***** THIS IS NOT A FILEABLE COPY *****

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2014, or fiscal year beginning JUL 1 , 2014, and ending JUN 30

OMB No. 1545-1878

Department of the Treasury

▶ Do not send to the IRS. Keep for your records.

Internal Revenue Service	e Inform	nation about Forn	n 8879-EO and its	instructions is at www.irs.gov	//form8879eo.	
Name of exempt or	anization				Employer i	identification number
SOCIETY C	F BIBLICAL	LITERATU	RE		23-63	390716
Name and title of of						
JOHN KUTS						
	DIRECTOR					
Part I Ty	pe of Return an	d Return Info	rmation (Whole	Dollars Only)		
on line 1a, 2a, 3a	4a, or 5a, below, and cable, blank (do not e	the amount on th	nat line for the retur	enter the applicable amount, if n being filed with this form was e return, then enter -0- on the ap	blank, then leave I	line 1b , 2b , 3b , 4b , or 5b ,
1a Form 990 che	ck here X	b Total revenue	e. if any (Form 990.	Part VIII, column (A), line 12)	1b	3,516,203.
2a Form 990-EZ	·	b Total reve	enue. if any (Form !	990-EZ, line 9)	2b	
3a Form 1120-P				DL, line 22)		
4a Form 990-PF	· -			ncome (Form 990-PF, Part VI, lir		
5a Form 8868 ch	. \square			line 3c or Part II, line 8c)	_	
		5 20.0	(, , , , , , , , , , , , , , , , , , ,			
Part II D	eclaration and S	ignature Auth	orization of Of	ficer		
the date of any redebit) entry to the return, and the fir 1-888-353-4537 n processing of the payment. I have sorganization's col	fund. If applicable, I a financial institution a ancial institution to de o later than 2 busines electronic payment o	authorize the U.S. account indicated in the entry to the stays prior to the faxes to receive entification number	Treasury and its de in the tax preparation is account. To revolution payment (settlement confidential informatics)	n, (b) the reason for any delay i signated Financial Agent to init on software for payment of the oke a payment, I must contact tent) date. I also authorize the fir ation necessary to answer inquiture for the organization's elect	iate an electronic for organization's fede the U.S. Treasury F nancial institutions iries and resolve iss	unds withdrawal (direct eral taxes owed on this financial Agent at involved in the sues related to the
	-	C TENTETNIC	T T C			00060
L▲ I autho	ize MAULDIN 8	X DENKINS			to enter my	y PIN 99860 Enter five numbers, b
			ERO firm name			do not enter all zeros
is being	•	ency(ies) regulating	g charities as part o	filed return. If I have indicated v f the IRS Fed/State program, I		• •
indicate		nat a copy of the re	eturn is being filed v	re on the organization's tax yea with a state agency(ies) regulati reen.		
Officer's signature	***** TH	IS IS NOT	A FILEABI	E COPY *** Date		
Part III C	ertification and A	Authentication				
	Enter your six-digit el					
	owed by your five-dig	•		6733811 do not enter a		
confirm that I am				e 2014 electronically filed return s of Pub. 4163, Modernized e-Fi	n for the organization	
FR∩'s signature ▶				Date ►	02/11/16	

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

EXTENDED TO FEBRUARY 16, 2016

Department of the Treasury

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

OMB No. 1545-0047

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

Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015

Open to Public Inspection

В	Check if	C Name of organization		D Employer identifi	cation number			
	Addre	SS COCTEMY OF PIDITCAL LIMEDAMIDE						
	□Name			22 6	200716			
]chang □Initial	e Doing business as	2 / 14 -	23-6390716				
	return Final		Room/suite	E Telephone number (404)727-3100				
L	—return termir		50		4,774,284.			
	ated Amen	City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA 30329		G Gross receipts \$				
	lreturn ∏Applid	AILANIA, GA 30323		H(a) Is this a group r				
	⊥tiòn pendi	F Name and address of principal officer: 0 01111 10 1 010		for subordinates	····· — —			
_	T		r 527	H(b) Are all subordinates i				
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) on te: ► WWW • SBL-SITE • ORG	1 527	- 1 ′	list. (see instructions)			
		organization: X Corporation Trust Association Other ►	I Voor	of formation: 1980	n number ► M State of legal domicile: VA			
	art I	Summary	L Year	or formation. 1900	M State of legal domicile. VA			
Г		Briefly describe the organization's mission or most significant activities: SEE S	יכחבטו	ILE O FOR CO	MDI.FTF			
Activities & Governance	1	DESCRIPTION.	CHEDO	HE O FOR CO	MIDBIB			
er i	2	Check this box if the organization discontinued its operations or dispose	ed of more	e than 25% of its net a				
<u>ŏ</u>	3	Number of voting members of the governing body (Part VI, line 1a)		3	14			
⊗ ⊙	4	Number of independent voting members of the governing body (Part VI, line 1b) $$			14			
es		Total number of individuals employed in calendar year 2014 (Part V, line 2a)			23			
Ĭ₹		Total number of volunteers (estimate if necessary)			950			
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	b	Net unrelated business taxable income from Form 990-T, line 34	·····	7b	0.			
				Prior Year	Current Year			
ne	8	Contributions and grants (Part VIII, line 1h)		216,282.	97,553.			
Revenue	9	Program service revenue (Part VIII, line 2g)		2,529,494.	2,617,346.			
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		100,608.	217,023.			
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		585,349.	584,281.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,431,733.	3,516,203.			
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6,000.	1,000.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.				
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		1,367,251.	1,390,844.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	·····-	0.	0.			
Ä	b	Total fundraising expenses (Part IX, column (D), line 25)	· • •	1 0/0 527	1 607 047			
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,840,527. 3,213,778.	1,697,847. 3,089,691.			
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		217,955.	426,512.			
<u>_ s</u>	19	Revenue less expenses. Subtract line 18 from line 12						
its o		Total accepts (Doct V. Para 40)	Ве	eginning of Current Year 5,971,930.	End of Year 6,220,627.			
\sse Bala	20	Total assets (Part X, line 16)		1,722,865.	1,642,349.			
Net Assets or Fund Balances	21 22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		4,249,065.	4,578,278.			
P	art II	Signature Block		1,215,005.	1,370,270			
		alties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the hest of m	v knowledge and helief it is			
		ct, and complete. Declaration of preparer (other than officer) is based on all information of whi			y miowiougo una bonon, icio			
	, 001100	A and complete book and or property (called an an endow) to become on an information of this	on propuror	Indo any kinowioago.				
Sig	n	Signature of officer		Date				
Hei		JOHN KUTSKO, EXECUTIVE DIRECTOR						
	•	Type or print name and title						
		Print/Type preparer's name Preparer's signature	11	Date Check	PTIN			
Pai	d	MARY JO ALEXANDER	lo	02/11/16 if self-employ	P00002534			
	parer	Firm's name MAULDIN & JENKINS LLC		Firm's EIN	58-0692043			
	Only	Firm's address 200 GALLERIA PKWY SE STE 1700						
	-	ATLANTA, GA 30339-5946		Phone no. 77	0-955-8600			
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)		I	X Yes No			

Pa	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SEE SCHEDULE O FOR COMPLETE DESCRIPTION.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,124,175. including grants of \$ 1,000.) (Revenue \$ 1,465,898.)
	CONFERENCES. SBL ORGANIZES TWO MAJOR ANNUAL ACADEMIC CONFERENCES EACH
	YEAR, ONE IN THE UNITED STATES AND ONE OUTSIDE THE U.S. IT ALSO
	SPONSORS REGIONAL MEETINGS IN THE U.S. THE MAJOR U.S. MEETING BRINGS
	TOGETHER MORE THAN HALF OF ITS MEMBERS AS WELL AS MEMBERS OF AFFILIATE
	ORGANIZATIONS TO PRESENT OVER 1,000 SCHOLARLY PAPERS OF NEW RESEARCH IN
	· · · · · · · · · · · · · · · · · · ·
	HUNDREDS OF PROGRAM UNIT SESSIONS. THE CONFERENCE ALSO PROVIDES AN
	EXHIBIT HALL FOR ACADEMIC PUBLISHERS AND A JOB SERVICE FOR ACADEMIC
	INSTITUTIONS WHO INTERVIEW AND HIRE MEMBERS. THESE ANNUAL CONFERENCES
	ARE HELD IN ORDER TO ACCOMPLISH SBL'S STRATEGIC VISION STATEMENTS:
	ORGANIZING CONGRESSES FOR SCHOLARLY EXCHANGE; FACILITATING BROAD AND
	OPEN DISCUSSION FROM A VARIETY OF CRITICAL PERSPECTIVES; AND PROMOTING
	COOPERATION ACROSS GLOBAL BOUNDARIES.
4b	(Code:) (Expenses \$ 1,039,684 • including grants of \$) (Revenue \$ 904,168 •)
	PUBLICATIONS. SBL PRESS, THE PUBLISHING DEPARTMENT OF THE SOCIETY, IS A
	MEMBER OF THE ASSOCIATION OF AMERICAN UNIVERSITY PRESSES, AND PUBLISHES
	PEER-REVIEWED BOOKS AND JOURNALS FOR THE ACADEMIC COMMUNITY AND
	LIBRARIES. THE PRESS ACQUIRES, DEVELOPS, PRODUCES, AND MARKETS 27 BOOK
	SERIES, THE FLAGSHIP JOURNAL OF THE FIELD, AND A JOURNAL FOR BOOK
	REVIEWS. TO DO SO THE PRESS HAS PROFESSIONAL STAFF AND OVER 130
	VOLUNTEER MEMBERS WHO SERVE AS GENERAL EDITORS, AS SERIES EDITORS, AND
	ON EDITORIAL BOARDS. SBL PRESS'S ANNUAL BOOK OUTPUT IS 35 TITLES, IN
	ADDITION TO THE TWO MAJOR JOURNALS. THE PRESS ALSO PARTNERS WITH OTHER
	PRESSES TO PUBLISH MAJOR RESOURCES AND REFERENCE WORKS.
	PRESSES TO FUBLISH MAUOR RESOURCES AND REFERENCE WORKS.
	245 264
4c	(Code:) (Expenses \$ 345,364. including grants of \$) (Revenue \$ 99,182.)
	PROFESSIONS. SBL OFFERS A BROAD RANGE OF ACTIVITIES THAT SUPPORT ITS
	MEMBERS' PROFESSIONAL DEVELOPMENT AND ADVOCATE FOR THE ACADEMIC FIELD
	IN HIGHER EDUCATION. IT HOSTS AN EMPLOYMENT SERVICE, PROVIDES WORKSHOPS
	AT ITS MEETINGS, PARTNERS WITH RELATED ORGANIZATIONS, COLLABORATES WITH
	ORGANIZATIONS IN HUMANITIES AND HIGHER EDUCATION (SUCH AS THE NATIONAL
	HUMANITIES ALLIANCE AND THE AMERICAN COUNCIL OF LEARNED SOCIETIES), AND
	FOSTERS PARTICIPATION THROUGH PROGRAM UNITS THAT ENLIST OVER 3,000 OF
	ITS 8,500 MEMBERS AS CHAIRS, PRESENTERS, PRESIDERS, OR PANELISTS.
	SUPPORTED BY A GRANT FROM THE NATIONAL ENDOWMENT FOR THE HUMANITIES, IN
	2014 SBL LAUNCHED AN INTERACTIVE WEBSITE CALLED BIBLE ODYSSEY TO
	PROVIDE THE GENERAL PUBLIC WITH ACCURATE AND ENGAGING INFORMATION ABOUT
	THE BIBLE, ITS CONTENTS, ITS BACKGROUND, AND ITS CULTURAL IMPACT.
	Other program services (Describe in Schedule O.)
40	005 660
_	
<u>4e</u>	Total program service expenses ► 2,894,886.

Form 990 (2014) SOCIETY OF B Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	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
_	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	_		Х
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		- 22
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the any irrepresent historic land areas or historic structures? If "Voc." complete School Jo. D. Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	Х	
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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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	444	х	
	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	21	Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1 Ie		21
•	the organization's separate of 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	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			77
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-7		х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		Х
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
IJ	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	· .,			

Form 990 (2014) SOCIETY OF BIBLICAL LITERATURE Part IV Checklist of Required Schedules (continued)

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	X	х
Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22	X	
Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	х	х
	X	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	х	
	х	
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	Х	
Schedule J 23		
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		
Schedule K. If "No", go to line 25a		x
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		Ħ
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		
any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		x
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		
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		37
Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or		
former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"		l
complete Schedule L, Part II		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		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		
instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		
director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		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		Х
31 Did the organization liquidate, terminate, or dissolve and cease operations?		
If "Yes," complete Schedule N, Part I		Х
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		
		Х
Schedule N, Part II 32 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		X
		X
Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		
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		-
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		
If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization		l
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

Form 990 (2014) SOCIETY OF BIBLICAL LITERATURE Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response of note to any line in this part v					Ш
			1 455		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	155			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable payments to vendors and reportable payments to vendors and reportable payments.			4-	х	
0-	(gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	 I	I	1c	Λ	
Za		0-	23			
h	filed for the calendar year ending with or within the year covered by this return			2b	х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returnations. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions			20		
32				За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other			0.0		
	financial account in a foreign country (such as a bank account, securities account, or other financial		-	4a		Х
b	If "Yes," enter the name of the foreign country:	40000		16		
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	tions c	or gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	$ Did the organization \ receive \ a \ payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ set \ before \ a \ payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ set \ payment \ for \ goods \ and \ set \ before \ payment \ for \ goods \ and \ set \ payment \ paym$	rvices _l	provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	quired			
	to file Form 8282?	1	 I	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				77
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Formula (1997).			7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•				
0				8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:			30		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				
	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	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					
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		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 or note to any line in this Part VI					X	
Sec	tion A. Governing Body and Management						
		1 1	1 4		Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14				
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		ا ، ،				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					,,,	
	officer, director, trustee, or key employee?			2		X	
3	Did the organization delegate control over management duties customarily performed by or under the					,,	
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form			<u>4</u> 5		X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?							
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 a				37		
	more members of the governing body?			7a	X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	•				Х	
persons other than the governing body?							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				77		
а	The governing body?			8a	<u>X</u>		
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 real					37	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code.)					
			Г		Yes	No	
	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 c						
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	v		
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before filing the	form?	11a	X		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				37		
12a				12a	X		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give risc			12b	X		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y				Х		
	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 approv						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45	Х		
	The organization's CEO, Executive Director, or top management official			15a	Δ_	X	
D	Other officers or key employees of the organization			15b			
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	mont with a					
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange			10-		Х	
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the organization the organiz			16a			
D			l				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization with respect to such a such a such as			4Ch			
500	exempt status with respect to such arrangements? tion C. Disclosure			16b			
17 10		T (Section 501/a)/3	the only o	vailah	lo.		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	1 (3ection 301(c)(3	ns orny) a	valiab	ie		
	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 Schodula O					
10		in Schedule O)	ا	fin -:-	oio!		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	milior of interest p	olicy, and	ıınan	uidi		
00	statements available to the public during the tax year.	oko ond "===="f==					
20	State the name, address, and telephone number of the person who possesses the organization's be PAM KENNEMORE - $404-727-3103$	ooks and records:	-				
	825 HOUSTON MILL ROAD STE 350, ATLANTA, GA 30329						

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization		orga I	aniza			npe	nsa			-
(A)	(B)			(C Pos		,		(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than		Reportable	Reportable	Estimated amount of
	hours per week					is bot or/trus		compensation from	compensation from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee			ensa		(W-2/1099-MISC)		organization
	organizations	al tru	onal t		oloyee	comb				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JOHN T. STRONG	1.00	드	드	5	32	王旨	요			
FORMER CHAIRMAN	1.00	x		х				0.	0.	0.
(2) FERNANDO F SEGOVIA	1.00	-								
PRESIDENT		Х		x				0.	0.	0.
(3) ATHALYA BRENNER	1.00							-		
VICE PRESIDENT		Х		х				0.	0.	0.
(4) CHRISTINE M. THOMAS	1.00									
SECRETARY		Х		Х				0.	0.	0.
(5) PHILIP F. ESLER	1.00									
MEMBER		Х						0.	0.	0.
(6) MARY F. FOSKETT	1.00									
CHAIRMAN		Х		Х				0.	0.	0.
(7) STEVEN J. FRIESEN	1.00									_
MEMBER		Х						0.	0.	0.
(8) ARCHIE CHI-CHUNG LEE	1.00									
MEMBER		Х						0.	0.	0.
(9) FRANCISCO LOZADA	1.00									•
MEMBER	1 00	Х						0.	0.	0.
(10) ADELE REINHARTZ	1.00	. ,							0	0
MEMBER (411) PAN GOVERNMENT	1.00	Х						0.	0.	0.
(11) DAN SCHOWALTER MEMBER	1.00	X						0.	0.	0.
(12) GREGORY E. STERLING	1.00	^						0.	0.	0.
MEMBER	1.00	x						0.	0.	0.
(13) GERALD WEST	1.00							0.	•	0.
MEMBER	1.00	x						0.	0.	0.
(14) GAY BYRON	1.00									
MEMBER		х						0.	0.	0.
(15) EFRAIN AGOSTO	1.00									
MEMBER		Х						0.	0.	0.
(16) MARC BRETTLER	1.00									
MEMBER		Х						0.	0.	0.
(17) SIDNIE WHITE CRAWFORD	1.00									
MEMBER		Х						0.	0.	0.

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Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	rees	, an	d Hi	ighe	st (Compensated Employe	es (continued)				
(A)	(B)			•	C)			(D)	(E)			(F)	
Name and title	Average	(do	not c	Pos heck	ition more	1 than	one	Reportable	Reportable)	Es	timate	ed
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation			nount	of
	week (list any	-	CCI ai	10 2 0	1	1/4/43	1	from	from related			other	
	hours for	irecto						the organization	organizatior (W-2/1099-MI			pensa om th	
	related	e or d	tee			sated		(W-2/1099-MISC)	(88-2/1099-1811	30)		anizat	
	organizations	Individual trustee or director	Institutional trustee		ee/	mpen		(** 27 1000 141100)				d relat	
	below	iduali	ution	-	oldm	est co	ъ					anizati	
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Бm						
(18) BEVERLY GAVENTA	1.00												
VICE PRESIDENT		Х		Х				0.		0.			0.
(19) JOHN F. KUTSKO	60.00												
TREASURER, EXEC DIRECTOR				Х				140,546.		0.	3	2,7	02.
		1											
						_							
						1							
		4											
						-							
		4											
4.01							L	140,546.		0.	3	2,7	<u> </u>
1b Sub-total								0.		0.		4,1	02.
c Total from continuation sheets to Part \								140,546.		0.	3	2,7	
d Total (add lines 1b and 1c)								<u> </u>	000 of war and a			4,1	04.
Total number of individuals (including but compensation from the organization	not iimited to ti	iose	IISLE	eu ai	DOVE	e) wi	101	eceived more than \$100	,000 or reportat	ле			1
compensation from the organization												Yes	No
3 Did the organization list any former office	director or tr	ıste	o ka	av er	mnlc	NAA	or	highest compensated e	mnlovee on				
line 1a? If "Yes," complete Schedule J for				•	•	•		•			3		Х
4 For any individual listed on line 1a, is the s													
and related organizations greater than \$15	-		-					· · · · · · · · · · · · · · · · · · ·	ino organization		4	х	
5 Did any person listed on line 1a receive or									idual for services		•		
rendered to the organization? If "Yes," con	•				•			organization of man			5		Х
Section B. Independent Contractors	7												
1 Complete this table for your five highest c	ompensated in	depe	ende	ent c	onti	racto	ors 1	that received more than	\$100,000 of cor	npens	ation f	rom	
the organization. Report compensation fo										_			
(A)	-							(B)			(C	;)	
Name and busines	s address	NC	INC	Ξ				Description of s	ervices	С	ompe	nsatio	n
							_						
2 Total number of independent contractors	(including but a	no+ 1:-	mito	d +^	tha	SO 11	etor	d above) who received a	ore than				
\$100,000 of compensation from the organ		iot III	ше	u 10	(10	0	31 0 (a above, who received fi	IOIC UIAII			000 /	

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
			<u></u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns	1a					
iran		Membership dues						
S, G		Fundraising events						
ar /		Related organizations						
s, (imil		Government grants (contributi						
rion		All other contributions, gifts, grant	· —					
the l		similar amounts not included above		97,553.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines		1,140.				
<u>ෂ</u> දි	h	Total. Add lines 1a-1f		>	97,553.			
				Business Code				
9	2 a	CONGRESSES		611600	1,465,898.	1,465,898.		
e Ži	b	MEMBERSHIP DUES		611600	728,017.	689,182.		38,835.
Se nu	С	PUBLICATIONS		323100	324,249.	290,699.		33,550.
Program Service Revenue	d	PROFESSIONS		541900	99,182.	99,182.		
ρ F	е	•						
- □	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f			2,617,346.			
	3	Investment income (including						
		other similar amounts)			112,466.			112,466.
	4	Income from investment of tax		1				
	5	Royalties			128,099.			128,099.
			(i) Real	(ii) Personal				
		Gross rents	130,396.					
		Less: rental expenses	184,306.					
		Rental income or (loss)	-53,910.		F2 010			F2 010
					-53,910.			-53,910.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	1,117,468.					
	b	Less: cost or other basis	1 012 710	192.				
	_	and sales expenses	1,012,719	-192.				
	C	Gain or (loss)	104,743.	152.	104,557.			104,557.
		Net gain or (loss)			101,337.			104,337.
ne	0 a	including \$	of					
j∧e		contributions reported on line						
ığ		Part IV, line 18	,					
Other Reven	b	Less: direct expenses						
0		Net income or (loss) from fund						
		Gross income from gaming ac						
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances	а	570,956.				
	b	Less: cost of goods sold						
	С	Net income or (loss) from sales	oods sold		510,092.	510,092.		
		Miscellaneous Revenue	e	Business Code				
	11 a							
	b							
	С							
		All other revenue						
	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			3,516,203.	3,055,053.	0.	363,597.

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and general expenses	(D) Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	1,000.	1,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	182,281.	154,939.	18,228.	9,114.
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	936,768.	892,443.	24,867.	19,458.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	94,975.	90,335.	2,851.	1,789.
9	Other employee benefits	95,712.	91,366.	2,644.	1,789. 1,702.
10	Payroll taxes	81,108.	75,911.	3,081.	2,116.
11	Fees for services (non-employees):				
а	Management				
	Legal	18,833.	16,175.	2,293.	365.
С	Accounting	25,322.		25,322.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	16,158.		16,158.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	213,207.	200,289.	9,944.	2,974. 5.
12	Advertising and promotion	20,708.	20,693.	10.	5.
13	Office expenses	107,186.	103,282.	2,625.	1,279.
14	Information technology	78,356.	73,032.	3,338.	1,986.
15	Royalties	15,470.	15,470.		
16	Occupancy	67,332.	58,332.	6,000.	3,000.
17	Travel	153,802.	149,662.	2,458.	1,682.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	496,736.	483,374.	7,948.	5,414.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	33,530.	26,801.	3,353.	3,376.
23	Insurance	17,070.	16,217.	341.	512.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)		0.1= .=-		
а	PUBLISHING COSTS	246,086.	245,958.	85.	43.
b	BANK FEES	79,406.	72,765.	6,446.	195.
С	DISTRIBUTION COSTS	77,919.	77,739.	120.	60.
d	AFFLIATIONS/DUES/COMPS	30,726.	29,103.	775.	848.
е	All other expenses	2 22 22 2	0.001.005	100 000	
25	Total functional expenses. Add lines 1 through 24e	3,089,691.	2,894,886.	138,887.	55,918.
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)				Farma 000 (004.4)

Form 990 (2014)
Part X Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,238,118.	1	1,116,045.
	2	Savings and temporary cash investments	285,930.	2	260,601.
	3	Pledges and grants receivable, net	4,400.	3	4,100.
	4	Accounts receivable, net	160,036.	4	304,205.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
ğ	8	Inventories for sale or use	78,999.	8	80,780.
	9	Prepaid expenses and deferred charges	47,217.	9	42,607.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 190,983.			
	b	Less: accumulated depreciation 10b 152,733.	60,071.	10c	38,250.
	11	Investments - publicly traded securities	2,091,981.	11	38,250. 2,397,368.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,005,178.	15	1,976,671.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,971,930.	16	6,220,627.
	17	Accounts payable and accrued expenses	227,050.	17	188,997.
	18	Grants payable		18	
	19	Deferred revenue	1,495,815.	19	1,453,352.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
≝		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	1 500 065	25	1 640 240
	26	Total liabilities. Add lines 17 through 25	1,722,865.	26	1,642,349.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
ses		complete lines 27 through 29, and lines 33 and 34.	2 610 540		2 005 000
anc	27	Unrestricted net assets	3,619,742.	27	3,925,898.
Bal	28	Temporarily restricted net assets	334,693.	28	357,750.
Net Assets or Fund Balances	29	Permanently restricted net assets	294,630.	29	294,630.
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
S O		and complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Zet	32	Retained earnings, endowment, accumulated income, or other funds	4 040 OCE	32	/ E70 070
_	33	Total net assets or fund balances	4,249,065.	33	4,578,278.
	34	Total liabilities and net assets/fund balances	5,971,930.	34	6,220,627.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
				_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,51		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,08		
3	Revenue less expenses. Subtract line 2 from line 1	3		6,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,24		
5	Net unrealized gains (losses) on investments	5	-9	7,2	<u>99.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	4,57	8,2	78.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		_ 2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SOCIETY OF BIBLICAL LITERATURE

Employer identification number 23-6390716

Pai	rt I	Reason for Public (Charity Status (A	All organizations must co	omplete th	is part.) Se	ee instructions.		
he o	organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)								
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)							
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4		-					-	the hospital's name	
		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owner	d or onera	ted by a gr	overnmental unit describ	ned in	
5		section 170(b)(1)(A)(iv). (C		liege of difficulty owner	a or opera	ica by a gi	overnmental and accord	oca III	
6		A federal, state, or local gov	-	nontal unit described in	soction 17	70/h)/1)/A)	(v)		
7		An organization that norma	-					public described in	
′		section 170(b)(1)(A)(vi). (Co	•	intial part of its support	iioiii a gov	emmemai	unit or norm the general	public described in	
8		A community trust describe	• •	(1)(A)(vi) (Complete Par	+ 11 \				
	77					contribution	ana mambarahin faas a	and arose receipts from	
9		An organization that norma	•	•	-			-	
		activities related to its exen	•	•				-	
		income and unrelated busin		(less section 511 tax) if	om busine	sses acqu	ired by the organization	arter June 30, 1975.	
40		See section 509(a)(2). (Cor		ively to toot for public or	ofativ Can	acation FC)O(a)(4)		
10		An organization organized a	•	•	•			numpees of one or	
11		An organization organized a	•	•	-		· · · · · · · · · · · · · · · · · · ·		
		more publicly supported or	~					Heck the box in	
_		lines 11a through 11d that	• •			•		r airrin a	
а		Type I. A supporting orga		•	•				
		the supported organization			a majority	or the alrec	ctors or trustees of the s	supporting	
		organization. You must o					- d	. de e	
b		Type II. A supporting org	· ·					-	
		control or management o			same perso	ons that co	ontroi or manage the sup	рропеа	
_		organization(s). You mus	- ·		:			ماللة: الم	
С		Type III functionally inte	-				• •	ea with,	
		its supported organization						(-)	
d		Type III non-functionally					• • • • • •		
		that is not functionally int	-		•			iveness	
		requirement (see instruct	-	- ·					
е		Check this box if the orga					i Type i, Type ii, Type iii		
	Ento	functionally integrated, or							
· ·		r the number of supported o							
<u> 9</u>	-	ide the following informatior Name of supported	(ii) EIN		(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of	
	•	organization	``,	(described on lines 1-9	listed i	n your	support (see	other support (see	
				above or IRC section	Yes	No	Instructions)	Instructions)	
				(see instructions))	100	110			
ota	ı								

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
	The portion of total contributions							
_	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	(6)							
6	Public support. Subtract line 5 from line 4.							
	etion B. Total Support						<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
	Amounts from line 4	(4) 2010	(6) 2011	(0) 2012	(a) 2010	(6) 2014	(i) rotai	
	Gross income from interest,							
Ü	dividends, payments received on							
	securities loans, rents, royalties							
•	and income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the							
40	business is regularly carried on			-				
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
	Total support. Add lines 7 through 10					40		
	Gross receipts from related activities,					12		
13	First five years. If the Form 990 is for	•			-	. , . ,	. □	
Sec	organization, check this box and stop ction C. Computation of Publi	c Support Pe	rcentage				<u></u>	
	Public support percentage for 2014 (li			column (f))		14	%	
	Public support percentage from 2013							
	6a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and							
h	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
_	and stop here. The organization qualifies as a publicly supported organization							
17a							or more.	
	a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization							
	meets the "facts-and-circumstances" t				· -	~		
h	10% -facts-and-circumstances test							
IJ	more, and if the organization meets th	-						
	organization meets the "facts-and-circ				-			
18	Private foundation. If the organization							
		. s.a not oncor a	20% On mile 10, 10	-a, 100, 114, 01 11	2, 3110011 tillo box t			

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	ciew, piedee cemp	noto i uit ii.j				
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	` ,	
	membership fees received. (Do not						
	include any "unusual grants.")	150,393.	215,413.	156,749.	216,282.	97,553.	836,390.
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	2475383.	2859185.	2921137.	2446792.	3188302.	13890799.
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513				82,702.	72,385.	155,087.
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	2625776.	3074598.	3077886.	2745776.	3358240.	14882276.
	Amounts included on lines 1, 2, and	20237701	30,13301	30770001	27137700	33302101	110022,00
, ,	3 received from disqualified persons	16,167.	75.		3,000.	4,680.	23,922.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	,			,	, , , , ,	0
	amount on line 13 for the year	16,167.	75.		3,000.	4,680.	23,922.
	Add lines 7a and 7b	10,107.	75.		3,000.		14858354.
	Public support (Subtract line 7c from line 6.)						14030334.
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6	2625776.	3074598.	3077886.	2745776.	3358240.	14882276.
	Gross income from interest,	20207701	30,13301	30773001	2,13,,00	33332101	
	dividends, payments received on securities loans, rents, royalties and income from similar sources	244,296.	331,171.	349,722.	293,852.	1252705.	2471746.
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
(Add lines 10a and 10b	244,296.	331,171.	349,722.	293,852.	1252705.	2471746.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	2870072.	3405769.	3427608.	3039628.	4610945.	17354022.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
_	check this box and stop here						_
	ction C. Computation of Publ						05 60
	Public support percentage for 2014 (I					15	85.62 %
	Public support percentage from 2013					16	90.18 %
	ction D. Computation of Inves					1	14 04
17						17	$\begin{array}{c cccc} 14.24 & \% \\ \hline 9.40 & \% \end{array}$
	Investment income percentage from 2					18	
198	a 33 1/3% support tests - 2014. If the						. 37
k	more than 33 1/3%, check this box as 33 1/3% support tests - 2013. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	structions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in *part VI* how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI*.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	'		
	_		
	2		
	3a		
	3b		
	3с		
	4-		
	4a		
	4b		
	4c		
	.0		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	0-		
	9a		
	9b		
	9с		
	10a		
	iva		
	401		
	10b		<u> </u>
n 99	90 or 99	0-EZ)	2014

Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? A part of the person described in (a) above? A part of the person described in (a) above? A part of the person described in (a) above? A part of the person described in (a) above? A part of the person described in (a) above? A part of the person described in (b) or (b) above?// "Yes" to a, b, or c, provide detail in part y). The person of the person described in (a) above?// "Yes" to a, b, or c, provide detail in part y). The person of the person of the organizations of the organizations have the power to regularly appoint or elect at least a majority of the organization defends or unstates at all times during the tax year. If "Mo," describe in part y (in or the supported organizations have the powers to appoint and/or enterior describes or trustees at all times during the tax year. If "Mo," describe in part y (in or the supported organization) defends organization and what conditions or restrictions, if any, applied to such powers during the tax year.	Pa	rt IV Supporting Organizations (continued)			
11 Has the organization accepted a giff or contribution from any of the following persons? 2 A person who directly or indirectly controls, either colone or together with persons described in (b) and (c) below, the governing body of a supported organization? 2 A 35th comboiled entity of a person described in (a) above? 2 A 35th comboiled entity of a person described in (a) above? 3 A 5th comboiled entity of a person described in (a) above? 4 A 5th comboiled entity of a person described in (a) above? 5 A 5th comboiled entity of a person described in (a) above? 5 Person 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part V) in the supported organization's directors or trustees at all times during the tax year? If "No," describe in Part V) in the supported organization and more supported organization, describe how the powers to appoint ancitor remove directors or trustees were allocated among the supported organization, describe how the powers to appoint ancitor remove directors or trustees were allocated among the supported organization organization? If "Yes," explain in Part V how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supportine organization of "Yes," explain in Part V how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supportine organization of "Yes," explain in Part V how control or management of the supportine organizations and part is a possible organization or the supported organization or the supported organization or the supported organization organization or the supported organization		(continuos)		Yes	No
a A person who directly or Indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? Five I Supporting Organizations 1 Did the directors, fusitees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If the organization's activities, if the organization's directors or trustees at all times during the tax year? If you the supported organization's effectively operated, supervised, or controlled the organization's activities. If the organization is directors or trustees at all times during the tax year. 2 Did the organization's activities, if the organization and more than one supported organization, describe how the powers to appoint and/or remove directors or trustees are efficiently experient. 2 Did the organization operated in the benefit of any supported organization's first tax year. 2 Did the organization operated is upporting organization. 2 Did the organization operated is upporting organization. 2 Did the organization operated organization's directors or trustees of the supported organization(s) that operated, supervised, or controlled the supporting organization's first organization's or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's trustees of the organization's trustees of the organization's trustees of the organization's powering organization's activities and indictor in the organization	11	Has the organization accepted a gift or contribution from any of the following persons?			
below, the governing body of a supported organization? b A family member of a porson described in (a) bove? c. A 35% controlled entity of a person described in (a) or (b) above? d. A35% controlled entity of a person described in (a) or (b) above? d. A35% controlled entity of a person described in (a) or (b) above? d. The section B. Type I Supporting Organizations Ves. No regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If 'No,' describe in Part V, in the supported organizations have the power to regularly appoint or elect at least a majority of the organization is directors or trustees at all times during the tax year? If 'No,' describe in Part V, in the supported organization had more than one supported organization, describe how the powers to appoint and/or remove described near one supported organization, describe how the powers to appoint and/or remove described near one supported organization, described organization and what conditions or restrictions, if any, applied to such powers during the tax year. D. In the organization person to the benefit carried out the purposes of the supported organization (*Yes.* explain in Part V, how providing such benefit carried out the purposes of the supported organization (*Yes.* explain in Part V, how providing such benefit carried out the purposes of the supported organization (*Yes.* explain in Part V, how providing such benefit carried out the purposes of the supported organization of the supporting Organizations 1. Were a majority of the organization's culticors or frustees during the tax year also a majority of the directors or frustees device (*Yes.* No.* describe in Part V, In when the organization or the authority of the arganization's under the organization or supported organization or the supported organization or the organization or the organization or supported organization					
b A Samily member of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization is directors or trustees at all times during the tax year. If If No. "describe in Part VI how the powers to appoint and/or remove directors or trustees at all times during the tax year." If No. "describe he part VI how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization sparted for the benefit of any supported organization of the than the supported organizations) that the providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Did the organization part of the benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's tax year, (1) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization and the supported organization's directors, or trustees either (i) appointed organization's provided during the prior tax year, (2) a copy of the Form 990 that			11a		
c. A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization is directors or trustees at all times during the tax year? If "No," describe in Part VI, how the supported organization (escribe in Part VI) how the supported organization and man or supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization (if "Yes," evolain in Part VI how providing such benefit carried out the purposes of the supported organization (if "Yes," evolain in Part VI how providing such benefit carried out the purposes of the supported organization (if "Yes," evolain in Part VI how providing such benefit carried out the purposes of the supported organization(is) that operated, supported organizations or controlled the supporting organizations. 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees of each of the organization's supported organization(is) If I'No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization in your several organization in the provided to each of its supported organization to support provided during the prior tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (1) a written notice describing the year (2) a copy of th	b				
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2 214 the organization exercise a substantial degree of an estion ever the policies, programs, and activities of each	h	• • • • • • • • • • • • • • • • • • • •	Ju		
of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All							
	other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
C1	is a A Adiverted Net Income		(A) Drien Veen	(B) Current Year				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3	4						
_5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8						
Cook	ion B - Minimum Asset Amount		(A) Drier Veer	(B) Current Year				
Seci	ON B - Minimum Asset Amount		(A) Prior Year	(optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
c	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other							
	factors (explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
_3	Subtract line 2 from line 1d	3						
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
_6	Multiply line 5 by .035	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2	Enter 85% of line 1	2						
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3						
4	Enter greater of line 2 or line 3	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions)	6						
7	Check here if the current year is the organization's first as a non-functionally	y-integra	ated Type III supporting org	janization (see				
	instructions).	-						

Schedule A (Form 990 or 990-EZ) 2014

Par	1 v Type III Non-Functionally Integrated 50	າອ(a)(3) Supporting Org	anizations _(continued)	
Secti	ion D - Distributions	Current Year		
	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	1		fr
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
C				
d				
	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
<u>i</u>				
<u></u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	Ine 7: \$			
	Applied to underdistributions of prior years Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
•	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
-	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
b				
С				
	Excess from 2013			
	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A	(Form 990 or 990-EZ) 2014 SOCIETY OF BIBLICAL LITERATURE	23-6390/16 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or	17b: and Part III. line 12.
	Also consists this part for any additional information (Consistence)	176, 414 1 411 111, 1116 12.
	Also complete this part for any additional information. (See instructions).	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

SOCIETY OF BIBLICAL LITERATURE

Employer identification number 23-6390716

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be u	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose of	conferring
	impermissible private benefit?		Yes No
Pai	rt II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a histo	rically important land area
	Protection of natural habitat	Preservation of a certification	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	of a conservation 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
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		1 I
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above and a satisfact 170(b)(4)(D)(iii)	•	
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat include, if applicable, the text of the footnote to the organization.		
	conservation easements.	ition's illiancial statements that describes t	The organization's accounting for
Pai	rt III Organizations Maintaining Collections o	f Art. Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" to Form		
	If the organization elected, as permitted under SFAS 116 (AS		ent and balance sheet works of art.
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descr	•	,
b	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	,	,,
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
	mn		. .
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1		
а	Revenue included in Form 990, Part VIII, line 1		• \$
h	Assets included in Form 900 Part V		

Sche	dule D (Form 990) 2014 SOCIETY	OF BIBLIC	AL LITERAT	URE		23-63	39071	6 P:	age 2		
Pai	t III Organizations Maintaining Co	ollections of Ar	t, Historical Tr	easures, or C	ther S	Similar Ass	e ts (contir	nued)			
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items										
	(check all that apply):										
а	Public exhibition	d	Loan or exc	hange programs							
b	Scholarly research	е	Other								
С	Preservation for future generations										
4	Provide a description of the organization's col	lections and explair	n how they further the	he organization's	exempt	t purpose in Pa	rt XIII.				
5	During the year, did the organization solicit or										
	to be sold to raise funds rather than to be mai	ntained as part of t	he organization's co	ollection?			Yes		No		
Pai	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or										
	reported an amount on Form 990, Part	X, line 21.									
1a	Is the organization an agent, trustee, custodia	n or other intermed	iary for contribution	s or other assets	not inc	luded					
	on Form 990, Part X?						Yes		No		
b	If "Yes," explain the arrangement in Part XIII a										
							Amoun	t			
С	Beginning balance					1c		2,2	62.		
	Additions during the year					1d	2	6,7	18.		
	Distributions during the year					1e	2	4,1	<u>60.</u>		
	Ending balance					1f		4,8	20.		
	Did the organization include an amount on Fo				liability?		Yes	X	No		
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided in Part	XIII]		
Pai	Trivial to the state of the sta	the organization an	swered "Yes" to Fo	rm 990, Part IV, li	ne 10.						
		(a) Current year	(b) Prior year	(c) Two years bad	ck (d)	Three years back	(e) Four	years	back		
1a	Beginning of year balance	554,769.	506,147.	437,58	37.	499,253		461,	733.		
b	Contributions	410.	300.	25	50.	225		11,	167.		
	Net investment earnings, gains, and losses	23,745.	94,659.	68,58	39.	13,247	•	88,	027.		
d	Grants or scholarships							2,	000.		
е	Other expenditures for facilities										
	and programs		46,000.			75,000		59,	674.		
f	Administrative expenses	1,378.	337.	27	79.	138	•				
g	End of year balance	577,546.	554,769.	506,14	17.	437,587		499,	253.		
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1g, column (a	a)) held as:							
а	Board designated or quasi-endowment		_%								
b	Permanent endowment ► 54.96	%									
С	Temporarily restricted endowment ▶45	5.04 <u>%</u>									
	The percentages in lines 2a, 2b, and 2c shoul	d equal 100%.									
За	Are there endowment funds not in the posses	sion of the organiza	ation that are held a	nd administered	for the o	organization					
	by:							Yes	No		
	(i) unrelated organizations						3a(i)		X		
	(ii) related organizations						3a(ii)		Х		
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Schedule R?				3b				
4	Describe in Part XIII the intended uses of the		wment funds.								
Pai	t VI Land, Buildings, and Equipme										
	Complete if the organization answered	"Yes" to Form 990	Part IV, line 11a. S	ee Form 990, Par	t X, line	10.					
	Description of property	(a) Cost or of		or other (-	mulated	(d) Boo	k valu	е		
		basis (investr	nent) basis	(other)	depred	ciation					
1a	Land										
b	Buildings										
	Leasehold improvements										
d	Equipment		19	0,983.	15	2,733.	3	8,2	50.		

Schedule D (Form 990) 2014

38,250.

e Other.

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

Part VII	Investments -	Other	Securities.

Part VII Investments - Other Securities.	to Form 000 Dort N/	line 11h Can Farma 000 Dark V line 1	0
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value		z. st or end-of-year market value
(1) Financial derivatives			•
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	t- F 000 D-+ N/	line 44 d. One France 000, Best V. line 4	-
Complete if the organization answered "Yes"	to Form 990, Part IV, Description	, line 11d. See Form 990, Part X, line 1	(b) Book value
THEE COMMEN STREET ACCOME	<u>Jescription</u>		1,456,695.
***	<u> </u>		519,176.
(-)	<u> </u>		800.
(-7			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			1,976,671.
Part X Other Liabilities.	, 10.,		
Complete if the organization answered "Yes"	to Form 990. Part IV.	line 11e or 11f. See Form 990. Part X	. line 25.
1. (a) Description of liability		(b) Book value	,
(1) Federal income taxes		• •	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		
2 Liability for uncertain tax positions. In Part XIII. provide		ote to the organization's financial state	ements that reports the

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

Scriedule D	(FOIIII 990) 2014	DOCTHI	01 1	7 1 2 1 1 1 1 1 1 1	D T T D T T T T T T T T T T T T T T T T		2 2	0 3 7 0
Part XI	Reconciliation of	f Revenue pe	er Audi	ited Financia	ıl Statements Wi	th Revenue per	Retu	'n.
	Camandata if the aurenai		1111/11 1	- F 000 D4	N/ line 10-			

	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	3,546,222.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	-97,299.		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	-97,299.
3	Subtract line 2e from line 1		3	3,643,521.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.)	-127,318.		
С	Add lines 4a and 4b		4c	-127,318.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	3,516,203.

Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 3,217,009. Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990. Part IX. line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c c Other losses d Other (Describe in Part XIII.) 127,318. 2e e Add lines 2a through 2d 3,089,691. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 3,089,691. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Part XIII Supplemental Information.

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

PART IV, LINE 1B:

SBL SELLS PUBLICATIONS FOR BROWN JUDAIC STUDIES, WILLIAM CAREY UNIVERSITY INTERNATIONAL PRESS, AND SHEFFIELD PHOENIX. FUNDS FROM THESE SALES, NET OF FEES, ARE REMITTED TO THESE ORGANIZATIONS ON VARYING SCHEDULES, USUALLY QUARTERLY OR ANNUALLY. IN ADDITION, SBL ACCOUNTS FOR FUNDS OF TWO REGIONAL GROUPS WHICH CONDUCT MEETINGS RELATED TO SBL'S MISSION. THE FUNDS OF THESE VARYING ORGANIZATIONS DO NOT BELONG TO SBL AND ARE THUS, NOT INCLUDED IN THE SBL FINANCIAL STATEMENTS.

PART V, LINE 4:

ENDOWMENT IS HELD FOR CAPITAL IMPROVEMENTS TO THE LUCE CENTER BUILDING

ATTRIBUTABLE TO SBL IS INCLUDED HERE AND IN SBL FINANCIAL STATEMENTS.

SECOND ENDOWMENT IS HELD FOR ESTABLISHMENT OF SCHOLARSHIPS FOR THE

ADVANCEMENT OF BIBLICAL SCHOLARSHIP.

PART X, LINE 2:

MANAGEMENT HAS DETERMINED THAT THE SOCIETY DOES NOT HAVE ANY UNCERTAIN TAX

POSITIONS AND ASSOCIATED UNRECOGNIZED BENEFITS THAT MATERIALLY IMPACT THE

FINANCIAL STATEMENTS OR RELATED DISCLOSURES.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RECLASS COST OF GOODS SOLD AGAINST REVENUE	-60,864.						
RECLASS EXPENSE AGAINST RENTAL INCOME	-66,262.						
RECLASS LOSS ON DISPOSAL OF FIXED ASSETS	-192.						
TOTAL TO SCHEDULE D, PART XI, LINE 4B -127,318.							

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RECLASS COST OF GOODS SOLD AGAINST REVENUE	60,864.
RECLASS EXPENSE AGAINST RENTAL INCOME	66,262.
RECLASS LOSS ON DISPOSAL OF FIXED ASSETS	192.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	127,318.

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

23-6390716

SOCIET	Y OF	BIBLICAL	LITERATURE	2	3-63907:	16
Part I	Gener	al Information	on Activities Outside the United States. Complete if the	e organizati	on answered "	'Yes" on

I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (a) Region (b) Number of (c) Number of (d) Activities conducted in region (f) Total employees, agents, and independent expenditures (by type) (e.g., fundraising, program offices is a program service, for and in the region services, investments, grants to describe specific type investments contractors recipients located in the region) of service(s) in region in region in region EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM PROGRAM SERVICES CONFERENCES 60,525. SOUTH AMERICA. BUENOS AIRES, ARGENTINA 0 PROGRAM SERVICES CONFERENCES 17,050. 3 a Sub-total 0 0 77,575. **b** Total from continuation sheets to Part I 0

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0

Schedule F (Form 990) 2014

77,575.

c Totals (add lines 3a

and 3b)

			Outside the United States. Control of the Control o		rganization answered	d "Yes" on Form	990, Part IV, line 15, fo	r any
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			recognized as charities by the n 501(c)(3) equivalency letter		, recognized as tax-e	exempt by		

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

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

Part III can be duplicated if additional space is needed.								
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)	

Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 SOCIETY C Part V Supplemental Information

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

(estimated number of recipients), as applicable. Also complete this part to provide any additional information.
PART I, LINE 2:
GRANTS PROVIDED TO BRING MEMBERS OUTSIDE THE US TO SBL'S MEETINGS ARE
MONITORED FOR PROPER USE OF FUNDS BY NOT PROVIDING THE FUNDS UNTIL AN
INDIVIDUAL ATTENDS THE MEETINGS OR BY PURCHASING A TICKET ON THEIR BEHALF
TO COME TO THE MEETING.
PART I, LINE 3:
PAYMENTS TO VENDORS IN EUROPE FOR INTERNATIONAL MEETINGS.

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990.

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

Inspection

Employer identification number

OMB No. 1545-0047

Open to Public

Name of the organization

Department of the Treasury Internal Revenue Service

SOCIETY OF BIBLICAL LITERATURE

23-6390716

Pa	art I Questions Regarding Compensation			
	<u> </u>		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	X Travel for companions			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Х	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	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.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	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	Х	
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			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2014

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and (D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990
(1) JOHN F. KUTSKO	(i)	138,546.	2,000.	0.	14,286.	18,416.	173,248.	0.
TREASURER, EXEC DIRECTOR	(ii)	0.	0.	0.		0.		
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
] (II)							L

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 1A:
EXECUTIVE DIRECTOR'S WIFE VOLUNTEERS AT THE ANNUAL MEETING. AIRFARE AND
MEALS ARE PROVIDED FOR ALL VOLUNTEERS AT THE MEETING.
PART I, LINE 7:
JOHN KUTSKO RECEIVED A \$2000 BONUS REPORTED ON HIS 2014 W-2. BONUSES ARE
NOT BASED ON REVENUE OR NET EARNINGS OF THE ORGANIZATION.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

SOCIETY OF BIBLICAL LITERATURE

Employer identification number 23-6390716

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO FOSTER BIBLICAL SCHOLARSHIP AND PROVIDE ITS MEMBERS OPPORTUNITIES FOR MUTUAL SUPPORT, INTELLECTUAL GROWTH, AND PROFESSIONAL DEVELOPMENT.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SBL'S MISSION IS TO FOSTER BIBLICAL SCHOLARSHIP. THE SOCIETY OFFERS ITS MEMBERS OPPORTUNITIES FOR MUTUAL SUPPORT, INTELLECTUAL GROWTH, AND PROFESSIONAL DEVELOPMENT THROUGH ADVANCING ACADEMIC STUDY OF BIBLICAL TEXTS AND THEIR CONTEXTS AS WELL AS OF THE TRADITIONS AND CONTEXTS OF BIBLICAL INTERPRETATION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: - THE SOCIETY HAS APPROXIMATELY 8,200 MEMBERS. MEMBERSHIP FEE PROVIDES A MYRIAD OF MEMBER SERVICES. MEMBERS RECEIVE DISCOUNTS ON JOURNALS, MEETING REGISTRATIONS, AND BOOKS. MEMBERS PARTICIPATE IN THE GOVERNANCE AND PROVIDE DIRECTION THROUGH THEIR WORK ON COMMITTEES. OVER 3,229 MEMBERS PARTICIPATE AS CHAIRS, PRESENTERS, PRESIDERS, OR PANELISTS AT THE ELEVEN REGIONAL MEETINGS, THE INTERNATIONAL MEETING, AND THE ANNUAL MEETING; OVER 5,700 MEMBERS ATTEND THOSE MEETINGS. THE SOCIETY OF BIBLICAL LITERATURE IS MADE UP OF A COMMUNITY OF MEMBER SCHOLARS VOLUNTEERING THEIR TIME AND TALENTS TO FURTHER BIBLICAL SCHOLARSHIP FOR MANY YEARS TO COME AND TO PASS ALONG THEIR KNOWLEDGE TO THOSE WHO WILL FOLLOW IN THEIR FOOTSTEPS. EXPENSES \$ 385,663. INCLUDING GRANTS OF \$ 0. REVENUE \$ 585,805.

Name of the organization

SOCIETY OF BIBLICAL LITERATURE

Employer identification number 23-6390716

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

THE SOCIETY HAS 8,176 MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS JOIN THE SOCIETY THROUGH THE PURCHASE OF A MEMBERSHIP. EACH YEAR AT THE ANNUAL MEETING THERE IS A BUSINESS MEETING AT WHICH THE MEMBERS HEAR A MOTION TO APPROVE THE NEW MEMBERS TO COUNCIL. THE GOVERNING BODY OF THE ORGANIZATION IS THEN GIVEN THE RESPONSIBILITY TO MAKE DECISIONS ON BEHALF OF THE ORGANIZATION.

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

THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND FINANCE COMMITTEE

PRIOR TO FILING TO ENSURE THAT NO OBVIOUS MISTAKES OR MISSTATEMENTS OCCUR.

THE FORM 990 WILL BE PROVIDED TO THE BOARD BEFORE THE RETURN IS FILED BY

ONE OF TWO METHODS. EITHER IT WILL BE UPLOADED TO A WEBSITE THAT ONLY THE

BOARD HAS ACCESS TO OR THEY WILL BE SENT A PASSWORD PROTECTED ELECTRONIC

COPY OF THE RETURN.

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

THE GOVERNING BODY IS REQUIRED TO COMPLETE A STATEMENT REGARDING CONFLICT

OF INTERESTS ON AN ANNUAL BASIS. LISTS OF STATEMENTS SENT OUT ARE

MAINTAINED AND CHECKED OFF AS THE STATEMENT IS RECEIVED. EACH STATEMENT IS

REVIEWED FOR CONFLICTS.

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

SBL USES COMPARABLE DATA FROM NONPROFIT ORGANIZATIONS IN OUR INDUSTRY TO BENCHMARK PAY, INCLUDING COMPENSATION SURVEYS OF UNIVERSITY PRESSES,

PROFESSIONAL MEMBERSHIP ORGANIZATIONS, AND OTHER NOT-FOR-PROFITS, IN ORDER

Name of the organization SOCIETY OF BIBLICAL LITERATURE	Employer identification number 23-6390716							
TO MATCH STAFFING AND FUNCTIONAL COMPETENCIES. DATA FROM	THESE MARKET							
SEGMENTS ARE USED TO FORM A "MARKET COMPOSITE" TO ASSESS THE								
COMPETITIVENESS OF COMPENSATION. EXECUTIVE DIRECTOR COMPE	NSATION POLICY IS							
ADMINISTERED BY THE FINANCE COMMITTEE. IT IS RESPONSIBLE	FOR ESTABLISHING							
AND MAINTAINING A COMPETITIVE COMPENSATION PACKAGE FOR THE ORGANIZATION'S								
EXECUTIVE DIRECTOR. THE COMMITTEE REVIEWS COMPENSATION AND MAKE								
RECOMMENDATIONS FOR ANY CHANGES TO COUNCIL (BOARD OF DIRECTORS) AS								
APPROPRIATE. FINANCE COMMITTEE AND COUNCIL ALSO REVIEW AND APPROVE THE								
EXECUTIVE DIRECTOR'S BASE SALARY, ANNUAL ADJUSTMENTS, INCENTIVE AND BONUS								
PAY, AND OBJECTIVES AND GOALS FOR THE UPCOMING YEAR'S ANNUAL COMPENSATION								
PROGRAM.								
FORM 990, PART VI, SECTION C, LINE 19:								
THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF IN	TEREST POLICY ARE							
AVAILABLE TO THE PUBLIC UPON REQUEST. FINANCIAL STATEMENTS ARE PUBLISHED								
ANNUALLY ON THE SBL WEBSITE, GUIDESTAR, AND ARE ALSO AVAILABLE UPON								
REQUEST.								
FORM 990 PART XII LINE 2C								
THERE HAS BEEN NO CHANGE IN THE AUDITORS FROM THE PREVIOUS YEAR.								

Form **8868**

(Rev. January 2014)

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.

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

OMB No. 1545-1709

	are filling for an Automatic 3-Month Extension, comple					
•	are filing for an Additional (Not Automatic) 3-Month Ex	-				
	complete Part II unless you have already been granted					
	nic filing (e-file). You can electronically file Form 8868 if y					
-	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	•	•			
	Benefit Contracts, which must be sent to the IRS in paper of the gray of the and plicit and of the Charities & Nanarofite		(see instructions). For more details of	n the elec	ctronic filing of this	s torrii,
Part I	w.irs.gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time		cubmit original (no copies nos	dod)		
	ration required to file Form 990-T and requesting an autor		<u> </u>			
Part I on	L.			•	h	
	corporations (including 1120-C filers), partnerships, REM					
	come tax returns.	ios, and t	rusts must use i omi 7004 to reques			ımbor
Type or Name of exempt organization or other filer, see instructions.				Enter filer's identifying number Employer identification number (EIN) or		
print	Name of exempt organization of other filer, see instru	Ctions.		Litiploye	Identification har	TIDEI (LIIV) OI
-	SOCIETY OF BIBLICAL LITERATURE				23-6390716	
File by the due date fo filing your	te for Number, street, and room or suite no. If a P.O. box, see instructions. Sour 825 HOUSTON MILL ROAD NE. NO. 350			Social se	social security number (SSN)	
return. See instructions	City, town or post office, state, and ZIP code. For a fo					
	ATLANTA, GA 30329					
Enter the	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
Applicat	tion	Return	Application			Return
Is For		Code	Is For			Code
	0 or Form 990-EZ	01	Form 990-T (corporation)			07
	Form 990-BL 02 Form 1041-A					08
	Form 4720 (individual) 03 Form 4720 (other than individual)					09
Form 990-PF 04 Form 5227						10
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069			11
Form 990-T (trust other than above)			Form 8870			12
	PAM KENNEMORE	•	•			
	books are in the care of \triangleright 825 HOUSTON MIN hone No. \triangleright 404-727-3103	LL RO		ΓA, G	A 30329	
-		المطاحمة	Fax No.			
	organization does not have an office or place of business					P L
	is for a Group Return, enter the organization's four digit	1				
box >	<u> </u>		ach a list with the names and EINs of		ers the extension	is for.
1 In	equest an automatic 3-month (6 months for a corporation FEBRUARY 15, 2016, to file the exemp				The extension	
is	for the organization's return for:					
>	calendar year or					
>	X tax year beginning JUL 1, 2014	, an	d ending JUN 30, 2015			
			<u></u>			
2 If 1	the tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return I	inal retur	n	
	Change in accounting period					
3a If t	his application is for Forms 990-BL, 990-PF, 990-T, 4720	or 6069,	enter the tentative tax, less any			_
no	nrefundable credits. See instructions.			3a	\$	0.
b If t	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and			_
es	timated tax payments made. Include any prior year overp	payment a	llowed as a credit.	3b	\$	0.
	alance due. Subtract line 3b from line 3a. Include your pa	•				^
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.
Caution	. If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8	453-EO ar	nd Form 8879-EO	for payment