

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

A Fo	r the 20	013 cale	endar year, or tax year beginning 07-01-2013 , 2013, and ending 06-	30-2014				
	eck if app		C Name of organization ASSOCIATION FOR SLAVIC EAST		D Emplo	yer ident	ification number	
	ress cha	_	EUROPEAN AND EURASIAN STUDIES Doing Business As		31-07	85029		
	me chang		ASEES					
_	ial return	1	Number and street (or P O box if mail is not delivered to street address) Room/s 315 S BELLEFIELD AVE	uite	E Telepho	ne numbe	er	
	mınated		ROOM/SUITE 203C		(412)	648-99	11	
_	ended re		City or town, state or province, country, and ZIP or foreign postal code PITTSBURGH, PA 152606424		, ,			
J App	olication p	pending		_	G Gross re	eceipts \$:	1,053,368	
			F Name and address of principal officer LYNDA PARK		Is this a group subordinates?	return f	or ┌ Yes 🗸 No	
			315 S BELLEFIELD AVE		subordinates		j řesje No	
			PITTSBURGH,PA 152606424		Are all subordi	nates	┌ Yes ┌ No	
——— т Та	x-exemp	t status	▼ 501(c)(3)		included? If "No." attach	a list (s	see instructions)	
			W ASEES ORG	┪				
				H(c)	Group exempt			
			Corporation	L Yea	r of formation 19	48 M S	tate of legal domicile NY	
Ра	rt I		mary escribe the organization's mission or most significant activities					
Governance	PO ST AI PI BI SO PI	OLITIC TUDEN ND EXF ROMOT EING A CHOLA ROFES	UCASUS, RUSSIA, AND EASTERN EUROPE IN REGIONAL AND GLOCAL INTERNATIONAL PROFESSIONAL ORGANIZATION, WE SUPPLITS IN DIVERSE DISCIPLINES AND SPECIALISTS IN VARIOUS PROFESTIONS OF THE REPORT OF STANDING OF THE RESTRICT OF SLAVIC, EAST OF MAJOR CENTER OF INFORMATION AND RESOURCES, - HOLDING ARLY PRESENTATIONS, EXCHANGE OF IDEAS, AND OPPORTUNITY SIONAL DEVELOPMENT OF ITS MEMBERS, - PUBLISHING THE PROFESSIONAL DEVELOPMENT OF ITS MEMBERS, - PUBLISHING THE PROFESSIONAL DEVELOPMENT OF THE MEMBERS, - PUBLISHING THE PROFESSIONAL ASSEMINATES RESEARCH, - PRESENTING ANNUAL A	PORT OUI ROFESSI EGION AI EUROPE IG ANNUA	R MEMBERS, W ONS, TO SHAF ND ITS IMPAC AN AND EURA AL CONVENTI SOCIAL INTE	HO ARI T IN THE SIAN S ONS THE	E SCHOLARS AND R KNOWLEDGE HE WORLD WE TUDIES BY - HAT FEATURE ON AND THE	
	_							
Activities &	2 C	heck th	nis box 📭 if the organization discontinued its operations or disposed	of more t	han 25% of its	net ass	ets	
S S			,					
∢	l		of voting members of the governing body (Part VI, line 1a)			3	23	
			of independent voting members of the governing body (Part VI, line 1b	•		5	21	
	l		mber of individuals employed in calendar year 2013 (Part V, line 2a) mber of volunteers (estimate if necessary)			6		
	l		related business revenue from Part VIII, column (C), line 12			7a	0	
			lated business taxable income from Form 990-T, line 34			7b		
					Prior Year		Current Year	
g _i	8		butions and grants (Part VIII, line 1h)		20,1		25,722	
Rayente	9		m service revenue (Part VIII, line 2g)		739,4		789,825	
Нэу	l		ment income (Part VIII, column (A), lines 3, 4, and 7d) revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	·	85,9	_	237,741	
	I		revenue—add lines 8 through 11 (must equal Part VIII, column (A), lii	ne		118 80		
		12) .	<u> </u>		845,5	82	1,053,368	
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)		17,5	34	28,708	
	14		ts paid to or for members (Part IX, column (A), line 4) es, other compensation, employee benefits (Part IX, column (A), lines				0	
\$	15	5-10)			331,4	55	330,878	
Expenses	16a	Profes	sional fundraising fees (Part IX, column (A), line 11e)				0	
ਡੌ	ь	Total fu	ndraising expenses (Part IX, column (D), line 25) 🕨 6,535					
	l		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		312,2		371,883	
	18 19		expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		661,2		731,469	
ن من	129	reven	ue less expenses Subtract line 18 from line 12	_	184,3 inning of Curre		321,899	
90 90 90 90 90 90 90 90 90 90 90 90 90 9					Year		End of Year	
Net Assets or Fand Balances	I		assets (Part X, line 16)		2,391,8	_	2,746,482	
4 PE	l		iabilities (Part X, line 26)		313,3		301,126	
	22 t III		sets or fund balances Subtract line 21 from line 20 ature Block		2,078,5	38	2,445,356	
Unde my k	r penalt nowledg irer has	ties of p ge and b s any kr ***** Signa	perjury, I declare that I have examined this return, including accompa pelief, it is true, correct, and complete Declaration of preparer (other to nowledge ** sture of officer A PARK OFFICER					
			or print name and title rint/Type preparer's name Preparer's signature	Date		PTIN		
Paid	4	R	OCCO A D'ANGELO	2015-02-10	sen-employed	P004383		
	4	F	ırm's name ► D'ANGELO & ASSOCIATES INC		Firm's EIN ► 20	-2047700	1	
Pre	parer	r I	IIII S Halle P D ANGLES & ASSOCIATES INC			7-2347733	,	

Form	n 990 (2013)									Page 2
Par		nt of Program Servic :hedule O contains a respo			ı					ত
SCH AND	ASSOCIATION FO OLARLY SOCIETY EASTERN EUROP	he organization's mission OR SLAVIC, EAST EUROP DEDICATED TO THE AD' E IN REGIONAL AND GLO SUPPORT OUR MEMBERS,	VANCEMENT BAL CONTE	T OF KNOWLEDGE ABO EXT AS A PRIVATE, NO	OUT CENTR ON-POLITI	AL ASIA, THE CAL INTERNA	CAUC. TIONA	ASUS, L PRO	RUS FESS	SIA, SIONAL
IN V REG AND THA PRO	ARIOUS PRÓFESS ION AND ITS IMP EURASIAN STUD T FEATURE SCHO FESSIONAL DEVE	IONS, TO SHARE THEIR ACT IN THE WORLD WE P IES BY - BEING A MAJOF LARLY PRESENTATIONS, LOPMENT OF ITS MEMBE RESEARCH, - PRESENTII	KNOWLEDG PROMOTE IN R CENTER O EXCHANGE RS, - PUBLI	E AND EXPERTISE AND NTELLECTUAL VITALIT FINFORMATION AND OF IDEAS, AND OPPO SHING THE PRESTIGI	D TO FOST TY IN ALL A RESOURCE RTUNITIE	ER GREATER L ASPECTS OF S ES, - HOLDING S FOR SOCIAL	NDERS LAVIC ANNU INTER	TAND , EAST AL CC RACTI	ING EUR NVE ON A	OF THE ROPEAN ENTIONS AND THE
2	Did the organization the prior Form 990	on undertake any significar O or 990-EZ?		ervices during the year v	which were r	not listed on		┌ Ye	s 🔽	No
3	Did the organizati	these new services on Sch on cease conducting, or ma		nt changes in how it cond	ducts, any p	orogram			_	·
	services? If "Yes," describe	these changes on Schedul	e O				•	∏ Ye	s Y	No
4	expenses Section	nization's program service n 501(c)(3) and 501(c)(4) s, and revenue, if any, for ea	organızatıon	s are required to report t						;,
4a	(Code PUBLICATION OF SLA) (Expenses \$ AVIC REVIEW AND NEWSNET	275,748	including grants of \$) (Revenue \$		195,	358)	
4b	(Code SPONSORSHIP OF AN) (Expenses \$ NNUAL CONVENTION	313,324	including grants of \$	28,7	08) (Revenue \$		305	,423)	
4c	(Code) (Expenses \$	29,707	including grants of \$) (Revenue \$		297,	045)	

) (Revenue \$

MEMBERSHIP SERVICES

Total program service expenses ▶

(Expenses \$

Other program services (Describe in Schedule O)

including grants of \$

618,779

4d

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

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		N o
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		N o
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		N o
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		N o
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
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	38	Yes	
		F	orm 990	(2013)

art v				_
	Check if Schedule O contains a response or note to any line in this Part V		Yes	.) No
la En	ter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 7		100	110
	ter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	İ		
	I the organization comply with backup withholding rules for reportable payments to vendors and reportable			
ga	ming (gambling) winnings to prize winners?	1c		
	ter the number of employees reported on Form W-3, Transmittal of Wage and			
	x Statements, filed for the calendar year ending with or within the year covered this return	İ		
•	it least one is reported on line 2a, did the organization file all required federal employment tax returns?	i		
	te. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
ka Du	I the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		140
	any time during the calendar year, did the organization have an interest in, or a signature or other authority			
٥v	er, a financial account in a foreign country (such as a bank account, securities account, or other financial			
ac	count)?	4a		Νo
b If	Yes," enter the name of the foreign country 🕒	İ		
Se	e instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	İ		
- \\/-	s the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	I any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		NO
c If'	Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
a Do	es the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	anization solicit any contributions that were not tax deductible as charitable contributions?	"		140
	Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	re not tax deductible?	6b		
	ganizations that may receive deductible contributions under section 170(c).	_		
	I the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and vices provided to the payor?	7a		Νo
	Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	I the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	Form 8282?	7c		Νo
d If	Yes," indicate the number of Forms 8282 filed during the year			
- 5	deba annonceria no accordante di mande di mandi in administrati de mante annonceria anno anno anno anno de mandi			
	I the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit intract?	7e		Νo
Die	the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
j Ift	he organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	uıred?	7g		Νo
	he organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		No
	onsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did	 		110
the	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess	İ		
bu	siness holdings at any time during the year?	8		
Sp	onsoring organizations maintaining donor advised funds.			
a Die	the organization make any taxable distributions under section 4966?	9a		
b Die	the organization make a distribution to a donor, donor advisor, or related person?	9b		
Se	ction 501(c)(7) organizations. Enter			
a Ini	tiation fees and capital contributions included on Part VIII, line 12 10a			
	oss receipts, included on Form 990, Part VIII, line 12, for public use of club			
	Ilities	İ		
	ction 501(c)(12) organizations. Enter	İ		
	oss income from members or shareholders			
	oss income from other sources (Do not net amounts due or paid to other sources ainst amounts due or received from them)			
a Se	ction 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	Yes," enter the amount of tax-exempt interest received or accrued during the			
•				
	ction 501(c)(29) qualified nonprofit health insurance issuers.			
	the organization licensed to issue qualified health plans in more than one state? te. See the instructions for additional information the organization must report on Schedule O	13a		
	ter the amount of reserves the organization is required to maintain by the states			
ın	which the organization is licensed to issue qualified health plans			
: En	ter the amount of reserves on hand	į į		
) Die	the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h If'	Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

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

			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year								
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O								
b	Enter the number of voting members included in line 1a, above, who are independent								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No					
3	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No					
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo					
6	Did the organization have members or stockholders?	6	Yes						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	The governing body?	8a	Yes						
b	b Each committee with authority to act on behalf of the governing body?								
9	9		No						
Section B. Policies (This Section B requests information about policies not required by the Internal Rev									
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		No					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			ı					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12 c		No					
13	Did the organization have a written whistleblower policy?	13		Νo					
14	Did the organization have a written document retention and destruction policy?	14		Νo					
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1:					
а	15a	Yes							
b	Other officers or key employees of the organization	15b	Yes						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b							

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶PA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website V Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ASSOCIATION FOR SLAVIC EAST EUROPEAN AND EURASIAN STUDIES 315 S BELLEFIELD AVE 203C BELLEFIELD HALL
 - PITTSBURGH, PA 15260 203C BELLEFIELD HALL (412) 648-9788

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

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot ecto	not box h an or/tr	change of the compensated compensated	ess er e)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
(4) IVAIDA DADI	10.00					ř					
(1) LYNDA PARK	40 00	×		х				79,784	0	0	
EXECUTIVE DI (2) HARRIET MURAV	20 00										
EDITOR	20 00	х		х				14,916	0	0	
(3) JUDITH DEUTSCH KORBLATT	4 00										
PAST PRESIDE		х		х				0	0	0	
(4) STEVE HANSON	4 00										
PRESIDENT		Х		Х				0	0	0	
(5) DIANE KOENKER	4 00										
PAST PRESIDE		Х		Х				0	0	0	
(6) SUSAN LINZ	2 00										
TREASURER		X		X				0	0	0	
(7) MARK STEINBERG	20 00										
FORMER EDITO		X		X				0	0	0	
(8) CHRISTINE WOROBEC	50	,,						0	0		
MEMBER-AT-LA		X						U	0	0	
(9) CATRIONA KELLY	4 00	x		х				0	0	0	
VICE PRESIDE		_ ^						Ü	0		
(10) ELIOT BORENSTEIN	50	x						0	0	0	
MEMBER-AT-LA								ŭ			
(11) ANNE GORSUCH	50	l x						o	0	0	
AAG REPRESEN								_	_		
(12) ZSUZSA GILLE	50	×						0	0	0	
FMR SOCIOLOG											
(13) ALEXANDRA HRYCAK	50	x						0	0	0	
SOCIOLOGY RE (14) MIEKE MEURS					_						
	50	×						0	0	0	
ECONOMICS RE (15) JOAN NEUBERGER											
	50	x						О	0	0	
FMR MEMBER-A (16) JANICE PILCH	50										
	50	×						О	0	0	
FMR CLIR REP (17) COLLEEN LUCEY	50	-									
		Х						0	0	0	
GRADUATE STU				l							

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

(A) Name and Title		(B) A verage hours per week (list any hours for related	more than one box, person is both an and a director/tru					ess er e)	(D) Reportable compensation from the organizatio (W- 2/1099	on n	(E) Reportable compensation from related organizations (W- 2/1099-		(F Estim amount o compen from organiz	ated of other sation the
		organizations below dotted line)	Individual trustée or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)		MISC)		and re organiz	lated
(18) IRINA REYFMAN		50	х							0		0		0
MEMBER-AT-LA										ĭ		1		
(19) DOUGLAS ROGERS		50	x							o		0		0
AAA REPRESEN (20) OLGA SHEVCHENKO	<u> </u>	50				<u> </u>				_		+		
MEMBER-AT-LA	,	30	х		х					0		0		0
(21) TIMOTHY SNYDER		50										+		
FMR MEMBER-A			Х							0		0		0
(22) JOSHUA TUCKER		50	V											0
APSA REP			Х							0		0		0
(23) LESLIE WATERS		50	x							o		0		0
FMR GRAD STU (24) ROBERT WEINBERG		F0	-									+		
,	1	50	x							o		0		0
FMR AHA REP (25) BRIAN BAER		50								_		+		
CRA REP 2013			Х							0		0		0
(26) MEGAN DIXON		50	,,											0
AAG REP 2013			Х							0		0		0
(27) ADEEB KHALID		50	×							٥		0		0
MEMBER-AT-LA												1		
(28) JANE SHARP		50	x							o		0		0
MEMBER-AT-LA (29) VALERIE SOBOL		50										+		
AATSEEL REP			Х							0		0		0
												\dagger		
1b Sub-Total .							<u> </u>					\Box		
	ntinuation sheets to Pa	rt VII, Section A			•		►							
d Total (add line	es 1b and 1c)						►		94,700					
	of individuals (including				ed a	bove	e) who	rec	eıved more th	an		•		
\$100,000 011	eportable compensatior	i irom the organiz	zation F	-										
													Yes	No
	zation list any former of <i>"Yes," complete Schedule</i>			e, key	y em	nplo	yee, o	r hig	hest compens	sate				
				•	•	•						3		N o
	lual listed on line 1a, is nd related organizations											4		No
	n listed on line 1a receivered to the organization										idividual for	5		No
		. , ,			_	_						<u>, </u>		INU
	ependent Contrac													
	table for your five higher from the organization.												tax vear	
compensation from the organization Report compensation for the calendar year ending with or within the organization (A) (B)								Ī	(C)				
	Name and	business address							Desc	riptic	on of services	+	Comper	isation
												#		
												+		
		, , , ,										\downarrow		
	independent contractor impensation from the or		iot iim	itea t	o th	iose	iisted	abo	ove) wno rece	ived	more than			

Contributions, Gifts, Grants and Other Similar Amounts	1aab ccddee f
Program Service Revenue	22 b c c d d e e f g 3 3 4 5 5 62 b b
evenue	3 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
Other R	ы 9а ы
	10a
	11a

Form 99						Page 9
Part V	ДШ	Statement of Revenue Check if Schedule O contains a response or note to	any line in this Part VIII			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
w 20	1a	Federated campaigns 1a				
Grants mounts	ь	Membership dues 1b				
, E	С	Fundraising events 1c				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations 1d				
 E :: E ::	e	Government grants (contributions)				
ons Sil	l f	All other contributions, gifts, grants, and 1f 2				
Contributions, and Other Sim		similar amounts not included above				
i di	g	Noncash contributions included in lines 1a-1f \$				
a G	h	Total. Add lines 1a-1f	25,722			
<u> </u>		Business C	Code			
nu ye	2a	CONVENTION INCOME	297,423	297,423		
æ	b	MEMBERSHIP DUES	297,044	297,044		
MCP	С	PUBLICATION SUBSCRIPTIONS	174,228	174,228		
38	d	PUBLICATION ADVERTISING	19,161	19,161		
ig E	e f	All other program service revenue	1,969			1,969
Program Serwoe Revenue	'					
<u></u>	g	Total. Add lines 2a-2f	789,825			
	3	Investment income (including dividends, interest, and other similar amounts)	> 237,741			237,741
	4	Income from investment of tax-exempt bond proceeds	•			
	5	Royalties				
	6a	(I) Real (II) Perso	nai			
	b	Less rental				
	С	expenses Rental income				
	d	or (loss) Net rental income or (loss)	<u> </u>			
		(i) Securities (ii) Othe				
	7a	Gross amount from sales of				
		assets other than inventory				
	ь	Less cost or other basis and				
	c	sales expenses Gain or (loss)				
	d	Net gain or (loss)				
e n	8a	Gross income from fundraising events (not including	-			
Other Revenue		\$ of contributions reported on line 1c) See Part IV, line 18				
Ā	ь	Less direct expenses b				
₹	c	Net income or (loss) from fundraising events	<u> </u>			
	9a	Gross income from gaming activities	-			
		See Part IV, line 19				
	ь	Less direct expenses b	 			
	I	Net income or (loss) from gaming activities	. ►			
	10a	Gross sales of inventory, less returns and allowances .				
	Ь	Less cost of goods sold b				
		Net income or (loss) from sales of inventory	-			
		Miscellaneous Revenue Business C	ode			
		MISCELLANEOUS REVENUES	80	80		
	Ь					
	C	A II akkan mayar isa				
	d e	All other revenue	*			
			80			
	12	Total revenue. See Instructions	1,053,368	787,936		239,710

					Page 10
	Statement of Functional Expenses			-1-1 1 (4.)	
sectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns All				
	Check if Schedule O contains a response or note to any line in this		(B)	(c)	. /
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	8,665	8,665		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	20,043	20,043		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	80,769	44,423	32,308	4,038
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	180,395	165,316	15,079	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	69,714	47,677	20,402	1,635
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	6,829		6,829	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	625		625	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	94,845	81,700	13,145	
12	Advertising and promotion	31,013	01,700	13,113	
13	Office expenses	109,115	101,503	7,612	
14	Information technology	13,622	12,760	.,,,,	862
15	Royalties	13,022	12,700		
16	Occupancy				
17	Travel	9,145	3,824	5,321	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	3,143	3,021	3,321	
19	Conferences, conventions, and meetings	132,362	132,362		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	759	506	253	
23	Insurance	2,022		2,022	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	DUES & SUBSCRIPTIONS	2,559		2,559	
b					
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	731,469	618,779	106,155	6,535
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)				

Part X Balance Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			_
		eneck in Schedule o contains a response of note to any line in this rare X	(A)	•	(B)
			Beginning of year		End of year
	1	Cash-non-interest-bearing	14,324		28,087
	2	Savings and temporary cash investments	231,493		171,916
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	23,342	4	13,944
	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	g
<u>s</u>	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			
Assets				6	
6	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	407	9	4,407
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 74,729			
	Ь	Less accumulated depreciation 10b 74,729	758	10 c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11	2,121,515	12	2,528,128
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,391,839	16	2,746,482
	17	Accounts payable and accrued expenses	28,593	17	49,070
	18	Grants payable		18	
	19	Deferred revenue	284,708	19	252,056
	20	Tax-exempt bond liabilities		20	
φ.	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
æ		persons 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		25	
	26	Total liabilities. Add lines 17 through 25	313,301	26	301,126
ري دان		Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and complete			
Ĕ	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets	1,894,442	27	2,262,260
<u>ಣ</u>	28	Temporarily restricted net assets	158,156		157,156
<u> </u>	29	Permanently restricted net assets	25,940	29	25,940
Ĭ	29	,	25,940	29	25,940
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
45 S	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net #	33	Total net assets or fund balances	2,078,538	33	2,445,356
ž	34	Total liabilities and net assets/fund balances	2,391,839		2,746,482
		. The state of the first dispersional state of the state	2,551,659	J-1	2,740,402

Pai	TEXT Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,0	53,368
2	Total expenses (must equal Part IX, column (A), line 25)	2		7	31,469
3	Revenue less expenses Subtract line 2 from line 1	3			321,899
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			78,538
5	Net unrealized gains (losses) on investments	5		2,0	44,919
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			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		2,4	145,356
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	ırate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	е	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493041012005

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

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

Open to Public Inspection

Name of the organization ASSOCIATION FOR SLAVIC EAST EUROPEAN AND EURASIAN STUDIES **Employer identification number**

31-0785029

	tΙ			blic Charity Sta						nstructions	
The o	rganı	zatıon ıs	not a privat	e foundation becaus	eıtıs (Forl	ınes 1 throu	igh 11, check	only one b	ox)		
1	\sqcap	A chur	ch, conventi	on of churches, or a	ssociation of	churches d	escribed in s e	ection 170(b)(1)(A)(i).		
2	Γ	A scho	ol described	in section 170(b)(1	.)(A)(ii). (At	tach Schedı	ıle E)				
3	Γ	A hosp	ıtal or a coo	perative hospital se	rvice organiz	atıon descri	bed in sectio	n 170(b)(1)	(A)(iii).		
4	Γ	A medi	cal researcl	n organization operat	ted ın conjun	ction with a	hospital desc	cribed in se	ction 170(b)(1)(A)(iii). E	nter the
_	_			ty, and state							
5	ı			erated for the benefi		or universit	ty owned or o	perated by	a governmen	tal unit desc	ribed in
_	_			A)(iv). (Complete P	•			4=4(1)4			
6	_			local government or	_						
7	ı	_		at normally receives on 170(b)(1)(A)(vi).		•	support from	a governme	ental unit or f	rom the gene	eral public
8	Г			described in sectior			nplete Part II)			
9	<u></u>		•	at normally receives			-	-	outions, mem	bership fees	, and gross
		receipt	s from activ	ities related to its ex	xempt function	ons—subject	t to certain e:	xceptions, a	and (2) no mo	re than 331/	/3% of
				oss investment inco							
		acquire	ed by the org	janization after June	30,1975 S	ee section 5	509(a)(2). (C	omplete Pa	rt III)		
10	Γ	An orga	anızatıon org	ganized and operated	dexclusively	to test for p	oublic safety	See sectio	n 509(a)(4).		
11	Γ	An orga	anızatıon org	ganized and operated	d exclusively	for the bene	efit of, to perf	orm the fun	ctions of, or t	o carry out t	the purposes of
				y supported organiz					. , . ,	ee section 5	09(a)(3). Check
				bes the type of supp b Type II c						on functions	lly integrated
_	_			ox, I certify that the			· -				, -
е	,			on managers and ot							
			509(a)(2)	J			, , , , , , , , , , , , , , , , , , , ,	· · · · J · · · · · · · ·			(4)(-)
f			_	received a written de	etermination	from the IR:	S that it is a	Type I, Typ	e II, or Type	III supporti	ng organization,
a			this box	2006, has the organi	zation accer	ted any dift	or contribution	on from any	ofthe		ı
g			ng persons?	.000, nas the organi	zacion accep	rted any gnt	or contribution	on nom any	or the		
		(i) A p	erson who d	rectly or indirectly o	ontrols, eith	er alone or t	ogether with	persons de	scribed in (ii)		Yes No
		and (111) below, the	governing body of th	ie supported	organızatıor	۱?			11g	(i)
		(ii) A fa	amıly memb	er of a person descr	bed in (i) ab	ove?				11g	(ii)
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı) a	above?			11g((iii)
h		Provide	the followi	ng information about	the supporte	ed organizati	ion(s)				
		_					T		T		T
• •) Nam uppoi		(ii) EIN	(iii) Type of organization	(iv) Is t organızatı		(v) Did you the organiz	•	(vi) Is organizat		(vii) A mount of monetary
		ation		(described on	col (i) list		in col (i) o		col (i) org		support
•	-			lines 1 - 9 above	your gove		suppor	•	in the U		''
				or IRC section	docume	nt?					
				(see instructions))		1		ı			
				ilisti uctions))	Yes	No	Yes	No	Yes	No	
Total						1	1	l	1		1

Sch	edule A (Form 990 or 990-EZ) 2013						Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
_	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	low, please con	iplete Part .	.111.)
	endar year (or fiscal year beginning	(-) 2000	(1-) 2010	(-) 2011	(4) 2012	(-) 201	(5) T. I.
	in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201:	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
3	behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5 from line 4						
S	ection B. Total Support	I	<u> </u>		I		I
	endar year (or fiscal year beginning	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(6) 2010	(6) 2011	(u) 2012	(e) 2013	(I) I otal
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly carried						
	on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities	es, etc (see inst	ructions)	•		12	1
13	First five years. If the Form 990 is t	for the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	501(c)(3) o	rganızatıon, check
	this box and stop here				<u> </u>	<u> </u>	<u></u>
	ection C. Computation of Pub			4.4 1 (5)			
14	Public support percentage for 2013			11, column (f))		14	
15	Public support percentage for 2012	· ·	•			15	_
16a	33 1/3% support test—2013. If the condition have				line 14 is 33 1/3%	or more, che	ck this box
b	and stop here. The organization qua 33 1/3% support test—2012. If the				and line 15 is 33	8 1/3% or more	
	box and stop here. The organization				, 10 00	. 40.001111011	► F
17a	10%-facts-and-circumstances test-	-2013. If the org	anızatıon dıd not	check a box on lı			
	is 10% or more, and if the organizat						
	in Part IV how the organization mee	ts the "facts-and	d-circumstances'	test The organ	ızatıon qualıfıes a	s a publicly s	
Ь	organization 10%-facts-and-circumstances test-	-2012 . If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and L	▶ ┌
	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat						ublicly
	supported organization				4-71		▶ □
18	Private foundation. If the organizat instructions	ion aid not check	k a box on line 13	, 16a, 16b, 1/a,	or 1/p, check thi	s pox and se	e ▶□
							г,

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

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

Se	ction A. Public Support							_
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2	013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	8,176	19,164	15,300	20,120		25,722	88,482
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	730,998	660,879	745,478	738,046		787,856	3,663,257
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit 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 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	739,174	680,043	760,778	758,166		813,578	3,751,739
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
8	Add lines 7a and 7b Public support (Subtract line 7c from line 6)							3,751,739
Se	ction B. Total Support	•					•	
Cale	ndar year (or fiscal year beginning	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 20	13	(f) Total
9	in) ► A mounts from line 6	739,174	680,043	760,778	758,166		813,578	3,751,739
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	57,609	82,943	82,647	85,614		237,741	546,554
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b	57,609	82,943	82,647	85,614		237,741	546,554
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	3,388	3,089	4,096	1,390		1,969	13,932
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	1,042	327	148	118		80	1,715
13	Total support. (Add lines 9, 10c, 11, and 12)	801,213	766,402	847,669	845,288		,053,368	4,313,940
14	First five years. If the Form 990 is check this box and stop here	ioi tile organizatio	m s mst, secona,	, ciiii a, iourcii, or t	nun tax year as a	1 201(c)(o) organi	zation, ►
Se	ction C. Computation of Pub	lic Support Pe	rcentage					 ,
15	Public support percentage for 2013			13, column (f))		15		86 970 %
16	Public support percentage from 20	12 Schedule A, Pa	ırt III, lıne 15			16		89 780 %
Se	ction D. Computation of Inv	estment Inco	ne Percentag	je				
17	Investment income percentage for	2013 (line 10c, co	lumn (f) dıvıded l	y line 13, colum	n (f))	17		13 000 %
18	Investment income percentage from	n 2012 Schedule <i>A</i>	A, Part III, line 1	7		18		10 000 %
19a	33 1/3% support tests—2013. If the more than 33 1/3%, check this box a							ıne 17 ıs not ▶✓

33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

art IV	Supplemental Information.	. Provide the explanations required by Part II, line 10; Part II, line 17a o	r
1	17b; and Part III, line 12. Also	complete this part for any additional information. (See instructions).	

Facts And Circumstances Test						
Return Reference	Explanation					
PART II. LINE 12	MISCELLANEOUS REVENUES 1.715					

Schedule A (Form 990 or 990-EZ) 2013

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

DLN: 93493041012005

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

ASSOCIATION FOR SLAVIC EAST	nployer identification number
151	L-0785029
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds organization answered "Yes" to Form 990, Part IV, line 6.	
(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year	
2 Aggregate contributions to (during year)	
A ggregate grants from (during year)	
A ggregate value at end of year	
Did the organization inform all donors and donor advisors in writing that the assets held in donor ad funds are the organization's property, subject to the organization's exclusive legal control?	dvised Yes No
Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any oth conferring impermissible private benefit?	
Part II Conservation Easements. Complete if the organization answered "Yes" to For	<u> </u>
Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the foreasement on the last day of the tax year	
easement on the last day of the tax year	Held at the End of the Year
a Total number of conservation easements 2a	Tiena at the Ena of the Fear
b Total acreage restricted by conservation easements 2b	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
historic structure listed in the National Register	
Number of conservation easements modified, transferred, released, extinguished, or terminated by the tax year -	the organization during
Number of states where property subject to conservation easement is located 🕨	
Does the organization have a written policy regarding the periodic monitoring, inspection, handling enforcement of the conservation easements it holds?	of violations, and
Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements	s during the year
A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements duri \$ \begin{align*} \begintarrem{align*} \begin{align*} \begin{align*} \begin{align*} \beg	ing the year
Does each conservation easement reported on line $2(d)$ above satisfy the requirements of section and section $170(h)(4)(B)(II)$?	170(h)(4)(B)(ı)
In Part XIII, describe how the organization reports conservation easements in its revenue and exp balance sheet, and include, if applicable, the text of the footnote to the organization's financial stat- the organization's accounting for conservation easements	
Organizations Maintaining Collections of Art, Historical Treasures, or O Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	Other Similar Assets.
If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue s works of art, historical treasures, or other similar assets held for public exhibition, education, or re- service, provide, in Part XIII, the text of the footnote to its financial statements that describes the	search in furtherance of public
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue state works of art, historical treasures, or other similar assets held for public exhibition, education, or reservice, provide the following amounts relating to these items	
(i) Revenues included in Form 990, Part VIII, line 1	- \$
(ii) Assets included in Form 990, Part X	► \$
If the organization received or held works of art, historical treasures, or other similar assets for final following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	· · · · · · · · · · · · · · · · · · ·
a Revenues included in Form 990, Part VIII, line 1	► \$

b Assets included in Form 990, Part X

Par	Organizations Maintaining Co	llections of Art,	His	tori	<u>cal Tr</u>	easur	es, or O	ther	Similar As	sets (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other record	ds, ch	neck	,		-		significant use	ofits	
а	Public exhibition		d	Γ	Loan	or exch	ange progi	ams			
b	Scholarly research		e	Γ	Other	-					
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ollections and explai	n hov	w the	y furthe	r the or	ganızatıor	ı's exe	empt purpose	ın	
5	During the year, did the organization solicit									- .,	–
Dat	assets to be sold to raise funds rather than to the sold to raise funds rather than to the sold to the		_							୮ Yes	☐ No
	Part IV, line 9, or reported an an						answere	u 10	.5 (0 101111 2	,,,,,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	forc	ontribu	itions or	other ass	ets n		┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	wing t	able		_				
_							-	_	An	nount	
C	Beginning balance						-	1c			
d	Additions during the year						-	1d			
e f	Distributions during the year						-	1e 1f			
	Ending balance	one OOO Deat Value	242				L	11			
2a L	Did the organization include an amount on Fo									┌ Yes	Г No
b	If "Yes," explain the arrangement in Part XII										<u>'</u>
Ра	rt V Endowment Funds. Complete	tne organization (a)Current year		Prior					hree years back	(e)Four	years back
1a	Beginning of year balance	25,940			25,940	, ,	25,940	+ ` ´	25,940		25,940
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
_	and programs							 			
T	Administrative expenses	25,940			25,940		25,940	1	25,940		25,940
g	End of year balance	·	- //			<u> </u>		<u>′1 </u>	23,940		23,340
2	Provide the estimated percentage of the curr	ent year end balanc	e (III	ie 1g	, colum	n (a)) ne	eid as				
a	Board designated or quasi-endowment										
Ь	Permanent endowment ► 100 000 %										
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	uld agual 100%									
За	Are there endowment funds not in the posses		tion	that :	aro hole	d and ad	lministoro	d for t	ho		
Sa	organization by	ssion of the organiza	ונוטוו	llial	are nero	anu au	iiiiiiistere	u 101 t	iie	Yes	s No
	(i) unrelated organizations								3a((i)	No
_	(ii) related organizations								3a(No
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the	·						•	31	b	
	t VI Land, Buildings, and Equipme					n answ	ered 'Yes	to F	orm 990. Pa	art IV.	line
	11a. See Form 990, Part X, line										
	Description of property				a) Cost onside		(b) Cost or basis (ot		(c) Accumulate depreciation		Book value
1a	Land										
b	Buildings										
c	Leasehold improvements										
	Equipment		•								
	Other				D) /	10(:)		4,729	-	,729	
ıota	I. Add lines 1a through 1e (Column (d) must e	quai rorm 990, Part X	, colu	ımn (<i>ʁ), Iine</i>	1U(C).)		• •			000) 5515
									Schedule [) (Form	990) 2013

See Form 990, Part X, line 12.		answered Yes' to Form 990, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2)Closely-held equity interests (3)Other		
(A) MUTUAL FUNDS	2,528,128	F
(2) (2) (2) (2)	2,528,128	
Part VIII Investments—Program Related. Co See Form 990, Part X, line 13.	mplete if the organization	answered 'Yes' to Form 990, Part IV, line 11c.
(a) Description of investment	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total (column (b) must equal term soo, tall by cor (b) mic 15)	a market and IV and the Forms 000	Port IV line 11 d Con Form 000 Port V line 15
Part IX Other Assets. Complete if the organization (a) Descri		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	5.)	
Part X Other Liabilities. Complete if the orga		
Form 990, Part X, line 25. (a) Description of liability	(b) Book value	
Federal income taxes	(=, =	
Total (Column (h) sourt areal Form 200 Part V (10) 1 25		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		e organization's financial statements that

		h Revenue per l	Return Complete If
		1	1,098,287
Net unrealized gains on invest	tments	44,919	
Donated services and use of f	acilities		
Recoveries of prior year grant	s		
Other (Describe in Part XIII)			
Add lines 2a through 2d .		2e	44,919
Subtract line 2e from line 1 .		3	1,053,368
Amounts included on Form 99	0, Part VIII, line 12, but not on line 1		
Investment expenses not incl	uded on Form 990, Part VIII, line 7b . 4a		
Other (Describe in Part XIII)	4b		
Add lines 4a and 4b		4c	
Total revenue Add lines 3 and	d 4c. (This must equal Form 990, Part I, line 12)	5	1,053,368
		th Expenses pe	r Return. Complete
		1	731,469
· -			
_			
		3	731,469
•			
		5	731,469
•		l 4 b 4 2 b	
V , line 4 , Part X , line 2 , Part XI			ride any additional
Return Reference	Explanation		
DULE D, PAGE 3, PART X	501(C)(3) OF THE INTERNAL REVENUE CODE AND TH HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT ASSOCIATION'S TAX-EXEMPT PURPOSE IS SUBJECT BUSINESS INCOME IN ADDITION, THE ASSOCIATIO DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS ORGANIZATION OTHER THAN A PRIVATE FOUNDATI ASSOCIATION'S FORMS 990 RETURN OF ORGANIZATION-T EXEMPT ORGANIZATIONS BUSINESS INCOME JUNE 30, 2014, 2013 AND 2012 ARE SUBJECT TO EXAME	HE PENNSYLVANIA T DIRECTLY RELAT TO TAXATION AS ON QUALIFIES FOR BEEN CLASSIFIED ION UNDER SECTION TIONS EXEMPT FRO TAX RETURN FOR	REVENUE CODE ED TO THE UNRELATED CHARITABLE AS AN ON 509(A)(2) THE DM INCOME TAX AND THE YEARS ENDING
	the organization answ Total revenue, gains, and other Amounts included on line 1 but Net unrealized gains on invest Donated services and use of f Recoveries of prior year grant Other (Describe in Part XIII) Add lines 2a through 2d Subtract line 2e from line 1. Amounts included on Form 99 Investment expenses not included in lines 3 and XII Reconciliation of E if the organization and Total expenses and losses pe Amounts included on line 1 but Donated services and use of form 10 perior year adjustments Other (Describe in Part XIII) Add lines 2a through 2d. Subtract line 2e from line 1. Amounts included on Form 99 Investment expenses not included on Form 99 Investment expenses not included on Form 99 Investment expenses not included on Form 99 Investment expenses not included in Part XIII) Add lines 4a and 4b. Total expenses Add lines 3 and XIII Supplemental Information	the organization answered "Yes" to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements	the organization answered 'Yes' to Form 990, Part TV, line 12a. Total revenue, gains, and other support per audited financial statements

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

Schedule D (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493041012005

SCHEDULE F (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Employer identification number

	OCIATION FOR SLAVIC EAST OPEAN AND EURASIAN STUDIE	:S			31-0785029				
Pa	General Information "Yes" to Form 990, Par			ne United States. Co	omplete if the organiza	ation answered			
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 assistance outside the United		ganızatıon's p	rocedures for monitorii	ng the use of its grant	s and other			
3	Activites per Region (The follow	ing Part I, line 3	table can be d	uplicated if additional spa	ace is needed)				
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region			
(1) See Add'l Data		-						
(2)								
(3)								
(4)								
(5)								
Ī	a Sub-total b Total from continuation sheets to Part I					20,043			
	c Totals (add lines 3a and 3h)	1	ı	•		20 04 2			

Pa						ited States. Compl duplicated if additior			to Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(:	1)								
(:	2)								
(:	3)								
(4	4)								
2						ies by the foreign co (c)(3) equivalency l			
3	Enter total nur	nber of other or	ganızatıons or ent	rities					

Schedule F (Form 990) 2013

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) PRISES	EUROPE	2	1,500	CASH		1	
(2) TRAVEL GRANT	EUROPE	14	8,255	CASH		1	
(3) PRIZES	NORTH AMERICA	1	5,000	CASH		1	
(4) TRAVEL GRANTS	NORTH AMERICA	1	500	CASH	†	1	
(5) TRAVEL GRANTS	MIDDLE EAST AND NORTH AFRICA	1	500	CASH		<u> </u>	
(6) TRAVEL GRANTS	RUSSIA AND NEIGHBORING STATES	5	4,288	CASH			
(7)				,		1	
(8)				7		1	
(9)	+			,		1	
(10)	+		·	,	†	1	
(11)	+		·	-	†	1	
(12)	+		·	 	+	1	
(13)	+	+ +		<u></u>	 	1	
(14)	+	+ +		<u></u>	+	1	
(15)	+	+		 	 		+
(16)		+ +	<u> </u>	 	+		+
(17)	+	+ +	<u> </u>	<u> </u>	+		+
(18)				 	+		+

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	₽	- 1	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Г	Yes	Þ	- 1	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	Į✓	- 1	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	F	- 1	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	F	- 1	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Г	Yes	⊽	- 1	Νo

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013 Page 5

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PAGE 1, PART I, LINE 3	EUROPE 1,500 0 EUROPE 8,255 0 NORTH AMERICA 5,000 0 NORTH AMERICA 500 0 MIDDLE EAST AND NO RTH AFRICA 500 0 RUSSIA AND NEGHBORING STATES 4,288 0

Additional Data

Software ID: Software Version:

EIN: 31-0785029

Name: ASSOCIATION FOR SLAVIC EAST

EUROPEAN AND EURASIAN STUDIES

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
EUROPE				PRIZES	1,500
EUROPE				TRAVEL GRANTS	8,255
NORTH AMERICA				PRIZES	5,000

Form 990 Schedule F P	<u>art I - Activit</u>	<u>ies Outside Th</u>	ne United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
NORTH AMERICA				TRAVEL GRANTS	500
MIDDLE EAST AND NORTH AFRICA				TRAVEL GRANTS	500
RUSSIA AND NEGHBORING STATES				TRAVEL GRANTS	4,288

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

DLN: 93493041012005

2013

OMB No 1545-0047

Schedule I (Form 990)

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

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

Department of the Treasury Internal Revenue Service	► Information		Attach to Form 990 prm 990) and its instructi	ions is at www.irs.gov/	 form990.		pen to Public Inspection
Name of the organization		•	•			Employer identification	on number
ASSOCIATION FOR SLAVIC EAST EUROPEAN AND EURASIAN STUDI	FS					31-0785029	
Part I General Information		Assistance					
Does the organization maintain the selection criteria used to av Describe in Part IV the organization	vard the grants or as: ation's procedures fo	sistance? r monitoring the use o	f grant funds in the Unite	d States			✓ Yes
Part II Grants and Other A Form 990, Part IV, lin							es to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
2 Enter total number of section 503 Enter total number of other orga						· · · • _	

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

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)TRAVEL GRANTS	11	4,330			
(2) PRIZES	8	4,335			
Part IV Supplemental Information	tion. Provide the info	rmation required in P	art I, line 2, Part III,	column (b), and any other	additional information.

Explanation Return Reference

Schedule I (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493041012005

SCHEDULE 0

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No 1545-0047

2013

Name of the organization ASSOCIATION FOR SLAVIC EAST EUROPEAN AND EURASIAN STUDIES Employer identification number

31-0785029

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	THE ASSOCIATION FOR SLAVIC, EAST EUROPEAN, AND EURASIAN STUDIES (ASEES) IS THE LEADING INTERNATIONAL SCHOLARLY SOCIETY DEDICATED TO THE ADVANCEMENT OF KNOWLEDGE ABOUT CENTRAL ASIA, THE CAUCASUS, RUSSIA, AND EASTERN EUROPE IN REGIONAL AND GLOBAL CONTEXT. AS A PRIVATE, NON-POLITICAL INTERNATIONAL PROFESSIONAL ORGANIZATION, WE SUPPORT OUR MEMBERS, WHO ARE SCHOLARS AND STUDENTS IN DIVERSE DISCIPLINES AND SPECIALISTS IN VARIOUS PROFESSIONS, TO SHARE THEIR KNOWLEDGE AND EXPERTISE AND TO FOSTER GREATER UNDERSTANDING OF THE REGION AND ITS IMPACT IN THE WORLD WE PROMOTE INTELLECTUAL VITALITY IN ALL ASPECTS OF SLAVIC, EAST EUROPEAN AND EURASIAN STUDIES BY - BEING A MAJOR CENTER OF INFORMATION AND RESOURCES, - HOLDING ANNUAL CONVENTIONS THAT FEATURE SCHOLARLY PRESENTATIONS, EXCHANGE OF IDEAS, AND OPPORTUNITIES FOR SOCIAL INTERACTION AND THE PROFESSIONAL DEVELOPMENT OF ITS MEMBERS, - PUBLISHING THE PRESTIGIOUS PEER-REVIEWED JOURNAL SLAVIC REVIEW THAT DISSEMINATES RESEARCH, - PRESENTING ANNUAL AWARDS AND PRIZES TO RECOGNIZE OUTSTANDING SCHOLARSHIP AND SIGNIFICANT CONTRIBUTIONS TO ASEESS AND THE FIELD, - DISSEMINATING WORK AND NEWS OF OUR MEMBERS THROUGHITS NEWSLETTER AND ONLINE PLATFORMS, - OFFERING FINANCIAL SUPPORT TO MEMBERSFOR THE PURPOSE OF CONDUCTING AND SHARING THEIR RESEARCH, - ENGAGING THE MEMBERSHIP IN YEAR-ROUND PROGRAMMING AND NETWORKING OPPORTUNITIES, - SUPPORTING TEACHING BY DISSEMINATING BEST PRACTICES AND CURRICULAR MATERIALS, - PROVIDING TRAINING/PROFESSIONAL DEVELOPMENT AND MENTORING PROGRAMS FOR GRADUATE STUDENTS AND YOUNGER SCHOLARS, - DEVELOPING PROGRAMS, POLICIES AND RESOURCES TO ENHANCE INTERDISCIPLINARY UNDERSTANDING, - FOSTERING GREATER AWARENESS OF THE REGION BY ENGAGING THE GENERAL PUBLIC AND THE MEDIA, - PARTNERING WITH OTHER ORGANIZATIONS TO ADVOCATE FOR SUSTAINED SUPPORT OF INTERNATIONAL STUDIES AND FOREIGN LANGUAGE EDUCATION

Return Reference	Explanation
FORM 990	PRIOR PERIOD ADJUSTMENT IN A PRIOR YEAR THE ASSOCIATION RECEIVED CONTRIBUTIONS TOTALING 150,000, HELD IN THE ASSOCIATIONS INVESTMENTS, TO START A FUND FOR ATTRACTING YOUNGER SCHOLARS TO THE ASSOCIATION THROUGH SUPPORT OF STUDENT'S ATTENDANCE OF THE ASSOCIATIONS ANNUAL CONVENTION KNOWN AS THE DAVIS FUND THE CONTRIBUTIONS WERE INTENDED BY THE BOARD TO BE HELD IN PERPETUITY WITH ONLY GAINS ON THE INVESTMENT BEING USED TO PROVIDE FOR STUDENT TRAVEL GRANTS IN PRIOR YEARS FUNDS WERE INCORRECTLY RELEASED FROM THE DAVIS FUND, ACCORDINGLY AN ADJUSTMENT OF 6,201 WAS MADE TO INCREASE TEMPORARILY RESTRICTED NET ASSETS AS OF THE BEGINNING OF THE JUNE 30, 2013 FISCAL YEAR AND RESTORE THE RESTRICTED FUND BALANCE OF THE DAVIS FUND TO 150,000 A CORRESPONDING ENTRY WAS MADE TO DECREASE PREVIOUSLY REPORTED UNRESTRICTED-BOARD DESIGNATED NET ASSETS BY THE SAME AMOUNT AS OF JUNE 30, 2013

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 6	ASSOCIATION IS MADE UP OF MEMBERS

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7A	THE VICE PRESIDENT IS ELECTED ANNUALLY BY ASEES MEMBERS AND IS DESIGNATED PRESIDENT-ELECT AFTER SERVING ONE YEAR AS VICE PRESIDENT, THE VICE PRESIDENT BECOMES PRESIDENT THE FOLLOWING YEAR AFTER ONE YEAR IN THE PRESIDENCY, THE PRESIDENT IS DESIGNATED IMMEDIATE PAST PRESIDENT AND SERVES AN ADDITIONAL YEAR AS A MEMBER OF THE BOARD OF DIRECTORS SIX MEMBERS-AT-LARGE ARE ELECTED BY THE ASEES MEMBERS TWO ARE ELECTED EACH YEAR TO HOLD OFFICE FOR THREE (3) YEARS ONE GRADUATE STUDENT REPRESENTATIVE IS ELECTED BY ASEES MEMBERS AND SERVES FOR TWO (2) YEARS TEN ARE NOMINATED BY THEIR RESPECTIVE COMMITTEES AND RELATED ASSOCIATIONS AND SERVE FOR THREE (3) YEARS ONE IS THE EXECUTIVE DIRECTOR, ONE IS THE EDITOR OF ITS MAIN SCHOLARLY JOURNAL, ONE IS THE TREASURER OF THE ASSOCIATION

Return Reference	Explanation								
FORM 990, PAGE 6, PART VI, LINE 11B	FORM 990 IS PREPARED BY ACCOUNTANTS AND REVIEWED BY EXECUTIVE DIRECTOR AND TREASURER BEFORE RETURN IS FILED								

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	REVIEWS ARE PERFORMED BY HOST UNIVERSITIES IN ACCORDANCE WITH UNIVERSITIES EMPLOY MENT POLICIES

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	REVIEWS ARE PERFORMED BY HOST UNIVERSITIES IN ACCORDANCE WITH UNIVERSITIES EMPLOY MENT POLICIES

Return Reference	Explanation
' ' '	DOCUMENTS ARE AVAILABLE UPON REQUEST AT THE ASSOCIATIONS NATIONAL HEADQUARTERS DURING NORMAL BUSINESS HOURS

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONSULTING FEES 1,000 13,145 0 CONVENTION COORDINATOR 80,700 0 0

DLN: 93493041012005 **Depreciation and Amortization**

(Including Information on Listed Property)

OMB No 1545-0172

Attachment Sequence No 179

Department of the Treasury Internal Revenue Service (99)

> ► See separate instructions. ► Attach to your tax return.

Business or activity to which this form relates INDIRECT DEPRECIATION

Identifying number

ASS	OCIATION FOR SLAV			INDIREC	T DEFRECIAT	1011				
EUR	OPEAN AND EURASI.	AN STUDIES					31-0785029			
Pa		To Expense (malata Bart I			
1	Maximum amount (se					····	<i>mplete Part I.</i> 	1	500,000	
2		•						2	300,000	
3	Threshold cost of sec			•	•			3	2,000,000	
4	Reduction in limitatio		-		-	•		4	2,000,000	
5	Dollar limitation for to							<u> </u>		
•	filing separately, see	•			· ·			5		
	ming separately, see	THIS CLUB CHOILS							<u>I</u>	
6	(a) [(a) Description of property (b) Cost (business use (c) Elected (
	(4)				onl	у)	(5) 2100000		4	
							+		-	
7	isted property Enter t	the amount from				. 7			┦	
	Total elected cost of							8	! 	
9	Tentative deduction	•						9		
10	Carryover of disallow							10	_	
11	Business income limi		-				lina 5 (saa	10		
	instructions) •		e silialiei oi bus					11		
12	Section 179 expense	doduction Ada	d lines 9 and 10	but do n	at antar mara th	an line 11		12		
	Section 179 expense Carryover of disallowed			-		. > 13		12	1	
	e: Do not use Part i									
							t include listed	proper	rty) (See instructions)	
	Special depreciation									
	the tax year (see inst	tructions) •						14		
15	Property subject to s	ection 168(f)(1) election					15		
16	O ther depreciation (i	ncluding ACRS)					16	759	
Par	t IIII MACRS De	preciation (Do not includ	e listed p	roperty.) (Se	e instructi	ons.)			
					ction A			_	Т	
17								17		
18	If you are electing to	- , ,	·		• ,		_			
	asset accounts, chec							Щ.		
	Section B—Asse	ets Placed in	(c) Basis		13 lax Year	Using the	<u>General De</u>	preci	ation System	
(6	a) Classification of property	(b) Month and year placed in service		tion estment	(d) Recovery period	(e) Conver	ntion (f) Met	hod	(g)Depreciation deduction	
19a :	3-year property		,	,						
	5-year property									
c :	7-year property									
	10-year property									
	15-year property									
	20-year property				2 E vro		S /I			
	25-year property Residential rental				25 yrs 27 5 yrs	MM	S/L			
	property				27 5 yrs	MM	S/L			
	lonresidential real				39 yrs	ММ	S/L			
	property				•	ММ	S/L			
	Sectio	n C—Assets Pla	ced in Service D	uring 2013	3 Tax Year Using	the Altern	ative Depreciati	on Sys	tem	
20a	Class life						S/L			
	12-year				12 yrs		S/L			
	40-year		<u> </u>		40 yrs	MM	S/L			
		y (see instruc	•					24	T	
	isted property Enter a					יים אים אים אים אים אים אים אים אים אים	no 21 Enta-	21	+	
	Total. Add amounts fro here and on the appro	opriate lines of y	your return Pari	tnerships	and S corporati	ons—see ins		22	759	
	For assets shown abov portion of the basis atti	•	_		t year, enter the	. 23				

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation a	<u>nd Other I</u>	<u>nforma</u>	tion (C	aution	: See	the i	nstruc	tions f	<u>for lim</u>	its f	or pa	isseng	er au	tomol	oiles.)
24a Doyou have evider	nce to support	the business/in	vestment ι	ıse claıme	d? F Yes	Гио		2	4b If "Y	es," is tl	he ev	idence	written?	Гүе	s F N	0
(a) (b) Business/ (d) Type of property (list vehicles first) Date placed in service use percentage (d)			rother basis for depreciation f				(f) Recover period	(g) ry Method/ Convention			(h) Depreciation/ deduction			(i) Elected section 179 cost		
25 Special depreciation allo 50% in a qualified busi	•		erty placed	in service (during the	tax year	and u	ısed mor	e than	25						
6 Property used more	e than 50%	ın a qualıfıed	business	use							•			<u> </u>		
		%														
		% %							1		\vdash					
7 Property used 50%	orless in a		siness us	<u> </u>	<u>I</u>				1		<u> </u>					
, ,		%							S/L -							
		% %							S/L - S/L -		-					
28 Add amounts in co	ı olumn (h), lır	,,,	jh 27 En	ter here	and on li	ne 21,	page	1	28							
29 Add amounts in co	olumn (ı), lın	e 26 Enterh	ere and c	n line 7,	page 1								29			
			ction B													
complete this section														o vobic	loc	
you provided vehicles to					a)		пеес а b)	Пехсер	(c)	Преш	g unis (d		_	e)		f)
30 Total business/inv year (do not inclu			ring the •		cle 1	Vehi		V	I			cle 4	Vehi	-		
31 Total commuting i	mıles drıven	during the ye	ear .													
32 Total other persor	nal(noncomn	nuting) miles	drıven													
33 Total miles driven	during the y	ear Add line	s 30													
34 Was the vehicle a	vailable for r	ersonal use	• •	Yes	No	Yes	No	Yes	. N	, Y	es	No	Yes	No	Yes	No
during off-duty ho					1	1	1	+	+	` 					1	+
35 Was the vehicle up owner or related p	sed primarily	by a more t	han 5%													
36 Is another vehicle		r personal us	se? .													1
Section	on C—Que	stions for	Emplo	yers W	ho Pro	vide \	Vehi	cles f	or Us	e by	The	ir Er	nploy	ees		
nswer these questio % owners or related				eption to	comple	tıng Se	ction	B for v	ehicles	used	by e	mploy	ees wh	o are 1	not mo	re thar
37 Do you maintain a employees?	written poli	y statement	that prof	nibits all	personal	use of	vehi	cles, ın	cluding • •	comm	nutın	g, by	your	Y	es	No
														<u> </u>		
38 Do you maintain a employees? See t												your •				
39 Do you treat all us	se of vehicle	s by employe	es as pe	rsonal us	e?											
40 Do you provide movehicles, and reta				oyees, o	btaın ınfo	ormatio	n froi	m your	employ	ees ab	out	the us	se of			
41 Do you meet the r				automobi	le demor	nstratio	n us	e? (See	ınstru	ctions) .					
Note: If your answ	ver to 37.38	.39.40.or4	I1 ıs "Ye	s." do no	t comple	te Sect	tion E	· B for the	cover	ed veh	icles	6				
	rtization	<u>, , , , , , , , , , , , , , , , , , , </u>		<u>, </u>	•											
		(b)			-\			(4)		(e)				(f)		
(a) Date Description of costs amortization begins			A mort	(c) (d) A mortizable Code amount sectio			Code	de A mortization			A mortization fo this year					
42 A mortization of co	sts that bec		ur 2013	tax year	(see ins	truction	ns)									
	T	3,7-		<u> </u>	<u> </u>				\Box							
43 Amortization of co	sts that bec	an before yo	ur 2013 1	tax year						. 4	13					
44 Total Add amoun	_	•			ere to re	nort				_	и					