990 Form

Return of Organization Exempt From Income Tax

2014

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public Inspection

<u>A</u>	For	the	2014 calend	lar year, or tax year begin	nning		, 2014, and e	nding		, 20
В	Chec	ck if a	pplicable:	C Name of organization ASSO	CIATION FOR TH	E SOCIOLOGY O	F RELIGION INC			D Employer identification no.
	Addr	ess cl	hange	Doing business as ASR						23-7075066
	Nam	e cha	nge	Number and street (or P.O. b	ox if mail is not delivered	to street address)		Room/suite		E Telephone number
	Initia	ıl retur	'n	USF SOCIOLOGY DE	PT 4202 E FOWL	ER		CPR107		(813)974-2633
	Final	l retur	n/terminated	City or town, state or province	e, country, and ZIP or fore	eign postal code				136,163
	Ame	nded	return	TAMPA, FL 33620						G Gross receipts\$
	Appli	icatior	n pending	F Name and address of princip	al officer: JAMES	C. CAVENDISH				
				11304 MARJORY AV	ENUE, Tampa, F	L 33612		H(a) Is this a subordi	group re nates?	Yes X No
ī .	Tax-	exem	pt status:	501(c)(3) X 501(c) (6) (insert no.)	4947(a)(1) or	527	H(b) Are all s	subordina	ates included? Yes No
J	Web	site:	▶ www	.SOCIOLOGYOFRELIGIO				H(c) Group 6	No," atta exemption	ates included? Yes No ch a list. (see instructions)
ĸ	Form	n of or	ganization: X	Corporation Trust Ass	sociation Other		L Year of formation: 1			al domicile: CT
Pa	art I		Summar	<u></u> y			<u>.</u>	•		
		1	Briefly descri	ibe the organization's missic	on or most significant	activities: P	ROMOTE THE FIELD	OF SOCIOLOG	Y OF	RELIGION
THROUGH AN ANNUAL PROFESSIONAL MEETING IN AUGUST, THE PUBLICATION OF AN ACADEMIC JOURNAL										
nce			"SOCIOLOG	Y OF RELIGION", THE	MAINTENANCE O	F A WEBSITE (www.sociologyofr	ELIGION.COM	, ANI	<u> </u>
rna				E GRANTS TO FUND PR						
) Ve		2	Check this bo	ox 🕨 🗌 if the organization	discontinued its ope	rations or dispose	d of more than 25% of i	ts net assets.		
Activities & Governance		3	Number of vo	oting members of the gover	ning body (Part VI, lir	ne 1a)			. 3	12
S S				ndependent voting members					. 4	12
itie/		5	Total number	r of individuals employed in	calendar year 2014	(Part V, line 2a)			. 5	0
Ę				r of volunteers (estimate if n					. 6	65
⋖		7a	Total unrelate	ed business revenue from F	Part VIII, column (C),	line 12			. 7a	
		b	Net unrelated	d business taxable income f	rom Form 990-T, line	34			. 7b	0
								Prior Yea	,	Current Year
		8	Contributions	s and grants (Part VIII, line 1	lh)				16,45	4 17,905
ne				vice revenue (Part VIII, line	•				66,18	
Revenue	1		•	ncome (Part VIII, column (A)	•				22,24	
Re	1			ue (Part VIII, column (A), line	•	and 11e)			47	
	1			e - add lines 8 through 11 (r		,)	1	05,35	4 136,163
	1			similar amounts paid (Part I)	•				17,66	
	1			to or for members (Part IX,	, ,	•				0
	1		•	er compensation, employee	, ,	lumn (A), lines 5-1	0)		13,43	0 11,500
Expenses	1		•	fundraising fees (Part IX, co	•		<i>'</i>			0
oen				sing expenses (Part IX, colu	, ,,	>	0			
X	1			ses (Part IX, column (A), line	, ,				75,45	7 83,517
	1		•	ses. Add lines 13-17 (must e				1	06,55	
	1			s expenses. Subtract line 1					(1,19	
_	-			<u> </u>				Beginning of Curr		
ets	ang 2	20	Total assets	(Part X, line 16)					83,80	
Net Assets or	2 2	21	Total liabilitie	es (Part X, line 26)					7,70	3 6,199
Set Set	E 2	22	Net assets or	r fund balances. Subtract lii	ne 21 from line 20			5	76,10	5 606,903
Pa	art I	II	Signatu	ire Block						
				lare that I have examined this retu				knowledge and beli	ef, it is	
irue,	corre	ct, an	a complete. Dec	claration of preparer (other than off	icer) is based on all inform	nation of which prepare	r nas any knowledge.		$\overline{}$	
			JAMES	S C. CAVENDISH						
Sig	jn		Signatu	re of officer					Dat	te
He	re		JAMES	S C. CAVENDISH, EXE	CUTIVE OFFICER					
			Type or	print name and title						
			Print/Type pre	eparer's name	Preparer's signature		Date	Check	if	PTIN
Pa	id		KENNETH	L MARX EA			05-14-2015	self-empl	oyed	P01612367
Pre	ера	rer	Firm's name	Station (Capital Tax Ser	vices		Firm's EIN		
Us	e O	nly	Firm's addres	111 Wash	ington Street			Phone no.		
				Washingto	on PA 15301				724-2	29-3311
May	the	IRS	discuss this r	return with the preparer sho	wn above? (see instr	uctions)				X Yes No

Other program services (Describe in Schedule O.) 4d 3,529 including grants of \$ 3,529) (Revenue \$ (Expenses \$ Total program service expenses 99,422 Form 990 (2014)

Checklist of Required Schedules Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		X
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		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	·	-		25
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III	۰		Х
0	'	8		<u> </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			v
	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			3.7
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		X
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		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any 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 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 (see instructions)	17		X
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	-10		
ıJ		19		X
200	If "Yes," complete Schedule G, Part III			X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

ASSOCIATION FOR THE SOCIOLOGY OF RELIGION INC

Checklist of Required Schedules (continued) Part IV

			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 1? 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 2? 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		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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		
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			٦,
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			3.7
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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,	0.4		Х
20	Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	20		Х
22	complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		Λ
33		33		Х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		22
34	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	JJa		21
	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	555		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	33		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
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	
	, , , , , , , , , , , , , , , , , , , ,	-		

14) ASSOCIATION FOR THE SOCIOLOGY OF RELIGION INC
Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Χ	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a 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		X
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		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			v
	and services provided to the payor?	7a		<u>X</u>
b	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	7-		v
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Χ
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
Ü	sponsoring organizations maintaining donor advised rands. Did a donor advised rand maintained by the	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			37
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

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

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 12			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
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 appoint			
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
		40	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10h		
112	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a		X
11a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	IIa		22
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
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 approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	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			37
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	164		
S00	organization's exempt status with respect to such arrangements?	16b		
3 e 0 17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
. •	available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website ☐ Another's website ☐ Upon request X Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	JAMES C. CAVENDISH (813)974-2633, 11304 MARJORY AVENUE, Tampa, FL 33612			

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.

					(C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and Title	Average	,				han one		Reportable	Reportable	Estimated
Name and Tide	hours per					is both a r/trustee		compensation	compensation from	amount of
	week (list any						<i>'</i>	from	related	other
	hours for related	or In	lns	Q	Key	en H	Fo	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	dire	stitut	Officer	y en	ghes	Forme	(W-2/1099-MISC)	(organization
	below dotted line)	al t	Institutional		employee	t cor	•			and related organizations
	iiiie)	Individual trustee or director	trustee		/ee	nper				Organizations
		Õ	tee			Highest compensated employee				
						<u> </u>				
(1) GERARDO MARTI	10.00_									
EDITOR		X						0	0	0
(2) REBECCA KIM	10.00									
BOOK REVIEW EDITOR		X						4,000	0	0
(3) JEREMY UECKER	10.00									
2014 PROGRAM CHAIR		X						0	0	0
(4) AMY ADAMCZYK	1.00									
MEMBER OF EXECUTIVE COUNCIL		Х						0	0	0
(5) JEROME BAGGETT	1.00									
MEMBER OF EXECUTIVE COUNCIL		X						0	0	0
(6) KEVIN DOUGHERTY	1.00									
MEMBER OF EXECUTIVE COUNCIL		X						0	0	0
(7) MICHAEL EMERSON	1.00									
MEMBER OF EXECUTIVE COUNCIL		Х						0	0	0
(8) PREMA KURIEN	1.00									
MEMBER OF EXECUTIVE COUNCIL		Х						0	0	0
(9) CHRIS BADER	1.00									
MEMBER OF EXECUTIVE COUNCIL		Х						0	0	0
(10) EVELYN BUSH	1.00									
MEMBER OF EXECUTIVE COUNCIL		X						0	0	0
(11)KELLY CHONG	1.00									
MEMBER OF EXECUTIVE COUNCIL		Х						0	0	0
(12) JAMES C. CAVENDISH	15.00									
EXECUTIVE OFFICER				X				7,500	0	0
(13) CHRISTOPHER ELLISON	5.00									
PRESIDENT				X				0	0	0
(14) MELISSA WILDE	5.00									
PRESIDENT ELECT				X				0	0	0

EEA Form **990** (2014)

(4) Name and side Name and	Part \	/II Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and	Hig	hes	t Com	pen	sated Employees	s (continued)			
Total continuation sheets to Part VII, Section A 11,500 10 10 10 10 10 10 10			Average hours per	box,	unles	Posi eck m s pers	tion ore the	both an		Reportable compensation	Reportable compensation from		stimated mount of	
Total from continuation sheets to Part VII, Section A 11,500 0 0			hours for related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations	oi a	mpensation from the ganization d related	on d
PAST PRESIDENT (19) (19) (20) (21) (22) (23) (24) (25) (25) (26) (26) (27) (27) (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (20) (2	(15) FRE	D KNISS	1.00											
(17) (18) (19) (20) (21) (22) (23) (24) (25) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (20) (20) (21) (22) (22) (23) (24) (25) (25) (26) (27) (27) (27) (28) (29) (29) (29) (20) (20) (20) (20) (21) (22) (22) (23) (24) (25) (25) (26) (26) (27) (27) (27) (28) (29) (24) (27) (29) (20) (20) (21) (24) (25) (25) (26) (26) (27) (27) (27) (27) (28) (29) (24) (25) (27) (26) (27) (27) (27) (28) (29) (29) (20) (20) (21) (24) (25) (25) (25) (26) (26) (27) (27) (27) (27) (27) (27) (27) (27						X				C	0			0
(19) (20) (21) (22) (23) (25) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29	<u>(16)</u>													
(29) (21) (22) (23) (23) (24) (25) (25) (25) (25) (25) (25) (25) (27) (27) (27) (27) (27) (27) (27) (27	<u>(17)</u>													
(29) (23) (24) (25) (25) (26) (27) (27) (28) (28) (29) (29) (29) (29) (29) (29) (29) (29	<u>(18)</u>													
(22)	<u>(19)</u>													
(23) (24) (25) 1b Sub-total 1c Total from continuation sheets to Part VII, Section A 1 Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 6 For any individual listed on line 1a receive or accrue compensation from any unrelated organization or individual 7 For any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 8 For services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Compensation from the organization. Report compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Compensation Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who	<u>(20)</u>													
(24) (25) 1b Sub-total 1 Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization both and 1c) 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (B) (C) Compensation Compensation	<u>(21)</u>													
(24)	<u>(22)</u>													
Sub-total	(23)													
1b Sub-total	(24)													
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Description of services Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who	(25)													
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Description of services Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who	С	Total from continuation sheets to Part VII, Section	on A						•	11 500	0			0
reportable compensation from the organization Yes No											,,			
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 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 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 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. (A) (B) (B) (C) Compensation Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who		`			,					,,	0			
employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Compensation Total number of independent contractors (including but not limited to those listed above) who													Yes	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual					nplo	yee,		-				2		y
individual					and	l othe								
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		-			ompl	ete S	Sche	edule J	for s	uch				
for services rendered to the organization? If "Yes," complete Schedule J for such person	_											4		X
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who				-				-				5		X
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who			implete Conce	adic 0 ii	01 00	1011 P	CIOC	<u> </u>			<u> </u>			
year. (A) (B) (C) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who	1	Complete this table for your five highest compensated	d independent	t contra	actor	s tha	t re	ceived	more	e than \$100,000 of				
Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who			sation for the	calenda	ar ye	ear e	ndin	g with	or wi	thin the organization	on's tax			
Total number of independent contractors (including but not limited to those listed above) who												-		_
		Name and business address								Description of	SELVICES	Com	perisation	1
	2	-			e list	ed al	bove	e) who						

Form 990 (2014) ASSOCIATION FOR THE SOCIOLOGY OF RELIGION INC 23-7075066 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) (B) Related or exempt Unrelated business Revenue excluded from tax Total revenue function revenue under sections 512-514 revenue Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts **b** Membership dues 1b 15,905 **c** Fundraising events 1c **d** Related organizations 1d Government grants (contributions) . . 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 2,000 Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f <u>.</u> ▶ 17,905 **Business Code** Program Service Revenue 2a PUBLICATIONS 63,163 511190 63,163 b annual meeting 511190 25,230 25,230 С f All other program service revenue 88,393 3 Investment income (including dividends, interest, 29,865 29,865 Income from investment of tax-exempt bond proceeds (ii) Personal 6a Gross rents **b** Less: rental expenses **c** Rental income or (loss) . . . (i) Securities **7a** Gross amount from sales of assets other than inventory **b** Less: cost or other basis and sales expenses c Gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a **b** Less: direct expenses b **c** Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses b **c** Net income or (loss) from gaming activities . . . 10a Gross sales of inventory, less returns and allowances a **b** Less: cost of goods sold

c Net income or (loss) from sales of inventory . . .

Total revenue. See instructions

EEA

136,163

118,258

Form 990 (2014) **Part IX** S Statement of Functional Expenses

	: 504()(0) 1504()(4) : (i	AH 4		(4)	
Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all colur				
	Check if Schedule O contains a response or note to any				
Do r	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	20,151	20,151		
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	11,500		11,500	
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	2,125		2,125	
b	Legal	•		,	
С	Accounting	200		200	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
	- I				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	1,623		1,623	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	10,420	10,420		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	35,872	35,872		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	298		298	
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
_	• • • • • • • • • • • • • • • • • • • •	20.000	20.000		
a	PUBLICATION	32,979	32,979		
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e .	115,168	99,422	15,746	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				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	· · · · · · · · · · · · · · · · · · ·		<u> </u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	· · · · · · · · · · · · · · · · · · ·	1	72,378
	2	Savings and temporary cash investments	17,654	2	2,515
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,		•	
	Ū	trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section		J	
	Ü	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
	-	organizations (see instructions). Complete Part II of Schedule L		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 2,976			
	b	Less: accumulated depreciation		10c	2,678
	11	Investments - publicly traded securities	566,154	11	535,531
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	583,808	16	613,102
	17	Accounts payable and accrued expenses		17	
	18	Grants payable	7,703	18	6,199
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors,			
ii ti		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	7,703	26	6,199
		Organizations that follow SFAS 117 (ASC 958), check here			
S		complete lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets		27	
ala	28	Temporarily restricted net assets		28	
d E	29	Permanently restricted net assets		29	
-un		Organizations that do not follow SFAS 117 (ASC 958), check here			
or		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds	576,105	30	606,903
\SS(31	Paid-in or capital surplus, or land, building, or equipment fund	2.2,230	31	,
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	576,105	33	606,903
	34	Total liabilities and net assets/fund balances	583,808	34	613,102

Form	990 (2014) ASSOCIATION FOR THE SOCIOLOGY OF RELIGION INC	23-707	5066		Pa	ige 12
Par	Reconciliation of Net Assets					_
	Check if Schedule O contains a response or note to any line in this Part XI					. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1			136,	163
2	Total expenses (must equal Part IX, column (A), line 25)	. 2			115,	168
3	Revenue less expenses. Subtract line 2 from line 1	. 3			20,9	995
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4			576,3	105
5	Net unrealized gains (losses) on investments	. 5				
6	Donated services and use of facilities	. 6				
7	Investment expenses	. 7				
8	Prior period adjustments	. 8			9,8	303
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	. 10			606,9	903
Par	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					. 🗌
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		[2a		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		[2b		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		[2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?			3a		X

3b

Form **990** (2014)

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

EEA

SCHEDULE D (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.

9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Open to Po

2014

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

ASSOCIATION FOR THE SOCIOLOGY OF RELIGION INC Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year	
Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year	
(a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year	
Total number at end of year	
Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Part II Conservation Easements.	
Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Part II Conservation Easements.	
Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Part II Conservation Easements.	
Aggregate value at end of year	
funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Part II Conservation Easements.	
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Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements.	□ No
only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	□ No
conferring impermissible private benefit? Part II Conservation Easements.	□ No
Part II Conservation Easements.	
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
Preservation of land for public use (e.g., recreation or education)	
Protection of natural habitat Preservation of a certified historic structure	
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	
easement on the last day of the tax year. Held at the End of the T	x Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
historic structure listed in the National Register	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the	
tax year	
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
violations, and enforcement of the conservation easements it holds?	□ No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year	
• • • • • • • • • • • • • • • • • • •	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	
▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
and section 170(h)(4)(B)(ii)? Yes	□ No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and	
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the	
organization's accounting for conservation easements.	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.	
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet	
works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	
public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet	
works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	
public service, provide the following amounts relating to these items:	
(i) Revenue included in Form 990, Part VIII, line 1	
(ii) Assets included in Form 990, Part X	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the	
following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenue included in Form 990, Part VIII, line 1	
b Assets included in Form 990, Part X \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	

Part VII	Investments - Other Securities. Complete if the organization answere	d "Yes" to Form 990. Part	t IV. line 11b. See Form 990.	Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	on:
(1) Financial de			Cost of end-of-year market	value
	d equity interests			
(3) Other	a equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answere	d "Yes" to Form 990, Par	t IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
Part IX	must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
I alt IX	Complete if the organization answere	d "Yes" to Form 990 Part	t IV line 11d See Form 990	Part X line 15
		escription	114, 1116 114. 666 1 6111 666,	(b) Book value
(1)	(-)			(-,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15	5.)		
Part X	Other Liabilities. Complete if the organization answere line 25.	d "Yes" to Form 990, Par	t IV, line 11e or 11f. See Forn	n 990, Part X,
1.	(a) Description of liability	(b) Book value		
(1) Federal in	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)	I must equal Form 000. Part V and (P) line 05.)			
· utai. (Colullil) (D)	must equal Form 990, Part X, col. (B) line 25.)			

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

Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return.						
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.							
1	Total revenue, gains, and other support per audited financial statements	1						
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains (losses) on investments							
b	Donated services and use of facilities							
С	Recoveries of prior year grants							
d	Other (Describe in Part XIII.)							
е	Add lines 2a through 2d							
3	Subtract line 2e from line 1	3						
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a							
b	Other (Describe in Part XIII.)							
С	Add lines 4a and 4b							
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)							
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.								
_		1						
1	Total expenses and losses per audited financial statements	1						
2	Donated services and use of facilities							
a	Prior year adjustments							
b								
C	Other losses 2c Other (Describe in Part XIII.) 2d							
d	Add lines 2a through 2d	20						
e	Subtract line 2e from line 1	2e 3						
3	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3						
4	Investment expenses not included on Form 990, Part VIII, line 7b							
a b	Other (Describe in Part XIII.)							
C	Add lines 4a and 4b	4c						
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)							
	rt XIII Supplemental Information.	3						
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Pa	rt X line						
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	,						
_,	10. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.							
-								

EEA Schedule D (Form 990) 2014

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

2014

OMB No. 1545-0047

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

Open to Public

Inspection

ŝ (h) Purpose of grant or assistance Yes **Employer identification number** X Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990 (g) Description of non-cash assistance 23-7075066 (f) Method of valuation (book, FMV, appraisal, other) Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (e) Amount of noncash assistance (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable General Information on Grants and Assistance the selection criteria used to award the grants or assistance? (p) EIN THE SOCIOLOGY OF RELIGIO (a) Name and address of organization or government ASSOCIATION FOR Name of the organization Part I Part II 9 Ξ 4 9 9 6 <u>ඉ</u> 8 ල 8

Schedule I (Form 990) (2014)

For Paperwork Reduction Act Notice, see the Instructions for Form 990. $^{
m EEA}$ Enter total number of other organizations listed in the line 1 table

Page 2

ASSOCIATION FOR THE SOCIOLOGY OF RELIGION INC

Schedule I (Form 990) (2014)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III

Part III can be duplicated if additional space is needed.

י מוז ווו סמון בס ממפווסמום מממווסוומן ספמס וס ווססמסמי	موصورا در معمره				
(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
					:
1 JOSEPH H FICHTER RESEARCH GRANTS	9	16,622		N/A	N/A
2 DAILDH A CALLACHED TDAVET, CDANT	•	1 2 2		8	Z/W
	1	1		17 / 17	17 / 17
ROBERT J MCNAMARA STUDENT PAPER					
3 AWARD	1	500		N/A	N/A
	,	,			
4 DISTINGUISHED ARTICLE AWARD	I	500		N/A	N/A
5 PAUL HANLY FURFEY LECTURE	Т	1,000		N/A	N/A
9					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	the information r	equired in Part I, line	e 2, Part III, column	(b), and any other addi	tional information.

01. Monitoring procedures (Part I, line 2)

Every year, the Executive Council of the Association decides how much money it wants to allocate to the Joseph H. Fichter

Research Grants for the upcoming year. Using this dollar figure, the Joseph Fichter Award Committee, which is composed of

four members, evaluates the applications based on their quality and whether they meet the eligibility criteria.

committeeis selections are then communicated to the Executive Officer, who in turn distributes the funding to the research

offices at the granteesi college or university. Upon completion of the research, the research office of the granteeis

college or university must provide the Association with a lFinal Expense Reportî detailing how the funds were spent and

certifying with a signature that the expenditures are correct.

Part III

Page 2

	ered "Yes" to Form 990, Part IV, lin	
	tance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV	
	Assistance to Domestic Individuals.	icated if additional space is needed
/··/ /·	Grants and Other	Part III can be duplic

03. Additional Information for Schedule I

JOSEPH H FICHTER RESEARCH GRANTS

- 1. GABRIEL ACEVEDO, UNIVERSITY OF TEXAS AT SAN ANTONIO "FAITH BETWEEN CULTURES" \$6,434
- 2. ALANA HENNINGER, JOHN JAY COLLEGE (CUNY), "A CROSS COUNTRY COMPARISON OF INSTITUTIONAL RESPONSE TO VIOLENCE", \$1,269
- 3. LISA SWARTZ, NOTRE DAME, "SISTERS AND BROTHERS EXPLORING THE GENDERED LENSES OF EVANGELICAL SEMINARIES" \$1,380
- 4. LISA PEARCE, UNC CHAPEL HILL, "GIRLS' OCCUPATIONAL ASPIRATIONS" \$2,176
- 5. DAWNE MOON, MARQUETTE UNIVERSITY, "RECONCILIATION BETWEEN EVANGELICAL PROTESTANTS AND LESBIANS, GAY MEN, BISEXUALS, AND

TRANSGENDER PEOPLE \$2,863

6. RACHEL ELLIS, UNIVERSITY OF PENNSYLVANIA, "CONVICTION BEHIND BARS:RELIGION AND FAITH AMONG INCARCERATED WOMEN" \$2,500

Schedule I (Form 990) (2014)

EEA

Part III can be duplicated if additional space is needed.

Page 2

23-7075066

Schedule I (Form 990) (2014) (f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) non-cash assistance (d) Amount of (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV EEA 0 4 _ က 2 9

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.

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

Name of the organization

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

ASSOCIATION FOR THE SOCIOLOGY OF RELIGION INC	23-7075066
01. Members or stockholder classes and rights (Part	VI, line 6)
THE CORPORATION IS A NONPROFIT AND SHALL NOT HAVE OR ISSUE SHARES OF STOCK OR	PAY
DIVIDENDS.	
MEMBERSHIP SHALL BE OPEN TO ALL WHO ARE INTERESTED IN THE FIELD OF SOCIOLOGY	OF RELIGION.
MEMBERSHIP SHALL BE GRANTED UPON APPROVAL AND CLASSIFICATION OF APPLICATION B	Y THE
EXECUTIVE COUNCIL.	
02. Member election for additional members (Part VI,	, line 7a)
ALL MEMBERS HAVE VOTING PRIVILEGES.	
03. Form 990 governing body review (Part VI, line 11	L)
NO REVIEW WAS CONDUCTED OR WILL BE CONDUCTED.	
04. Form 990 availability to public (Part VI, line 1	18)
THE FORM 990 FOR THE ASSOCIATION FOR THE SOCIOLOGY OF RELIGION INC CAN BE ACCU	ESSED BY
VISITING WWW.SOCIOLOGYOFRELIGION.COM	
05. Governing documents, etc, available to public (Part VI, line 19)
THE GENERAL PUBLIC WILL HAVE ACCESS TO THE GOVERNING DOCUMENTS BY ACCESSING THE	HE
ASSOCIATION FOR THE SOCIOLIOGY OF RELIGION INC WEBSITE AT WWW.SOCIOLOGYOFRELIC	GION.COM

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172 2014

Department of the Treasury Internal Revenue Service (99)

Attachment

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562. 179 Sequence No. Business or activity to which this form relates Identifying number 23-7075066 ASSOCIATION FOR THE SOCIOLOGY OF FORM 990 -Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 separately, see instructions 5 6 (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2013 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12 13 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2014 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery placed in (business/investment use (f) Method (g) Depreciation deduction (a) Classification of property (e) Convention only-see instructions) service 19 a 3-year property 2,976 5 HY SL 298 5-year property 7-year property С **d** 10-year property e 15-year property 20-year property 25-year property 25 yrs. S/I Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM S/L MM Nonresidential real 39 yrs. S/L MM property S/I Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System 20 a Class life S/L 12-year 12 yrs. 40-y<u>ear</u> MM S/L 40 yrs. Part IV **Summary** (See instructions.) 21 Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 298 here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 22 23 For assets shown above and placed in service during the current year, enter the

23