

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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.

|                         | Γ        | (B) Breakdown of W       |                                     | -2 and/or 1099-MISC compensation    | (C) Retirement and             |          | (E) Total of columns | (F) Compensation                          |
|-------------------------|----------|--------------------------|-------------------------------------|-------------------------------------|--------------------------------|----------|----------------------|-------------------------------------------|
| (A) Name and Title      |          | (i) Base<br>compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred<br>compensation | benefits | (a)·(b)(a)           | reported as deferred<br>in prior Form 990 |
| KEVIN B. MARVEL         | 6        | 293,501.                 | 0                                   | 0                                   | 26.400.                        | 18.073.  | 337 974              |                                           |
| EXECUTIVE OFFICER       | <b>E</b> | 0                        |                                     | 0                                   | 0                              | 0        | 0                    | 0                                         |
| KELLY E, CLARK          | Ξ        | 131,476.                 | 4,85                                |                                     | 13,293.                        | 8,562.   | 158,18               | 0                                         |
| CHIEF FINANCIAL OFFICER | €        | 0                        | 0                                   | 0                                   |                                | 0        | 0                    | 0                                         |
|                         | Ξ        |                          |                                     |                                     |                                |          |                      |                                           |
|                         | (ii)     |                          |                                     |                                     |                                |          |                      |                                           |
|                         | Θ        |                          |                                     |                                     |                                |          |                      |                                           |
|                         | (III)    |                          |                                     |                                     |                                |          |                      |                                           |
|                         | (u)      |                          |                                     |                                     |                                |          |                      |                                           |
|                         | (iii)    |                          |                                     |                                     |                                |          |                      |                                           |
|                         | Θ        |                          |                                     |                                     |                                |          |                      |                                           |
|                         | €        |                          |                                     |                                     |                                |          |                      |                                           |
|                         | Ξ        |                          |                                     |                                     |                                |          |                      |                                           |
|                         | (ii)     |                          |                                     |                                     |                                |          |                      |                                           |
|                         | Θ        |                          |                                     |                                     |                                |          |                      |                                           |
|                         | (ii)     |                          |                                     |                                     |                                |          |                      |                                           |
|                         | (i)      |                          |                                     |                                     |                                |          |                      |                                           |
|                         | ⊞        |                          |                                     |                                     |                                |          |                      |                                           |
|                         | Ξ        |                          |                                     |                                     |                                |          |                      |                                           |
|                         | ▣        |                          |                                     |                                     |                                |          |                      |                                           |
|                         | Ξ        |                          |                                     |                                     |                                |          |                      |                                           |
|                         | ▣        |                          |                                     |                                     |                                |          |                      |                                           |
|                         | Ξ        |                          |                                     |                                     |                                |          |                      |                                           |
|                         | ▣        |                          |                                     |                                     |                                |          |                      |                                           |
|                         | ε        |                          |                                     |                                     |                                |          |                      |                                           |
|                         | ₿        |                          |                                     |                                     |                                |          |                      |                                           |
|                         | Ξ        |                          |                                     |                                     |                                |          |                      |                                           |
|                         | ▣        |                          |                                     |                                     |                                |          |                      |                                           |
|                         | Ξ        |                          |                                     |                                     |                                |          |                      |                                           |
|                         | ≘        |                          |                                     |                                     |                                |          |                      |                                           |
|                         | Ξ        |                          |                                     |                                     |                                |          |                      |                                           |
|                         | ▣        |                          |                                     |                                     |                                |          |                      |                                           |

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Schedule J (Form 990) 2012

#### **SCHEDULE L**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

2012

Open To Public Inspection

|                                       |                      |                      |                                                      |        |                  |                                         |                                     |                      |        |               |              | ispeci                                         |          |              |
|---------------------------------------|----------------------|----------------------|------------------------------------------------------|--------|------------------|-----------------------------------------|-------------------------------------|----------------------|--------|---------------|--------------|------------------------------------------------|----------|--------------|
| Name of the organization              |                      | _                    |                                                      |        |                  |                                         |                                     |                      |        |               | r ident      |                                                | ion nu   | ımber        |
| Barrier Barrier                       |                      |                      | ASTRONOM                                             |        |                  |                                         |                                     |                      | 21     | -07           | <u> 351</u>  | <u>.73                                    </u> |          |              |
|                                       |                      |                      | •                                                    | . , ,  | •                | section 501(c)(4) org                   | •                                   | • •                  |        |               |              |                                                |          |              |
|                                       | ne organization      |                      |                                                      |        |                  | art IV, line 25a or 25                  | b, o                                | r Form 990-EZ, P     | art V, | line 40       | <u>)b</u>    |                                                |          |              |
| (a) Name of disqualifie               | ed person            | <b>(b)</b> R         | elationship bet                                      |        |                  | lified (                                | c) D                                | escription of tran   | sactio | on            |              |                                                |          | cted?        |
|                                       |                      |                      | person and or                                        | rganız | ation            | ``                                      |                                     |                      |        |               |              | _ <u>Y</u>                                     | es       | No           |
|                                       |                      |                      |                                                      |        |                  |                                         |                                     |                      |        |               |              |                                                |          |              |
|                                       |                      |                      |                                                      |        |                  |                                         |                                     |                      |        |               |              |                                                |          |              |
|                                       | <del></del>          |                      |                                                      |        |                  | <del></del>                             |                                     | <del></del>          |        |               |              | +                                              | $\dashv$ |              |
|                                       |                      |                      |                                                      |        |                  |                                         |                                     | <del></del>          |        |               |              | +                                              |          |              |
|                                       |                      | -                    |                                                      |        |                  |                                         |                                     | <del></del>          |        |               |              | +                                              | _        |              |
| 2 Enter the amount of ta              | ay incligred by      | the or               | rannization man                                      | agore  | or dis           | gualified persons du                    | ınna                                | the year under       |        |               |              |                                                |          |              |
| section 4958                          | ax incurred by       | LI I <del>O</del> OI | yanızatıon man                                       | ayers  | oi uisi          | quaimed persons ou                      | iririy                              | i trie year under    |        |               |              |                                                |          |              |
| 3 Enter the amount of ta              | ay if any on lin     | ъ 2 a                | ibove reimburs                                       | ed by  | the or           | ganization                              |                                     |                      |        | <b>▶</b> \$   |              |                                                |          |              |
| • Lines amount of the                 | ax, ii aiiy, oii iii | 10 Z, a              | ibove, reimburs                                      | ica by | 1110 01          | gariization                             |                                     |                      |        | ΨΨ            |              |                                                |          | _            |
| Part II Loans to a                    | nd/or From           | Inte                 | erested Per                                          | sons   |                  |                                         |                                     |                      |        |               |              |                                                | _        |              |
| Complete if th                        | ne organization      | answ                 | ered "Yes" on i                                      | Form   | 990-EZ           | , Part V, line 38a or                   | For                                 | n 990. Part IV. lin  | e 26:  | or if th      | ne aras      | anızatı                                        | on       |              |
|                                       |                      |                      | Part X, line 5, 6                                    |        |                  | , , , , , , , , , , , , , , , , , , , , |                                     |                      | ,      | •             |              |                                                | •••      |              |
| (a) Name of                           | (b) Relation         |                      | (c) Purpose                                          | (d) La | oan to or        | (e) Onginal                             | (1                                  | f) Balance due       | (g)    | ıln           | (h) Ap       | proved<br>ard or                               | (i) W    | ritten       |
| interested person organi              |                      |                      |                                                      |        | n the<br>zation? | principal amount                        | ``                                  | .,                   |        | ult?          | committee?   |                                                | agree    | ment?        |
|                                       |                      |                      |                                                      | То     | From             |                                         |                                     |                      | Yes    | No            | Yes          | No                                             | Yes      | No           |
|                                       |                      |                      |                                                      |        |                  |                                         |                                     |                      |        |               |              |                                                |          |              |
|                                       |                      |                      |                                                      |        |                  |                                         |                                     |                      |        |               |              |                                                |          |              |
| · · · · · · · · · · · · · · · · · · · |                      |                      |                                                      |        |                  |                                         |                                     |                      |        |               |              |                                                |          |              |
| · · · · · ·                           |                      |                      | <u> </u>                                             |        |                  |                                         |                                     |                      |        |               |              |                                                |          |              |
|                                       |                      |                      |                                                      |        | ļ.,,             |                                         |                                     |                      |        |               |              |                                                |          |              |
|                                       |                      |                      |                                                      |        |                  |                                         | $ldsymbol{ldsymbol{ldsymbol{eta}}}$ |                      |        |               |              |                                                |          |              |
|                                       |                      |                      |                                                      |        |                  |                                         | <u> </u>                            |                      |        |               |              |                                                |          | <u> </u>     |
|                                       |                      | _                    |                                                      |        |                  |                                         | L                                   | _                    |        |               |              | <u> </u>                                       | ļ        |              |
| <del></del>                           |                      | _                    |                                                      |        |                  |                                         | ┖                                   |                      |        |               | $oxed{oxed}$ | <u> </u>                                       |          |              |
|                                       |                      |                      |                                                      |        |                  |                                         | ]                                   |                      |        |               |              |                                                | ļ        | L.           |
| Total Part III   Grants or /          | Assistance           | Don                  | efiting Inter                                        | ooto   | d Da             | <u> </u>                                |                                     |                      |        |               |              |                                                |          |              |
|                                       |                      |                      | _                                                    |        |                  |                                         |                                     |                      |        |               |              |                                                |          |              |
|                                       |                      | T                    | ered "Yes" on i                                      |        |                  |                                         |                                     | 1 /8-                |        |               |              |                                                |          | <del></del>  |
| (a) Name of intereste                 | ea person            |                      | <ul> <li>Relationship<br/>interested pers</li> </ul> |        |                  | (c) Amount of assistance                |                                     | (d) Type<br>assistan |        | 1             |              | ) Purpa<br>assista                             |          |              |
|                                       |                      | i '                  | the organiza                                         |        | iu               |                                         |                                     |                      |        | Ī             |              |                                                |          |              |
| RICHARD FIENBI                        | ERG                  | STZ                  | AFF SCIE                                             | איזי ז | ST               | 1 74                                    | 7.                                  | GRANT                |        | ┰             | RAV          | EI.                                            | ACC      | <b>T द</b> क |
| BRUCE ELMEGRE                         |                      |                      | LATIVE O                                             |        |                  |                                         |                                     | GRANT                |        |               | RAV          |                                                |          |              |
|                                       |                      |                      |                                                      |        |                  |                                         | <del>.</del>                        |                      |        | +             | <u> </u>     |                                                | 1100     | <u> </u>     |
|                                       | -                    | $\vdash$             |                                                      |        |                  | · · · · ·                               |                                     |                      |        | $\dashv$      |              |                                                |          |              |
|                                       |                      | $\vdash$             |                                                      |        |                  |                                         |                                     |                      |        | $\dashv$      |              |                                                |          |              |
|                                       |                      | $\vdash$             |                                                      |        |                  |                                         |                                     | 1                    |        |               |              |                                                |          |              |
|                                       |                      |                      |                                                      |        |                  | -                                       |                                     |                      |        |               |              |                                                |          |              |
|                                       |                      |                      |                                                      |        |                  |                                         |                                     |                      |        | 一十            |              |                                                |          |              |
|                                       |                      |                      |                                                      |        |                  |                                         |                                     |                      |        | $\neg \vdash$ |              |                                                |          |              |

SEE PART V FOR CONTINUATIONS

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

Schedule L (Form 990 or 990-EZ) 2012

|            | (a) Name of interested person | "Yes" on Form 990, Part IV, line 28a, 2<br>(b) Relationship between interested<br>person and the organization | (c) Amount of transaction | (d) Description of transaction | organi | aring of<br>zation's |
|------------|-------------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------|--------|----------------------|
|            |                               |                                                                                                               |                           |                                | Yes    | nues?                |
|            |                               |                                                                                                               |                           |                                | +      |                      |
|            |                               |                                                                                                               |                           |                                |        |                      |
|            | <u> </u>                      |                                                                                                               | <u>.</u>                  |                                | -      |                      |
|            |                               |                                                                                                               |                           |                                | -      | <u> </u>             |
|            |                               |                                                                                                               | -                         |                                |        |                      |
|            |                               |                                                                                                               |                           |                                | -      | -                    |
| Par        | ···                           | al information for responses to question                                                                      | s on Schedule L (see      | instructions).                 |        |                      |
| SCH        | L, PART III, GRANTS OF        | ASSISTANCE BENEFIT                                                                                            | TING INTERE               | STED PERSON                    | 1S :   |                      |
| <u>(A)</u> | NAME OF PERSON: RICHAR        | D FIENBERG                                                                                                    | ,                         |                                |        |                      |
| (B)        | RELATIONSHIP BETWEEN I        | NTERESTED PERSON AND                                                                                          | D ORGANIZAT               | 'ION:                          |        |                      |
| STA        | FF SCIENTIST OF AAS           |                                                                                                               |                           |                                |        |                      |
| (C)        | AMOUNT OF GRANT \$ 1,7        | 47.                                                                                                           |                           |                                |        |                      |
| (D)        | TYPE OF ASSISTANCE: GR        | ANT                                                                                                           |                           |                                |        |                      |
| (E)        | PURPOSE OF ASSISTANCE:        | TRAVEL ASSISTANCE                                                                                             |                           |                                |        |                      |
|            |                               |                                                                                                               |                           | <u>-</u> .                     |        |                      |
| (A)        | NAME OF PERSON: BRUCE         | ELMEGREEN                                                                                                     |                           |                                |        |                      |
| (B)        | RELATIONSHIP BETWEEN I        | NTERESTED PERSON AND                                                                                          | D ORGANIZAT               | 'ION:                          |        |                      |
| REL        | ATIVE OF COUNCIL MEMBER       |                                                                                                               |                           |                                |        |                      |
| (C)        | AMOUNT OF GRANT \$ 1,8        | 56.                                                                                                           |                           |                                |        | _                    |
| (D)        | TYPE OF ASSISTANCE: GR        | ANT                                                                                                           |                           |                                |        |                      |
| (E)        | PURPOSE OF ASSISTANCE:        | TRAVEL ASSISTANCE                                                                                             |                           |                                |        |                      |
|            |                               |                                                                                                               |                           |                                |        |                      |
|            |                               |                                                                                                               |                           |                                |        |                      |
|            |                               |                                                                                                               |                           |                                |        |                      |
|            |                               |                                                                                                               | <del></del>               | <u></u> .                      |        |                      |
|            |                               |                                                                                                               |                           |                                |        |                      |
|            |                               |                                                                                                               |                           |                                |        |                      |

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

AMERICAN ASTRONOMICAL SOCIETY

Employer identification number 21-0735173

| FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:        |
|-------------------------------------------------------------------------|
| 7,000) ALSO INCLUDES PHYSICISTS, MATHEMATICIANS, GEOLOGISTS, ENGINEERS  |
| AND OTHERS WHOSE RESEARCH INTERESTS LIE WITHIN THE BROAD SPECTRUM OF    |
| SUBJECTS NOW COMPRISING CONTEMPORARY ASTRONOMY.                         |
|                                                                         |
| FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:                       |
| STRATEGIC INITIATIVES: IN 2012, THE SOCIETY EMBARKED ON THREE STRATEGIC |
| INITIATIVES THAT REVAMPED THE WEBSITE, INSITUTED AN ASTRONOMY           |
| AMBASSADORS PROGRAM, AND INCREASED LOBBYING EFFORTS FOR THE DECADAL     |
| SURVEY.                                                                 |
|                                                                         |
| FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:                    |
| MEMBERSHIP SERVICES:                                                    |
| MAINTAIN MEMBERSHIP RECORDS AND PUBLISH NEWSLETTERS, DIRECTORIES AND AN |
| ANNUAL CALENDAR.                                                        |
| EXPENSES \$ 264,461. INCLUDING GRANTS OF \$ 0. REVENUE \$ 999,618.      |
|                                                                         |
| EDUCATION AND OUTREACH: THE SOCIETY PROMOTES BROAD INTEREST IN          |
| ASTRONOMY, WHICH ENHANCES SCIENCE LITERACY AND LEADS MANY TO CAREERS IN |
| SCIENCE AND ENGINEERING.                                                |
| EXPENSES \$ 79,500. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.             |
| PUBLIC POLICY AND LOBBYING: THE SOCIETY ALSO WORKS WITH OTHER           |
| SCIENTIFIC AND EDUCATIONAL SOCIETIES TO PROMOTE THE ADVANCEMENT OF      |
| SCIENCE.                                                                |
| EXPENSES \$ 135,568. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,950.        |

Schedule O (Form 990 or 990-EZ) (2012)

232211 01-04-13

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

SUPERVISORY EMPLOYEES ARE REVIEWED BY THE EXECUTIVE OFFICER AFTER ALL OTHER PERFORMANCE OF THE SUPERVISORS AND HIS/HER SUBORDINATE'S PERFORMANCE. BOTH THE EXECUTIVE OFFICER AND THE SUPERVISORY EMPLOYEE PREPARE WRITTEN PERFORMANCE REVIEWS, WHICH ARE SIGNED BY THE EMPLOYEE AND EXECUTIVE OFFICER.

THE EXECUTIVE OFFICER THEN ASSESSES THE PERFORMANCE OF THE EMPLOYEES AND 232212 01-04-13

#### Form **8868**

(Rev. January 2013)
Department of the Treasury
Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

| <ul><li>If you</li></ul>                                                                                         | are filing for an Automatic 3-Month Extension, comple                                             | te only Pa   | art I and check this box                |                                  |                       | <b>▶</b> L&L  |  |  |
|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------|-----------------------------------------|----------------------------------|-----------------------|---------------|--|--|
| • If you                                                                                                         | are filing for an Additional (Not Automatic) 3-Month Ex                                           | tension, d   | complete only Part II (on page 2 of     | this form).                      | •                     |               |  |  |
| -                                                                                                                | complete Part II unless you have already been granted                                             |              |                                         |                                  |                       |               |  |  |
|                                                                                                                  | nic filing (e-file). You can electronically file Form 8868 if y                                   |              |                                         |                                  |                       | poration      |  |  |
|                                                                                                                  | to file Form 990-T), or an additional (not automatic) 3-mo                                        |              |                                         |                                  |                       |               |  |  |
|                                                                                                                  | o file any of the forms listed in Part I or Part II with the ex-                                  |              | •                                       |                                  | •                     |               |  |  |
|                                                                                                                  | •                                                                                                 | •            |                                         |                                  |                       |               |  |  |
|                                                                                                                  | Il Benefit Contracts, which must be sent to the IRS in paper                                      |              | (see instructions). For more details of | on the ele                       | ctronic filing of thi | s torm,       |  |  |
|                                                                                                                  | w.irs.gov/efile and click on e-file for Charities & Nonprofits                                    |              |                                         | 1 15                             |                       |               |  |  |
| Part                                                                                                             |                                                                                                   |              |                                         |                                  |                       |               |  |  |
| A corpo                                                                                                          | ration required to file Form 990-T and requesting an autor                                        | natic 6-mo   | onth extension - check this box and o   | complete                         |                       |               |  |  |
| Part I or                                                                                                        | ıly                                                                                               |              |                                         |                                  |                       | ▶ ∟           |  |  |
|                                                                                                                  | corporations (including 1120-C filers), partnerships, REM                                         | IICs, and t  | trusts must use Form 7004 to reques     | t an exter                       | nsion of time         |               |  |  |
| to file ın                                                                                                       | come tax returns.                                                                                 |              |                                         |                                  |                       |               |  |  |
| Type or                                                                                                          | Name of exempt organization or other filer, see instru                                            | ctions.      |                                         | Employe                          | r identification nui  | nber (EIN) or |  |  |
| print                                                                                                            |                                                                                                   |              |                                         |                                  |                       |               |  |  |
|                                                                                                                  | AMERICAN ASTRONOMICAL SOCI                                                                        | ETY          |                                         |                                  | 21-07351              | .73           |  |  |
| File by the<br>due date fo                                                                                       | N                                                                                                 |              | tions.                                  | Social se                        | curity number (SS     |               |  |  |
| filing your                                                                                                      | 2000 FLORIDA AVENUE, NW                                                                           | -5           |                                         | Cociai security fidiniber (cort) |                       |               |  |  |
| return See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. |                                                                                                   |              |                                         |                                  |                       |               |  |  |
| ii isa action                                                                                                    | WASHINGTON, DC 20009                                                                              | oreign add   | aress, see instructions.                |                                  |                       |               |  |  |
|                                                                                                                  | WASHINGTON, DC 20003                                                                              |              | <del></del>                             |                                  |                       |               |  |  |
|                                                                                                                  |                                                                                                   |              |                                         |                                  |                       | [0]1]         |  |  |
| Enter th                                                                                                         | e Return code for the return that this application is for (file                                   | a separa     | ite application for each return)        |                                  |                       | 0 1           |  |  |
|                                                                                                                  |                                                                                                   |              | _                                       |                                  | ·                     |               |  |  |
| Application Return Application                                                                                   |                                                                                                   |              |                                         |                                  |                       |               |  |  |
| ls For Code Is For                                                                                               |                                                                                                   |              |                                         |                                  |                       |               |  |  |
| Form 99                                                                                                          | 0 or Form 990-EZ                                                                                  | 01           | Form 990-T (corporation)                |                                  |                       | 07            |  |  |
| Form 99                                                                                                          | 0-BL                                                                                              | 02           | Form 1041-A                             |                                  |                       | 08            |  |  |
| Form 47                                                                                                          | 20 (ındıvıdual)                                                                                   | 03           | Form 4720                               |                                  |                       | 09            |  |  |
| Form 99                                                                                                          | 0-PF                                                                                              | 04           | Form 5227                               |                                  |                       | 10            |  |  |
| Form 99                                                                                                          | 0-T (sec. 401(a) or 408(a) trust)                                                                 | 05           | Form 6069                               |                                  |                       | 11            |  |  |
|                                                                                                                  | 0-T (trust other than above)                                                                      | 06           | Form 8870                               |                                  |                       | 12            |  |  |
|                                                                                                                  |                                                                                                   |              | ORGE F. BENEDICT                        |                                  |                       | •             |  |  |
| • The h                                                                                                          | ooks are in the care of > 2000 FLORIDA AV                                                         |              |                                         | NGTON                            | DC 2000               | 9             |  |  |
|                                                                                                                  | hone No. ► 512-471-3448                                                                           |              | FAX No. >                               |                                  | ,                     |               |  |  |
|                                                                                                                  | organization does not have an office or place of business                                         | o in the Lir |                                         |                                  |                       |               |  |  |
|                                                                                                                  | is for a Group Return, enter the organization's four digit (                                      |              |                                         | f this is fo                     | r the whole group     | abaak thia    |  |  |
|                                                                                                                  |                                                                                                   |              |                                         |                                  |                       |               |  |  |
| box 🕨                                                                                                            | . If it is for part of the group, check this box                                                  |              |                                         |                                  | ers the extension     | is for.       |  |  |
| 1 Ir                                                                                                             | equest an automatic 3-month (6 months for a corporation $AUGUST\ 15$ , $2013$ , to file the exemp | -            |                                         |                                  | _                     |               |  |  |
|                                                                                                                  | <del></del> ·                                                                                     | t organiza   | tion return for the organization name   | ed above.                        | The extension         |               |  |  |
|                                                                                                                  | for the organization's return for:                                                                |              |                                         |                                  |                       |               |  |  |
| <b>&gt;</b>                                                                                                      | X calendar year 2012 or                                                                           |              |                                         |                                  |                       |               |  |  |
|                                                                                                                  | tax year beginning                                                                                | , an         | d ending                                |                                  | _ ·                   |               |  |  |
|                                                                                                                  |                                                                                                   |              |                                         |                                  |                       |               |  |  |
| 2 If                                                                                                             | the tax year entered in line 1 is for less than 12 months, c                                      | heck reas    | on: Initial return I I                  | Final retur                      | n                     |               |  |  |
| L                                                                                                                | Change in accounting period                                                                       |              |                                         |                                  |                       |               |  |  |
|                                                                                                                  |                                                                                                   |              |                                         |                                  |                       |               |  |  |
| 3a If                                                                                                            | this application is for Form 990-BL, 990-PF, 990-T, 4720, o                                       | or 6069, e   | nter the tentative tax, less any        |                                  |                       |               |  |  |
|                                                                                                                  | nrefundable credits. See instructions.                                                            |              | ,,                                      | 3a                               | \$                    | 0.            |  |  |
|                                                                                                                  | this application is for Form 990-PF, 990-T, 4720, or 6069,                                        | enter any    | refundable credits and                  | 1                                |                       |               |  |  |
|                                                                                                                  | timated tax payments made. Include any prior year overp                                           | -            |                                         | 3ь                               | s                     | 0.            |  |  |
| _                                                                                                                | slance due. Subtract line 3b from line 3a. Include your pa                                        |              |                                         | _   30                           |                       |               |  |  |
|                                                                                                                  |                                                                                                   | =            | · ·                                     | 2-                               |                       | 0.            |  |  |
|                                                                                                                  | using EFTPS (Electronic Federal Tax Payment System).                                              |              |                                         | 3c                               | [ <del>3</del>        |               |  |  |
| Caution                                                                                                          | . If you are going to make an electronic fund withdrawal v                                        | vito tois Fo | orm 8858, see Form 8453-EO and Fo       | <del>лт 8879∙</del>              | E∪ for payment in     | structions.   |  |  |

223841 01-21-13

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2013)