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A For the 2014 calendar year, or tax year beginning

# 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. Department of the Treasury ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Internal Revunue Service

Open to Public Inspection

	В	Check if ipplicable	C Name of organization	D Employer identification number
	_	Addres		
	느	change Name	AMERICAN SOCIOLOGICAL ASSOCIATION	12 5626242
	$\vdash$	change _lnitial	-	13-5626343
	$\vdash$	_lreturn ∏Fınal	Number and street (or P 0. box if mail is not delivered to street address)  Room/sui	•
		return/ termin-	1430 K STREET NW 600	202-383-9005
	_	ated Amend	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$ 6,984,246.
	-	⊒return ∏Applica	WASHINGTON, DC 20005	H(a) Is this a group return for subordinates? Yes X No
	L	Lion pendin	F Name and address of principal officer SALLY T. HILLSMAN  SAME AS C ABOVE	
				H(b) Are all subordinates included? Yes No If "No," attach a list (see instructions)
			e' ► WWW.ASANET.ORG	H(c) Group exemption number
				ar of formation 1943 M State of legal domicile: DC
			Summary	ar of formation 23 23 14 octate of logar dominous 23
		,	Briefly describe the organization's mission or most significant activities SEE PART	III, LINE 1.
	Governance		· · · · · · · · · · · · · · · · · · ·	
	rna	2 0	Check this box   If the organization discontinued its operations or disposed of mo	ore than 25% of its net assets
	ove	3 1	Number of voting members of the governing body (Part VI, line 1a)	3 19
	ه Ω	4 1	Number of independent voting members of the governing body (Part VI, line 1b)	4 19
2015	es 4	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5 31
	Σ	6	Total number of volunteers (estimate if necessary)	6 100
2	Activities	7 a -	Total unrelated business revenue from Part VIII, column (C), line 12	7a 135,983.
0		<b>b</b> !	Net unrelated business taxable income from Form 990-T, line 34	7b -335.
SCANNED DEC				Prior Year Current Year
	ē	l	Contributions and grants (Part VIII, line 1h)	2,143,728. 2,099,071.
Ω	Revenue	l	Program service revenue (Part VIII, line 2g)	4,491,908. 4,524,580.
Ë	Re	ĺ	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	240,614. 236,548.
Z		l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	75,59262,872.
S			Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,951,842. 6,797,327.
<b>W</b>		l	Grants and similar amounts paid (Part IX, column (A), lines 1·3)	319,683. 310,139. 0. 0.
		l	Benefits paid to or for members (Part IX, column (A), line 4)	3,249,671. 3,291,026.
	ses		Salaries, other compensation, employee benefits-(Part IX, column (A), lines 5-10)  Professional fundraising fees-(Part IX, column (A), line 11e)	0. 0.
	Expenses	l	Fotal fundraising expenses (Part IX, <u>column (A), line 25).</u> Total fundraising expenses (Part IX, <u>col</u> umn (D), line 25).	<u> </u>
	EX		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,459,253. 3,856,515.
		10 7	Fotal expenses Add lines 13.17 (m) (shequal Part IV colding) (A) line 25)	7,028,607. 7,457,680.
		19	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line-12	-76,765660,353.
	or	10 1		Beginning of Current Year End of Year
	ets lanc	20 1	Fotal assets (Part X, line 16)	19,487,164. 19,242,828.
	Ass d Ba		Fotal liabilities (Part X, line 26)	9,895,625. 10,697,106.
;	Net Assets or Fund Balances		Net assets or fund balances Subtract line 21 from line 20	9,591,539. 8,545,722.
		rt II	Signature Block	
			ties of parjury, I declare that I have examined this return, including accompanying schedules and state	
	true,	correct	, and complete. Declaration of preparer (other than officer) is based on all information of which prepai	rer has any knowledge.
			a day dillama	
	Sıgr	۱	Signature of officer	Date November 2015
	Here	е	SALLY T. HILLSMAN, EXECUTIVE OFFICER  Type or print name and title	
				Date Check PTIN
	Doud	- 1	Print/Type preparer's name  Preparer's signature  Preparer's signature	11/1/1/1/1
	Paid Prep	- F	Firm's name GELMAN, ROSENBERG & FREEDMAN	Firm's EIN > 52-1392008
		<u> </u>	Firm's address 4550 MONTGOMERY AVE SUITE 650N	7111113 EIN 32 13 72 000
	-06	J,	BETHESDA, MD 20814-2930	Phone no. (301) 951-9090
	 Mav	the IR	S discuss this return with the preparer shown above? (see instructions)	X Yes No

432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
1	If "Yes," complete Schedule A	1	х	
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	_		
•	public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u>
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		3,	
	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,	11a	х	
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1.0		
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			7,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
		14a		<u>X</u>
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	446		Х
45	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	}	Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	-13		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	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	17		Х
18	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		<u>X</u> _
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 (	2014)

			Yes	No
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 19 if "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	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		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		Χ_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	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,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	_	<u>X</u>
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_		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	]		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		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	38	Х	
		Form	<b>990</b> (	2014

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Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Chèck if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 62			1
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1		ļ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 31	i l		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			]
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			1
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			{
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	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 contributions or gifts			
	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).		Ì	}
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A		ļ	ļ
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?  N/A  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  N/A	9a		
b		9b		
0	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12  N/A  10a			
a	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b		ļ	
b ₁	Section 501(c)(12) organizations. Enter			
1	Gross income from members or shareholders  N/A  11a	. 1	ļ	
a	Gross income from other sources (Do not net amounts due or paid to other sources against			
þ	amounts due or received from them)			
22	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	120		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?  N/A	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			

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14a

X

organization is licensed to issue qualified health plans

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

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

c Enter the amount of reserves on hand

13b

Form 990 (2014) AMERICAN SOCIOLOGICAL ASSOCIATION 13-5626343 Page 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									
					Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19							
	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										
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		х				
3										
_	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 9	90 was filed?		4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?	[	5		Х				
6	Did the organization have members or stockholders?			6	Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one or								
	more members of the governing body?			7a	X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockholders, or								
	persons other than the governing body?			7b	Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea	r by the following.								
а	The governing body?			8a	Х					
b	Each committee with authority to act on behalf of the governing body?			8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code )								
			,		Yes					
10a	Did the organization have local chapters, branches, or affiliates?			10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the t	orm?	11a		X				
b										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		ļ	12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise $\frac{1}{2}$	to conflicts?	į	12b	<u> X</u>					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes	s," describe	- {							
	ın Schedule O how this was done		ļ	12c	X					
13	Did the organization have a written whistleblower policy?			13	Х					
14	Did the organization have a written document retention and destruction policy?		]	14	X					
15	Did the process for determining compensation of the following persons include a review and approva	l by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		į							
а	The organization's CEO, Executive Director, or top management official		ļ	15a	X					
b	Other officers or key employees of the organization		,	15b		Х				
	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	ent with a								
	taxable entity during the year?		-	16a		<u> </u>				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ızatıon's								
	exempt status with respect to such arrangements?	<del></del>	1	16b						
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed NONE	(0 ) 504(.)(0)		- 1-1-	1.					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T	(Section 501(c)(3)	s only) a	vallab	ıe					
	for public inspection. Indicate how you made these available. Check all that apply	m Cabadale Ol								
	Own website Another's website X Upon request Other (explain in	•	l.a == !	£						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	nict of interest po	iicy, and	unan	ciai					
00	statements available to the public during the tax year	ke and rooseds								
20	State the name, address, and telephone number of the person who possesses the organization's book LES BRIGGS - 202-383-9005	ma and records								
	1430 K STREET NW, NO. 600, WASHINGTON, DC 20005									
432004	11-07-14			Form	990	(2014)				
702000	TIME IT					\~~ ' ' <i> </i>				

# 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

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

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

(list any hours for related organizations or	ther ensation m the nization related nizations
X	
1.00	•
VICE PRESIDENT	0.
1.00   X	^
X   X   0   0   0   0   0   0   0   0	0.
(4) RUTH MILKMAN       1.00         PRESIDENT-ELECT       X       X       0.       0.         (5) BARBARA RISMAN       1.00       0.       0.       0.         VICE PRESIDENT-ELECT       X       X       0.       0.         (6) ANNETTE LAREAU       1.00       0.       0.       0.         PAST PRESIDENT       X       X       0.       0.         (7) BRIAN POWELL       1.00       0.       0.       0.         PAST VICE PRESIDENT       X       X       X       0.       0.         (8) STEPHANIE A. BOHON       1.00       0.       0.       0.	0
Name	0.
(5) BARBARA RISMAN  VICE PRESIDENT-ELECT  (6) ANNETTE LAREAU  PAST PRESIDENT  (7) BRIAN POWELL  PAST VICE PRESIDENT  (8) STEPHANIE A. BOHON  1.00  X X X  0.  0.  0.  0.  0.  0.  0.  0.  0.  0	•
VICE PRESIDENT—ELECT         X         X         X         0.         0.           (6) ANNETTE LAREAU         1.00         X         X         0.         0.           PAST PRESIDENT         X         X         X         0.         0.           (7) BRIAN POWELL         1.00         X         X         0.         0.           PAST VICE PRESIDENT         X         X         X         0.         0.           (8) STEPHANIE A. BOHON         1.00         0.         0.         0.	0.
(6) ANNETTE LAREAU  PAST PRESIDENT  (7) BRIAN POWELL  PAST VICE PRESIDENT  (8) STEPHANIE A. BOHON  1.00  X X X  0.  0.  0.	^
PAST PRESIDENT   X X X   0. 0.   (7)   BRIAN POWELL   1.00	0.
(7) BRIAN POWELL  PAST VICE PRESIDENT  (8) STEPHANIE A. BOHON  1.00  7.0	0
PAST VICE PRESIDENT X X X 0. 0. (8) STEPHANIE A. BOHON 1.00	0.
(8) STEPHANIE A. BOHON 1.00	•
	0.
COUNCIL MEMBER     X         U.  U.  U.	•
	0.
(9) TINA FETNER 1.00	0
COUNCIL MEMBER X 0. 0.	0.
(10) TANYA GOLASH-BOZA 1.00 -	•
COUNCIL MEMBER X 0. 0.	0.
(11) MARGARET HUNTER 1.00 -	0
COUNCIL MEMBER X 0. 0.	0.
(12) KELLY A. JOYCE 1.00 -	0
COUNCIL MEMBER X 0. 0.	0.
(13) PETER KIVISTO 1.00	•
COUNCIL MEMBER X 0. 0.	0.
(14) KARYN LACY 1.00	•
COUNCIL MEMBER X 0. 0.	0.
(15) LESLIE MCCALL 1.00 -	•
COUNCIL MEMBER X 0. 0.	<u> </u>
(16) DINA G. OKAMOTO 1.00	^
COUNCIL MEMBER X 0. 0.	0.
(17) JANE SELL 1.00 V	0
COUNCIL MEMBER X 0. 0.	0 . 990 (2014)

432007 11-07-14

Part VII Section A. Officers, Directors, Tri	N SUCTUL								es (continued)	J4J raye V
(A)	(B)	Picy	ccs,	(C		gne	<u> </u>	(D)	(E)	(F)
Name and title	Average hours per week	box	not cl unles cer an	Pos heck ss pe	rtion more	than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) PATRICIA E. WHITE	1.00									
COUNCIL MEMBER	1 22	Х						0.	0.	0.
(19) ADIA WINGFIELD COUNCIL MEMBER	1.00	X						0.	0.	0.
(20) SALLY T. HILLSMAN	40.00									
EXECUTIVE OFFICER		1		х				228,714.	0.	29,503.
(21) LES BRIGGS	40.00			Х				104,287.	0.	25,091.
DIRECTOR OF FINANCE (22) JANET ASTNER	40.00	┢┈		Λ			-	104,207	· ·	23,031.
DEPUTY EO FOR ADMIN & TECHNOLOGY	40.00	1				Х		111,901.	0.	19,118.
(23) KAREN EDWARDS	40.00									
DIRECTOR OF PUBS. & MEMBERSHIP						X		111,749.	0.	18,964.
(24) MICHAEL MURPHY	40.00									
DIRECTOR OF GOVERNANCE						X		105,398.	0.	18,351.
(25) JEAN SHIN	40.00	ļ								
DIRECTOR OF MINORITY AFFAIRS						Х	_	101,594.	0.	23,391.
(26) BRAD SMITH	40.00	İ						400 400		0.160
DIRECTOR OF PUBLIC RELATIONS		l				X	<u> </u>	100,193.	0.	9,163.
1b Sub-total								863,836.	0.	143,581.
c Total from continuation sheets to Part	VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							<u> </u>	863,836.	0.	143,581.
2 Total number of individuals (including but	not limited to th	ose	liste	d at	oove	e) wł	no re	eceived more than \$100	,000 of reportable	-
compensation from the organization										

compensation from the organization Yes Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

X 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization X 4

No

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Section B. Independent Contractors

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

(C) (A) Description of services Compensation Name and business address HILTON SAN FRANCISCO, 333 O'FARRELL MEETING LOGISTICS 299,270. STREET, SAN FRANCISCO, CA 94102 **BAVSERVICES** 252,239. MEETING AUDIO/VISUAL 10 SONWILL DR, BUFFALO, NY 14225 OPTIMAL NETWORKS, INC., 15201 DOAMONDBACK INFORMATION 180,318. TECHNOLOGY DR, STE 220, ROCKVILLE, MD 20850

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

Form **990** (2014)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues 1,752,809 c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e 154,354 f All other contributions, gifts, grants, and similar amounts not included above 1f 191,908 g Noncash contributions included in lines 1a-1f \$ 2 099 071 h Total. Add lines 1a-1f Business Code 900099 3,201,692 Program Service Revenue 2,960,618 241.074 2 a PUBLICATIONS 900099 1,283,532 1,283,532 **b** MEETINGS AND WORKSHOPS 39,356 39,356 900099 ADMINISTRATIVE FEES f All other program service revenue Total, Add lines 2a-2f 4.524.580 Investment income (including dividends, interest, and other similar amounts) 236,548, 236,548 Income from investment of tax-exempt bond proceeds 4 52,250 5 Royalties 52,250 (i) Real (II) Personal 6 a Gross rents 60,038 b Less rental expenses 186,919 c Rental income or (loss) 126,881 -126,881 -108,471 -18,410. d Net rental income or (loss) (II) Other 7 a Gross amount from sales of (i) Securities assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV. line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 3.380 8,379. 11 a OTHER REVENUE 900099 11,759 d All other revenue e Total. Add lines 11a-11d 11,759 Total revenue See instructions 6 797 327 4 283 506 135,983 278,767. 12 Form 990 (2014)

### Part IX | Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	er organizations must co	mplete column (A)	
	Check if Schedule O contains a respor	nse or note to any line in			
Do 1 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22	310,139.	310,139.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	387,595.	129,108.	258,487.	
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	2,376,817.	1,805,830.	570,987.	
8	Pension plan accruals and contributions (include	144 705	04 505	50 000	
	section 401(k) and 403(b) employer contributions)	144,796.	94,787.	50,009.	
9	Other employee benefits	230,333.	147,405.	82,928.	
10	Payroll taxes	151,485.	91,262.	60,223.	
11	Fees for services (non-employees)				
a	Management 	6 000		6 000	
b	Legal	6,088.		6,088.	
	Accounting	21,354.		21,334.	
	Lobbying  Professional fundracing convices See Part IV, line 17				
e	Professional fundraising services. See Part IV, line 17 Investment management fees	45,316.	12,118.	33,198.	
f	Other (If line 11g amount exceeds 10% of line 25,	40,010.	12,110.	33,190.	
g	column (A) amount, list line 11g expenses on Sch O.)	442,965.	226,012.	216,953.	
40	Advertising and promotion	442,703.	220,012.	210,555	
12 13	Office expenses	457,946.	406,172.	51,774.	
14	Information technology	128,040.	62,724.	65,316.	
15	Royalties	220/0101	<u> </u>	30/0201	
16	Occupancy	717,208.	389,923.	327,285.	
17	Travel	423,095.	315,168.	107,927.	
18	Payments of travel or entertainment expenses		•		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,820.	4,674.	2,146.	
20	Interest	238,530.		238,530.	
21	Payments to affiliates				<u> </u>
22	Depreciation, depletion, and amortization	483,122.		483,122.	
23	Insurance	33,389.	5,042.	28,347.	
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.)				
а	SECTIONS	230,239.	230,239.		
b	UNAMORT. BOND ACQUISIT.	225,586.		225,586.	
С	REPAIRS AND MAINTENANCE	69,831.		69,831.	
ď	ALLOCATED OVERHEAD	0.	914,050.	<u>-914,050.</u>	
е	All other expenses	326,946.	95,155.	231,791.	
25	Total functional expenses Add lines 1 through 24e	7,457,680.	5,239,808.	2,217,872.	0.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2014)
432010	11-07-14				Form 33U (2014)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 558,540. 854,406. 1 Cash - non-interest-bearing 1,149,707. <u>957,268.</u> 2 Savings and temporary cash investments 2 2,350. 9,628. Pledges and grants receivable, net 3 3 286,146. 283,221. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 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 instr) Complete Part II of Sch L 6 Assets 7 7 Notes and loans receivable, net 8 Inventories for sale or use 243,375. 159,745. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 11,866,477. basis Complete Part VI of Schedule D 10a 3,351,000. 8,908,095. 8,515,477. 10c 10b b Less accumulated depreciation 7,839,352. 7,847,857. Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 544,454. 570.371. 15 Other assets See Part IV, line 11 15 19,487,164. 19,242,828. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 472,763. 401,651. Accounts payable and accrued expenses 17 17 18 18 Grants payable 1,090,519. 1,153,016. 19 19 Deferred revenue 7,120,000. 6,950,000. 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 250,000. 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of 1,283,455. 1,871,327. 25 Schedule D 10,697,106. 9,895,625 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here 

X

and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 7,206,571. 6,432,174. 27 Unrestricted net assets 2,379,968. 2,108,548. 28 Temporarily restricted net assets 28 5,000. 5,000. Permanently restricted net assets 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

Form 990 (2014)

8,545,722.

19,242,828.

31

32

33

31

32

33

Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

9,591,539.

19,487,164.

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

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

Form 990 (2014)

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Act and OMB Circular A-133?

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

**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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Nam	me of the organization Employer identification number													
				LOGICAL ASSO					3-5626343					
Pa	rt I	Reason for Public (	Charity Status (A	All organizations must co	mplete th	is part ) Se	e instruction:	3						
he	organi	zation is not a private found	ation because it is: (	For lines 1 through 11, o	heck only	one box)								
1		A church, convention of chu	urches, or associatio	on of churches described	l in sectio	n 170(b)(1	)(A)(i).							
2		A school described in secti	on 170(b)(1)(A)(ii). (/	Attach Schedule E)										
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ı).							
4		A medical research organiza	ation operated in coi	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(ı <mark>ıı).</mark> Enter i	the hospital's name,					
		city, and state												
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in												
		section 170(b)(1)(A)(iv). (Complete Part II )												
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in												
		section 170(b)(1)(A)(vi). (Co	omplete Part II )											
8		A community trust describe	d in section 170(b)(	1)(A)(vi). (Complete Part	tII)									
9	X	An organization that normal	ly receives (1) more	than 33 1/3% of its sup	port from	contribution	ons, members	ship fees, a	nd gross receipts from					
		activities related to its exem	pt functions - subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of	its support	from gross investment					
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	red by the or	ganization	after June 30, 1975					
		See section 509(a)(2). (Con	nplete Part III )											
10		An organization organized a	and operated exclusi	ively to test for public sa	fety See	section 50	9(a)(4).							
11		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	the functio	ns of, or to ca	arry out the	purposes of one or					
		more publicly supported org	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section :	509(a)(2)	See <b>section</b> !	5 <b>09(a)(3).</b> C	heck the box in					
		lines 11a through 11d that of	• • • • • • • • • • • • • • • • • • • •											
а	<u> </u>	Type I. A supporting orga												
		the supported organization	n(s) the power to re	gularly appoint or elect a	majority	of the dire	ctors or truste	es of the s	upporting					
		organization You must c	•											
b		Type II. A supporting orga	anızatıon supervised	or controlled in connec	tion with it	s supporte	ed organizatio	on(s), by ha	ving					
		control or management of	f the supporting orga	anization vested in the s	ame perso	ons that co	ntrol or mana	ige the sup	ported					
		organization(s) You must	t complete Part IV,	Sections A and C.										
С		Type III functionally inte	grated. A supporting	g organization operated	ın connec	tion with, a	and functiona	lly integrate	ed with,					
		its supported organization	n(s) (see instructions	) You must complete F	Part IV, Se	ections A,	D, and E.							
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)					
		that is not functionally into	egrated The organiz	ation generally must sat	isfy a dist	ribution re	quirement an	d an attenti	veness					
		requirement (see instructi												
е		Check this box if the orga	ınızatıon received a v	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III						
		functionally integrated, or	Type III non-function	nally integrated support	ng organi	zation.			F ·					
f	Ente	r the number of supported o	rganizations											
g		ide the following information			(u) lo the o	rannization	(-) A		(m) Amount of					
	(1	) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1.9	listed i	rganization n your	(v) Amount of support		(vi) Amount of other support (see					
		organization		above or IRC section		document?	Instruct	-	Instructions)					
		· · · · · · · · · · · · · · · · · · ·		(see instructions))	Yes	No		· ·	·					
				i										
_				ı		}								
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LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 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						
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)						
_	``						
	Public support. Subtract line 5 from line 4			<u> </u>	L		
	ction B. Total Support		# \ 0044	4 ) 0010	4 0 0010	( ) 0014	40 Tatal
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
-	Amounts from line 4		-				
8	Gross income from interest,	1					
	dividends, payments received on						
	securities loans, rents, royalties	1	ļ				
	and income from similar sources						
9	Net income from unrelated business	1					
	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 VI)						
	Total support. Add lines 7 through 10		<u></u>		<u></u>	10	
	Gross receipts from related activities,					12	<del></del>
13	First five years. If the Form 990 is for		s tirst, secona, tni	ra, tourth, or titth to	ax year as a section	on 501(c)(3)	. □
Sac	organization, check this box and stop ction C. Computation of Publication		rcentage				
-	Public support percentage for 2014 (I			column (fi)		14	<del>%</del>
	,, ,		-	Column (1))		15	
	Public support percentage from 2013 33 1/3% support test - 2014. If the control of the control o			n line 13 and line	1/ is 33 1/3% or i		
IVa	stop here. The organization qualifies	=			1413 00 17070 011	nore, encon uno oc	» and
	33 1/3% support test - 2013. If the o		•		Hune 15 is 33 1/39	6 or more check th	nis box
i.	and stop here. The organization qual				2 IIII 0 10 10 00 1707	o or more, encor a	<b> </b>
170	10% -facts-and-circumstances test				e 13 16a or 16b	and line 14 is 10%	or more
178	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					ar vi non alo orga.	<b>•</b>
h	10% -facts-and-circumstances test	-				17a, and line 15 is	10% or
N	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						s $ ightharpoonup$
				, , , , , , , , , , , , , , , , , , , ,		edule A (Form 990	

(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

Se	ction A. Public Support	elow, please comp	nete Fait II j	· · <del>_</del>			
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and	(a) 2010	(5) 2511	(0) 20 (2	(4) 20 10	(9) = 0 + 1	(1)
•	membership fees received (Do not						
	include any "unusual grants ")	2,617,359.	2,190,256.	2,115,895.	2.143.728.	2,099,071.	11,166,309.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in	2,017,333.	2,130,230,	2,113,023,	2,143,720.	2,033,011.	11,100,505.
	any activity that is related to the organization's tax-exempt purpose	3,697,960.	3,974,175.	3,997,200.	4,186,014.	4,283,506.	20,138,855.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
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	6,315,319.	6,164,431.	6,113,095.	6,329,742.	6,382,577.	31,305,164.
7 a	Amounts included on lines 1, 2, and			·			
	3 received from disqualified persons				_		0.
t	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						0.
c	: Add lines 7a and 7b			•			0.
8	Public support (Subtract line 7c from line 6)						31,305,164.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	6,315,319,	6,164,431.	6,113,095.	6,329,742.	6,382,577.	31,305,164.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	308,017.	304,640.	453,958.	435,156.	297,510.	1,799,281.
b	Unrelated business taxable income			-			
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975		89,741.	87,270.	96,133.		273,144.
c	Add lines 10a and 10b	308,017.	394,381.	541,228.	96,133. 531,289.	297,510.	2,072,425.
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	8,372.	8,979.	14,543.	21,968.	11,759.	65,621.
13	assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)	6,631,708.	6,567,791.	6,668,866,	6.882.999.	6 691 846.	33,443,210.
	First five years. If the Form 990 is for						
'-	check this box and stop here	ine organization s	mot, occorra, triii	3, 104111, 01 111111	ix your do a coono.	1001(0)(0) 019412	<b>▶</b> □
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2014 (I			olumn (fl)		15	93.61 %
	Public support percentage from 2013		<del>-</del>	Ciditiii (i))		16	93.73 %
	ction D. Computation of Inves						<del></del>
_	Investment income percentage for 20			e 13. column (f))		17	6.20 %
	Investment income percentage from 2			0 10, 00101111 (1),		18	6.06 %
	33 1/3% support tests - 2014. If the			on line 14, and line	15 is more than 3		
ı <del>y</del> a	more than 33 1/3%, check this box ar						<b>→ X</b>
h	33 1/3% support tests - 2013. If the	•	-				
	line 18 is not more than 33 1/3%, che						▶□
20	Private foundation. If the organization		•				

## 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)

Sec	tion A. All Supporting Organizations			
	don't it in out porting organizations		Yes	No
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		ļ	
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
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 <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
-	(b) and (c) below	За		
h	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 <b>Part VI</b> when and how the		<b>i</b>	l
	organization made the determination	3b	'	
r	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)	******		
Ŭ	(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3с		
<b>4</b> a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
74	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a	ĺ	
h	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
D	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	4b		
_	Did the organization support any foreign supported organization that does not have an IRS determination			
Ŭ	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	Ì		
	purposes	4c		
52	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
Ja	answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , 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)	5a	} '	
h	Type I or Type II only. Was any added or substituted supported organization part of a class already			
b	designated in the organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
Ü	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.	6		
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)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	<u> </u>		
0	If "Yes," complete Part I of Schedule L (Form 990)	8		
Qa	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
Ja	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.	9a		
h	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 <b>Part VI</b> .	9b		
_	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.	9c		
10^	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
ıva	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below	10a	'	}
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	100		
D	determine whether the organization had excess business holdings )	10b		
	determine initially the enganization has enessed beenfood including /	,		

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

Schedule A (Form 990 or 990-EZ) 2014

emergency temporary reduction (see instructions)

instructions)

	dule A (Form 990 or 990-EZ) 2014 AMERICAN SOCI	OLOGICAL ASSOC	IATION 1	3-5626343 Page 7
Pa		(a)(3) Supporting Orga	anizations (continued)	
Sect	on D - Distributions		<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es 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 to	he 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		l <del></del>	
		(1)	(11)	(111)
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	, , , , , , , , , , , , , , , , ,		Pre-2014	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			
<u>a</u>				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D,			
	line 7. \$			
а	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
С	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)		1	
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
а				
b				
С				
d	Excess from 2013			

Schedule A (Form 990 or 990-EZ) 2014

e Excess from 2014

	, .	EZ) 2014 AMERI I <mark>l Information.</mark> P		•		Part II, line 17a	a or 17b, and Part	. III, line 12
	Also complete this	s part for any addition	onal information	(See instructions)				
`								
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	<del></del> -							
	<del></del>							

#### **SCHEDULE D**

Department of the Treasury

Internal Revenue Service

(Form 990)

## **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

Employer identification number

Da	THE I Organizations Maintaining Donor Advise		13-5020343
Pa	<del></del> -		is of Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		(b) Finale and other appoints
		(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 v	writing that the assets held in donor adv	rised funds
	are the organization's property, subject to the organization's	exclusive legal control?	YesNo
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpos	e conferring
	impermissible private benefit?		Yes No
Pa		janization answered "Yes" to Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e		storically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space	<del></del> .	
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	n of a conservation easement on the last
_	day of the tax year		
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		2b
b	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
C	Number of conservation easements included in (c) acquired a		
d		after 0/17/00, and not on a mistoric struc	2d
_	listed in the National Register	anned extensionabled or terminated by t	
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by t	ne organization during the tax
	year -		
4	Number of states where property subject to conservation eas		- £
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 1	
	and section 170(h)(4)(B)(ii)?		└ Yes └ No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describe	s the organization's accounting for
-	conservation easements		Otto O' o' la Assata
Pa	rt III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furthe	rance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue stateme	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	fucation, or research in furtherance of p	public service, provide the following amounts
	relating to these items		
	(i) Revenue included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financ	
_	the following amounts required to be reported under SFAS 1:		
а	Revenue included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$
J	, leading in loud with a little way i with		· ·

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

		N SOCIOLOG							<u> 26343</u>	
Pai	t III Organizations Maintaining C	collections of Ar	t, Histo	orical Tre	easures, o	r Oth	er Simil	ar Asse	<b>ts</b> (continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following that	t are a s	ignificant	use of its	collection	items
	(chèck all that apply)									
а	Public exhibition	d	. <u>L</u>	oan or excl	hange progra	ms				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's continuous	ollections and explair	n how the	ey further th	ne organizatio	on's exe	mpt purpo	ose in Par	t XIII	
5	During the year, did the organization solicit of	or receive donations of	of art, his	torical treas	sures, or othe	er sımıla	r assets		_	
	to be sold to raise funds rather than to be m								Yes	No_
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa	-	ete if the	organizatio	n answered "	Yes" to	Form 990	), Part IV, I	ine 9, or	
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for c	ontribution	s or other as:	sets not	included			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	able						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e	·		
f	Ending balance						1f		_	
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	scrow or cu	ustodial acco	unt liabi	lity?		Yes	∟ No
	If "Yes," explain the arrangement in Part XIII									
Pai	t V Endowment Funds. Complete	f the organization an	swered "	Yes" to Fo	rm 990, Part	IV, line	10			
		(a) Current year	<b>(b)</b> Pr	or year	(c) Two year	s back	(d) Three y	years back	(e) Four y	ears back
1a	Beginning of year balance	916,233.		869,438.	765	591.	7	706,035.	5	33,820.
b	Contributions	339,957.		362,678.	376	392.		<u>891,816.</u>		129,444.
С	Net investment earnings, gains, and losses	8,014.		22,751.	20	898.		-3,557.		16,567.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	325,100.		338,634.	293	443.	3	328,703.	. 2	273 <u>,796.</u>
f	Administrative expenses									
g	End of year balance	939,104.		916,233.	869	438.		765,591.		706,035.
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g	ı, column (a	)) held as					
а	Board designated or quasi-endowment	99.47	_%							
b	Permanent endowment ► .53	%								
¢	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%								
За	Are there endowment funds not in the posse	ession of the organiza	ation that	t are held a	nd administe	red for t	he organi	zation		
	by.								<u> </u>	res No
	(i) unrelated organizations								3a(ı)	X
	(ii) related organizations								3a(II)	X
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedi	ule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment fu	unds						
Par	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" to Form 990,	, Part IV,	line 11a S	<u>ee Form 990,</u>	Part X,	line 10	<del></del>		
	Description of property	(a) Cost or of basis (investment)		(b) Cost basis (			ccumulate preciation		(d) Book	value
1a	Land									
	Buildings			9,95	1,023.	1,	699,7	18.	8,251	,305.
	Leasehold improvements			,						
	Equipment			1,46	3,468.	1,	209,7	55.	253	,713.
	Other				1,986.		441,5	27.	10	,459.
	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colum	n (B), line 1	0c)				8,515	<u>,477.</u>

Schedule D (Form 990) 2014

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

Part X Other Liabilities.

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) DEFERRED	COMPENSATION LIABILITY	266,282.
(3) INTEREST	RATE SWAP OBLIGATION	1,605,045.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must	equal Form 990, Part X, col (B) line 25)	1,871,327.

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

Schedule D (Form 990) 2014

Part XI   Reconciliation of Revenue per Audited Financial S			0020343 Page 4
Complete if the organization answered "Yes" to Form 990, Part IV,		ictairi	•
Total revenue, gains, and other support per audited financial statements	, 1110 120	1	7,155,851.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		<b></b>	
a Net unrealized gains (losses) on investments	2a 171,605	.	
<b>b</b> Donated services and use of facilities	2b	1	
c Recoveries of prior year grants	2c	]	
d Other (Describe in Part XIII )	2d 186,919	]	
e Add lines 2a through 2d		2e	358,524.
3 Subtract line 2e from line 1		3	6,797,327.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	l t		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	<b>↓</b>	
<b>b</b> Other (Describe in Part XIII )	4b	4	_
c Add lines 4a and 4b		4c	0.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	6,797,327.
Part XII Reconciliation of Expenses per Audited Financial		r Ketu	rn.
Complete if the organization answered "Yes" to Form 990, Part IV,	, line 12a	1.1	7 (44 500
1 Total expenses and losses per audited financial statements		1	7,644,599.
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	1	
c Other losses	2c 186,919	-	
d Other (Describe in Part XIII )	2d 186,919	<b>-</b> 1	186,919.
e Add lines 2a through 2d		2e 3	7,457,680.
3 Subtract line 2e from line 1		3	7,437,000.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	45		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	-	
b Other (Describe in Part XIII )	4b	1	0.
c Add lines 4a and 4b	0.191	4c	7,457,680.
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information.	e (o)	1 3	7,437,000.
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a at	nd 4 Part IV lines 1h and 2h 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		1,1 011	,, iiio 2, r ait / ii,
intes 20 and 45, and 1 art All, intes 20 and 45 Also complete the part to prome	o any additional information		
PART V, LINE 4:			
PERMANENT ENDOWMENT FUNDS ARE RESTRICTED	D TO THE ROBERTA SIM	MONS	FUND,
WHICH IS A SPECIAL AWARD FOR DISSERTATION	ON WORK. BOARD-DESIG	GNAT!	ED
		~.	
ENDOWMENTS ARE FOR SPECIFIC ACTIVITIES	OF THE ASSOCIATION AL	ND S	ECTIONS OF
THE ASSOCIATION.			
DADM V I TATE 2.			
PART X, LINE 2:			
FOR THE YEAR ENDED DECEMBER 31, 2014, TI	HE ASSOCIATION HAS DO	CUMI	ENTED ITS
TOR THE TEAR ENDED DECEMBER 31, 2014, 11	III IIIDOCCIIIII ON IIIID D	<u> </u>	
CONSIDERATION OF FASB ASC 740-10, INCOM	E TAXES. THAT PROVIDI	ES GI	JIDANCE FOR
COMBIDERATION OF TRADE THE TOTAL PROPERTY.	,		
REPORTING UNCERTAINTY IN INCOME TAXES AN	ND HAS DETERMINED THA	AT NO	) MATERIAL
UNCERTAIN TAX POSITIONS QUALIFY FOR EITH	HER RECOGNITION OR D	ISCL(	OSURE IN
THE FINANCIAL STATEMENTS.			
432054 10-01-14		Sched	lule D (Form 990) 2014

Part XIII   Supplemental Information (continued)
THE FEDERAL FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS
SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR
THREE YEARS AFTER IT IS FILED.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
RENTAL EXPENSES REPORTED AS EXPENSE ON THE FINANCIAL 186,919.
STATEMENTS AND INCLUDED ON PART VIII, LINE 8B OF FORM 990.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
RENTAL EXPENSES REPORTED AS EXPENSE ON THE FINANCIAL 186,919.
STATEMENTS AND INCLUDED ON PART VIII, LINE 8B OF FORM 990.

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

General Information on Grants and Assistance   General Information	Name of the organization  AMERICAN SOCIOLOGICAL ASSOC	SOCIOPOGI		IATION				Employer identification number $13-5626343$
so the organization maintain records to substantiate the amount of the grants or assistance, the grants or assistance, and the selection are used to award the grants are oscillated to selection and the grants of a part of the area of the grants of a part of the programment of the grants of grant through the basis of grant through the grant through through the grant through the grant through through the gr	Part I General Information on Grants an	nd Assistance						
are used to ward the gards and other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 980. Part IV. II. can be displacated additional space is needed.    Gards and other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization are not conceasing the control of the Cash grant of the Complete of the Organization of the Description of the Organization of the Description of the Organization of the Organization and Software the Organization and Software the Organization and Description of Organization and Description of Organization and Description of Organization and Description of Organization and Description	Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	/ for the grants or as	sistance, and the selec	
Grants and Other Assistance to Demestic Organizations and Domestic Governments. Complete of the organization answered "Yes" to Form 990, Part IV, in recipient that received more than \$5,000 Part II can be duplicated if additional space is needed assistance of government or government to government to government or government or government organizations listed in the line 1 table	criteria used to award the grants or assis	stance?						
J Garnat and Other Statistance to Dromestic Operation of Domestic Operation and Statistance to Dromestic Operation of Domestic Operation of Domestic Operation of Technical States and Other Statistance of Domestic Operation of Technical States and address of organization of Technical States and address of organization of Technical States of Operation of Oper	》	cedures for moni	oring the use of grant	funds in the Unite	d States			
(b) EIN (c) IRC section (d) Amount of non-cash assistance assistance assistance assistance assistance assistance assistance other)  I applicable cash grant assistance assistance other)  I and government organizations listed in the line 1 table	_	Domestic Organi	zations and Domesti be duplicated if addit	c Governments. C	complete if the orga	ınızatıon answered "`	res" to Form 990, Part	IV, line 21, for any
In the line 1 table	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
In the line 1 table								
in the line 1 table								
in the line 1 table								
in the line 1 table								
in the line 1 table								
in the line 1 table								
	inter total number of section 501(c)(3) a	nd government or		ne line 1 table				
	enter total number of other organization:	s listed in the line	1 table			:		

30

AMERICAN SOCIOLOGICAL ASSOCIATION Schedule I (Form 990) (2014)

Page 2

13-5626343

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

Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
STIPENDS FOR MINORITY DOCTORAL STUDENTS FELLOWSHIP PROGRAM	6	81,000,	0.0		
STIPEND FOR CONGRESSIONAL FELLOWSHIP WINNERS	2	58.026.	0		
GRANTS TO RESEARCH SOCIOLOGISTS FOR COMMUNITY ACTION INITIATIVE RESEARCH PROJECTS	L	19,351.	0		
GRANTS TO PHD SOCIOLOGISTS FOR RESEARCH PROJECTS ADVANCING THE DISCIPLINE	12	77 , 483 ,	0		
SECTION PAPER AWARDS	7	7.500	0		
Part IV Supplemental Information. Provide the information required in Part I, PART I, LINE 2:		e 2, Part III, column	line 2, Part III, column (b), and any other additional information	dditional information	

TO INDIVIDUAL RECIPIENTS BASED ON THE PEER REVIEW OF GRANTS ASA AWARDS

CRITERIA RELATED TO THE PURPOSES STIPULATED FOR EACH GRANT OBJECTIVE ASA'S VARIOUS GRANT PROGRAMS ARE OPEN TO ALL APPLICANTS WHO MEET PROGRAM. AND APPLICATION DEADLINES ARE CRITERIA, THE PROGRAMS, CRITERIA. SPECIFIED

A REGULAR SCHEDULE THROUGH THE ASA NEWSLETTER FOOTNOTES

NO

ANNOUNCED

AND

FOR STATED DEADLINE ALL APPLICATIONS RECEIVED WITHIN THE THE ASA WEBSITE.

OF BY MEMBERS EACH GRANT PROGRAM ARE PEER-REVIEWED CYCLE FOR EACH FUNDING THE ADVISORY PANELS ARE PHD THE ASA ADVISORY PANEL. FOR EACH GRANT PROGRAM,

432102 10-15-14

Schedule I (Form 990) AMERICAN SOCIOLOGICAL ASSOCIATION  Part III   Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III	SOCIOLOGICAL A	ASSOCIATION ited States (Schedule	I (Form 990), Part III		13-5626343 Page 2
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
GRANTS FOR RESEARCH SOCIOLOGISTS FOR TEACHING ADVANCEMENT PROJECT	Þ	9,279.	0		
HONORARIUM FOR MANAGING EDITORS OF VARIOUS ASA JOURNALS	16.	54,000.	0		
AWARDS TO SUPPORT PROGRAM DIRECTORS & SOCIOLOGISTS	2.	3,500,	0		
					Schedule I (Form 990)

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

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

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

Attach to Form 990.

OMB No 1545-0047

Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

AMERICAN SOCIOLOGICAL ASSOCIATION

Employer identification number

13-5626343

Pa	art I Questions Regarding Compensation			
			Yes	No
<b>1</b> a	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			
	Travel for companions Payments for business use of personal residence			
	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		
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_		
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			1
	establish compensation of the CEO/Executive Director, but explain in Part III		-	İ
	Compensation committee Written employment contract			
	Independent compensation consultant  X 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		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
Ū	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	_	ļ	١,,
а	The organization?	5a		<u> X</u>
b	Any related organization?	5b	-	X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			}
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 67 lf "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		1	
	ınıtıal 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			
	Pagulations section 53 4958-6(c)?	۱۹	ĺ	1

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

Schedule J (Form 990) 2014

AMERICAN SOCIOLOGICAL ASSOCIATION

13-5626343

Schedule J (Form 990) 2014

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	ple	(E) Total of columns	=
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	otner deferred compensation	Denems	(n)-(n)(n)	in column (B) reported as deferred in prior Form 990
(1) SALLY T, HILLSMAN	Ξ	228,714.	0.	0	20,721.	8,782.	258,217.	0
CUTIVE OFF	Ξ		0	0	0	0	0	0
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Schedule J (Form 990) 2014

432112 10-13-14

Schedule J (Form 990) 2014

SCHEDULEK (Form 990)

Supplemental Information on Tax-Exempt Bonds

(i) Pooled Yes No financing × × Employer identification number OMB No 1545-0047 2014 Open to Public ŝ ŝ (g) Defeased (h) On behalf 13-5626343 Yes No ٥ of Issuer × ۵ Yes Yes Ŷ × × Yes ŝ ŝ COND NO (f) Description of purpose O ▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990. Yes Yes 8,000,000, HEADOUARTERS 12/01/14 6,950,000.BONDS ISSUED REFUNDING OF Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. PURCHASE 6,950,000 6,950,000 × No å 2014 ω Ω Yes Yes × × CONTINUATIONS (e) Issue price 8,000,000. 8,000,000 × ŝ ŝ 2008 11/28/07 (d) Date issued Yes Yes × × ( 년 SOCIOLOGICAL ASSOCIATION FOR COLUMN 53-60011312548392F9 (c) CUSIP # Does the organization maintain adequate books and records to support the final allocation of proceeds? 53-6001131N/A Was the organization a partner in a partnership, or a member of an LLC, SEE PART VI (b) Issuer EIN Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? ► Attach to Form 990. Has the final allocation of proceeds been made? Working capital expenditures from proceeds AMERICAN A DISTRICT OF COLUMBIA B DISTRICT OF COLUMBIA Capital expenditures from proceeds Credit enhancement from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Issuance costs from proceeds Year of substantial completion Part III Private Business Use (a) Issuer name Other unspent proceeds Amount of bonds retired Total proceeds of issue Other spent proceeds Name of the organization Bond Issues Proceeds Department of the Treasury Internal Revenue Service Part II Part က 4 5 9 8 6 9 4 15 16 F 12 5 O ۵

Schedule K (Form 990) 2014

×

×

37

432121 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Are there any lease arrangements that may result in private business use of

bond-financed property?

0

which owned property financed by tax-exempt bonds?

13-5626343	
OCIOLOGICAL ASSOCIATION	
AMERICAN SOCIOLOG	Continued)
Schedule K (Form 990) 2014	Part III Private Business Use (C

Page 2

Part III Private business Use (Continued)								
	<b>A</b>		8			S	۵	
3a Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	°N°	Yes	No
business use of bond-financed property?		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?	ı	×		×				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by								
entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of								,
unrelated trade or business activity carried on by your organization, another								
section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a non-								Ī
governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
9 Has the organization established written procedures to ensure that all nonqualified								
bonds of the issue are remediated in accordance with the requirements under								
Regulations sections 1 141-12 and 1 145-27	×			×				
Part IV Arbitrage								
	,	V	8			S	à	
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		×		×				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		×		×				
b Exception to rebate?	×		×					
c No rebate due?		×		×				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
3 Is the bond issue a variable rate issue?	×		×					
4a Has the organization or the governmental issuer entered into a qualified								
hedge with respect to the bond issue?		×		×				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
432122 10-15-14						Sch	Schedule K (Form 990) 2014	m 990) 2014

#### **SCHEDULE 0**

(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 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public

OMB No 1545-0047

Department of the Treasury Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization Employer identification number

Inspection

AMERICAN SOCIOLOGICAL ASSOCIATION 13-5626343 FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: MEMBERSHIP AND SECTIONS: MEMBERSHIP SEEKS TO STIMULATE AND IMPROVE RESEARCH, INSTRUCTION AND COOPERATIVE RELATIONS AMONG THOSE ENGAGED IN THE SCIENTIFIC STUDY OF SOCIETY. ALL INTERESTED PERSONS MAY JOIN. EXPENSES \$ 583,608. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. **PUBLICATIONS** INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,201,692. EXPENSES \$ 438,333. FORM 990, PART VI, SECTION A, LINE 6: ASA MEMBERS ENCOMPASS PRIMARILY: SOCIOLOGISTS WHO ARE FACULTY MEMBERS, RESEARCHERS AND STUDENTS AT COLLEGES AND UNIVERSITIES IN THE UNITED STATES; PHD SOCIOLOGISTS WHO ARE RESEARCHERS AND PRACTITIONERS IN GOVERNMENT, BUSINESS AND NON-PROFIT ORGANIZATIONS; AND SOME INTERNATIONAL PHD SOCIOLOGISTS AND STUDENTS. FORM 990, PART VI, SECTION A, LINE 7A: THE ASA COUNCIL IS THE ASSOCIATION'S GOVERNING BODY. IT IS COMPOSED OF 19 VOTING MEMBERS: TWELVE ELECTED-AT-LARGE BY THE MEMBERSHIP AND SEVEN EX-OFFICIO ALSO ELECTED BY THE MEMBERSHIP: PRESIDENT, PAST PRESIDENT, PRESIDENT-ELECT, VICE-PRESIDENT, PAST VICE-PRESIDENT, VICE-PRESIDENT-ELECT AND SECRETARY. FORM 990, PART VI, SECTION A, LINE 7B: A DECISION BY THE COUNCIL THAT RESULTS IN AN INCREASE IN DUES ABOVE COST-OF-LIVING ADJUSTMENTS ARE SUBJECT TO APPROVAL BY ALL VOTING MEMBERS.

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

Schedule O (Form 990 or 990-EZ) (2014)

AMERICAN SOCIOLOGICAL ASSOCIATION

Employer identification number 13-5626343

THE COUNCIL IS REQUIRED BY THE BYLAWS TO VOTE ON RESOLUTIONS SIGNED BY 3%

OR MORE OF THE MEMBERSHIP IF IT INVOLVES A MATTER THAT IS WITHIN THE POWERS

OF THE COUNCIL. IF THE COUNCIL DOES NOT SUPPORT THE RESOLUTION, IT MUST GO

TO THE MEMBERSHIP FOR A VOTE. THE RESULT OF THE MEMBERSHIP VOTE IS BINDING

ON THE ASSOCIATION.

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

UPON RECEIVING THE DRAFT FORM 990 FROM ITS ACCOUNTING FIRM, THE ASSOCIATION IMPLEMENTS A REVIEW PROCESS BY WHICH THE DIRECTOR OF FINANCE, THE EXECUTIVE OFFICER, THE SECRETARY, A MEMBER OF THE BOARD OF DIRECTORS AND CHAIR OF THE AUDIT COMMITTEE REVIEW THE FORM AND SCHEDULES. ANY QUESTIONS THAT ARISE ARE DIRECTED BACK TO THE ACCOUNTING FIRM FOR CONFIRMATION OR FURTHER RESOLUTION. UPON SATISFACTION REGARDING THE COMPLETENESS OF THE RETURN, THE EXECUTIVE OFFICER SIGNS THE FORM AND IT IS FILED.

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

THE CONFLICT OF INTEREST POLICY IS DISCUSSED BY THE EXECUTIVE OFFICER AND

SECRETARY AT A FACE-TO-FACE MEETING WITH ALL NEW MEMBERS OF COUNCIL AND

EXECUTIVE OFFICE AND BUDGET (EOB) BEFORE THEIR TERMS BEGIN. ALL READ AND

SIGN THE CONFLICT OF INTEREST STATEMENT WHICH IS KEPT ON RECORD AT THE ASA

EXECUTIVE OFFICE. THE EXECUTIVE OFFICER IS CHARGED UNDER THE ASA BYLAWS

WITH DEVELOPING THE AGENDAS FOR ALL COUNCIL AND EOB MEETINGS. PART OF THAT

RESPONSIBILITY INCLUDES SCANNING ALL AGENDA ITEMS FOR ANY THAT MIGHT RAISE

PARTICULAR CONFLICT OF INTEREST ISSUES. WHEN SUCH ISSUES ARE ON THE AGENDA

OF COUNCIL OR EOB MEETINGS, THE PRESIDENT, SECRETARY AND/OR EXECUTIVE

OFFICER REMIND MEMBERS OF THEIR OBLIGATIONS UNDER THE ASA POLICY AND THE

MEANING OF THE POLICY UNDER THE PARTICULAR CIRCUMSTANCES AT ISSUE BEING

DISCUSSED. THE ASA ALSO HAS A CODE OF ETHICS (WHICH INCLUDES CONFLICT OF

Schedule O (Form 990 or 990-EZ) (2014)

Schedule O (Form 990 or 990-EZ) (2014) Name of the organization Employer identification number 13-5626343 AMERICAN SOCIOLOGICAL ASSOCIATION INTEREST STANDARDS) AND AN ENFORCEMENT MECHANISM. ALL ASA MEMBERS, INCLUDING THE ASSOCIATION LEADERSHIP, MUST ABIDE BY THESE STANDARDS IN ALL ASPECTS OF THEIR PROFESSIONAL LIFE, WHICH MAKES ATTENTION TO CONFLICT OF INTEREST MATTERS A REGULAR PART OF THEIR PROFESSIONAL ACTIVITIES IN TEACHING, RESEARCH, AND FULFILLING ACADEMIC LEADERSHIP POSTS SUCH AS DEPARTMENT CHAIR, DEAN, PROVOST, ETC. TRAINING ON THE ASA CODE OF ETHICS OCCURS AT EVERY ASA ANNUAL MEETING AND A CASE-BASED TRAINING TOOL IS ON THE ASA WEBSITE. FORM 990, PART VI, SECTION B, LINE 15A: THE COMMITTEE ON THE EXECUTIVE OFFICE AND BUDGET (EOB) IS RESPONSIBLE FOR EVALUATING THE EXECUTIVE OFFICER'S PERFORMANCE AND ESTABLISHING COMPENSATION. EOB RELIES UPON CONTEMPORANEOUS INFORMATION AND SALARY SURVEYS FROM THE GEOGRAPHICAL LOCATION AND ALSO FROM LIKE-MINDED ORGANIZATIONS TO ENSURE A REASONABLE AND ADEQUATE LEVEL OF PAY. THE DECISION AND REVIEW IS DOCUMENTED IN A LETTER TO THE EXECUTIVE OFFICER AND THE CFO. THE MOST RECENT REVIEW OCCURRED IN JANUARY 2014. THE EXECUTIVE OFFICER FOLLOWS THE SAME PROCESS FOR SETTING SALARY LEVELS OF KEY PERSONNEL. FORM 990, PART VI, SECTION C, LINE 19: ASA'S GOVERNING AND FINANCIAL DOCUMENTS ARE AVAILABLE TO THE PUBLIC. THE

FULL ANNUAL AUDITED FINANCIAL STATEMENTS ARE PUBLICLY ACCESSIBLE VIA THE WEBSITE. OTHER DOCUMENTS, INCLUDING THE CONFLICT OF INTEREST POLICY, ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN FAIR VALUE OF INTEREST RATE SWAP OBLIGATION

Schedule O (Form 990 or 990-EZ) (2014)