#### \*\* PUBLIC DISCLOSURE COPY \*\*

Form **990** 

### 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

Department of the Treasury Internal Revenue Service

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.

<u>A                                    </u>	or the 2	015 calendar year, or tax year beginning $JUL~1,~2015$ and	ending J	UN 30, 2016	
В	heck if pplicable:	C Name of organization		D Employer identific	eation number
	Address change	SOCIETY OF BIBLICAL LITERATURE			
Ļ	Name change	Doing business as		23-63	390716
Ļ	Initial return		Room/suite	E Telephone number	
L	Final return/	825 HOUSTON MILL ROAD NE	350	(404)	727-3100
_	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,191,753.
L	Amended	ATLANTA, GA 30329		H(a) Is this a group re	turn
L	Applica- tion pending	F Name and address of principal officer: JOHN KUTSKO		for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	
		not status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) (	or 527	If "No," attach a	list. (see instructions)
		▶ WWW.SBL-SITE.ORG		H(c) Group exemption	
	0000000000	ganization: X Corporation Trust Association Other ►	L Year	of formation: 1980 N	State of legal domicile: VA
•	1 B	riefly describe the organization's mission or most significant activities: SEE	SCHEDU	LE O FOR CO	MPLETE
Activities & Governance		ESCRIPTION.			
Ě	2 C	heck this box  if the organization discontinued its operations or dispose	sed of more	than 25% of its net as	sets.
Š		umber of voting members of the governing body (Part VI, line 1a)			14
<u>ن</u> ع		umber of independent voting members of the governing body (Part VI, line 1b)			14
es		otal number of individuals employed in calendar year 2015 (Part V, line 2a)			27
Ž	6 T	otal number of volunteers (estimate if necessary)	• • • • • • • • • • • • • • • • • • • •	6	950
Act	7a To	otal unrelated business revenue from Part VIII, column (C), line 12	•••••	7a	0.
_	b N	et unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
9	8 C	ontributions and grants (Part VIII, line 1h)		97,553.	90,269.
Revenue		rogram service revenue (Part VIII, line 2g)		2,617,346.	2,513,295.
E.		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		217,023.	92,045.
		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		584,281.	437,154.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,516,203.	3,132,763.
		rants and similar amounts paid (Part IX, column (A), lines 1-3)		1,000.	5,335.
		enefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,390,844.	1,320,114.
Ехрепѕеѕ	10a P	rofessional fundralsing fees (Part IX, column (A), line 11e)		0.	0.
Ä	1.5	otal fundraising expenses (Part IX, column (D), line 25) > 54,8		1 607 047	1 (22 011
		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,697,847.	
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,089,691. 426,512.	2,959,360.
20	19 F	evenue less expenses. Subtract line 18 from line 12			173,403.
ets (	20 T	otal assets (Part X, line 16)		eginning of Current Year 6,220,627.	End of Year 6,325,791.
Net Assets	21 T	otal assets (Part X, line 16) otal liabilities (Part X, line 26)	⊢	1,642,349.	1,655,897.
Net	22	let assets or fund balances. Subtract line 21 from line 20	·····	4,578,278.	4,669,894.
		Signature Block		4/3/0/2/0.	4,000,004.
		les of perjury, Losclare that I have examined this return, including accompanying schedule	es and staten	nents, and to the hest of m	v knowledge and belief it is
		and complete. Declaration of preparer (other than officer) is based on all information of w			,
		La francisco		12/1	6/16
Sig		Signature of officer		Date	
He	re	JOHN KUTSKO, EXECUTIVE DIRECTOR Type or print name and title	<del></del>		
	-		( al	<del>Onto</del> los s	1 DTIM
Pai		Print/Type preparer's name		Date Check Check	PTIN
	-	MARY JO ALEXANDER MARY JO ALEXAND  Firm's name MAULDIN & JENKINS LLC	EK .	12/16/16 self-employ	P00002534 58-0692043
		Firm's address 200 GALLERIA PKWY SE STE 1700		Firm's EIN	30-0032043
	,	ATLANTA, GA 30339-5946		Dhone no 77	0-955-8600
Ms	v the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No
		-15 I HA For Panerwork Reduction Act Notice see the senerate instruction		***************************************	CA 108 NO

If "Yes," describe these new services on Schedule O.

Form 990 (2015)	SOCIETY	OF BIBLICAL LITERATURE	23-0390/1
Part III Statemen	t of Program Servi	ce Accomplishments	
Check if Sch	edule O contains a respo	onse or note to any line in this Part III	

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: SEE SCHEDULE O FOR COMPLETE DESCRIPTION.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X No.

- If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
- Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
- 1,367,273.) 5,335.) (Revenue \$ 935,864. including grants of \$ 4a ) (Expenses \$ CONFERENCES. SBL ORGANIZES TWO MAJOR ANNUAL ACADEMIC CONFERENCES EACH YEAR, ONE IN THE UNITED STATES AND ONE OUTSIDE THE U.S. IT ALSO SPONSORS REGIONAL MEETINGS IN THE U.S. THE MAJOR U.S. MEETING BRINGS TOGETHER MORE THAN HALF OF ITS MEMBERS AS WELL AS MEMBERS OF AFFILIATE ORGANIZATIONS TO PRESENT OVER 1,000 SCHOLARLY PAPERS OF NEW RESEARCH IN HUNDREDS OF PROGRAM UNIT SESSIONS. THE CONFERENCE ALSO PROVIDES AN EXHIBIT HALL FOR ACADEMIC PUBLISHERS AND A JOB SERVICE FOR ACADEMIC INSTITUTIONS WHO INTERVIEW AND HIRE MEMBERS. THESE ANNUAL CONFERENCES ARE HELD IN ORDER TO ACCOMPLISH SBL'S STRATEGIC VISION STATEMENTS: ORGANIZING CONGRESSES FOR SCHOLARLY EXCHANGE; FACILITATING BROAD AND OPEN DISCUSSION FROM A VARIETY OF CRITICAL PERSPECTIVES; AND PROMOTING COOPERATION ACROSS GLOBAL BOUNDARIES.
- 1,049,341 including grants of \$ 709,130.) ) (Expenses \$ ) (Revenue \$ PUBLICATIONS. SBL PRESS, THE PUBLISHING DEPARTMENT OF THE SOCIETY, IS A MEMBER OF THE ASSOCIATION OF AMERICAN UNIVERSITY PRESSES, AND PUBLISHES PEER-REVIEWED BOOKS AND JOURNALS FOR THE ACADEMIC COMMUNITY AND LIBRARIES. THE PRESS ACQUIRES, DEVELOPS, PRODUCES, AND MARKETS 27 BOOK SERIES, THE FLAGSHIP JOURNAL OF THE FIELD, AND A JOURNAL FOR BOOK REVIEWS. TO DO SO THE PRESS HAS PROFESSIONAL STAFF AND OVER 130 VOLUNTEER MEMBERS WHO SERVE AS GENERAL EDITORS, AS SERIES EDITORS, AND ON EDITORIAL BOARDS. SBL PRESS'S ANNUAL BOOK OUTPUT IS 35 TITLES, IN ADDITION TO THE TWO MAJOR JOURNALS. THE PRESS ALSO PARTNERS WITH OTHER PRESSES TO PUBLISH MAJOR RESOURCES AND REFERENCE WORKS.
- 357,200 including grants of \$ 81,656.) ) (Revenue \$ ) (Expenses \$ PROFESSIONS. SBL OFFERS A BROAD RANGE OF ACTIVITIES THAT SUPPORT ITS MEMBERS' PROFESSIONAL DEVELOPMENT AND ADVOCATE FOR THE ACADEMIC FIELD IN HIGHER EDUCATION. IT HOSTS AN EMPLOYMENT SERVICE, PROVIDES WORKSHOPS AT ITS MEETINGS, PARTNERS WITH RELATED ORGANIZATIONS, COLLABORATES WITH ORGANIZATIONS IN HUMANITIES AND HIGHER EDUCATION (SUCH AS THE NATIONAL HUMANITIES ALLIANCE AND THE AMERICAN COUNCIL OF LEARNED SOCIETIES), AND FOSTERS PARTICIPATION THROUGH PROGRAM UNITS THAT ENLIST OVER 3,000 OF ITS 8,500 MEMBERS AS CHAIRS, PRESENTERS, PRESIDERS, OR PANELISTS. SUPPORTED BY A GRANT FROM THE NATIONAL ENDOWMENT FOR THE HUMANITIES, 2014 SBL LAUNCHED AN INTERACTIVE WEBSITE CALLED BIBLE ODYSSEY TO PROVIDE THE GENERAL PUBLIC WITH ACCURATE AND ENGAGING INFORMATION ABOUT THE BIBLE, ITS CONTENTS, ITS BACKGROUND, AND ITS CULTURAL IMPACT.
- 4d Other program services (Describe in Schedule O.)

431,824 · including grants of \$ (Expenses \$

681,762.)) (Revenue \$

4e Total program service expenses ▶

2,774,229.

### Form 990 (2015) SOCIETY OF B Part IV Checklist of Required Schedules

			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	Х	
	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
	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		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		Х
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		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		ĺ	
	If "Yes," complete Schedule D, Part IV	9	Х	L
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	17
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		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1	X	
	Schedule D, Parts XI and XII	12a	Α.	1
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		X
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	148		122
b	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	170		<b>-</b>
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	''		1
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
• •	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
			~~~	

Form 990 (2015) SOCIETY OF BIBLICA

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u> _
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		<u>X</u>
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	İ		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	_	v	
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		Х
	Schedule K. If "No", go to line 25a	24a 24b		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		<u> </u>
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		
	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		X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			.,,
	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			v
	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):	00-		Х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		
С		28c		X
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			1
30	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	If "Yes," complete Schedule N, Part I	31		Х
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> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	1	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?			1,,
	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			\ <b>v</b>
	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?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

### Form 990 (2015) SOCIETY OF BIBLICAL LITERATURE Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V		-	<u> </u>							
					Yes	No					
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	60								
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	-							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-		ble gaming		37						
	(gambling) winnings to prize winners?		 	1c	X						
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		2.5	,							
	led 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 return			2b	X						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					Х					
				3a							
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		<u> </u>					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					x					
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a							
b	If "Yes," enter the name of the foreign country:		(EDAD)								
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			E		Х					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transatif "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		- 21					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			30		<u> </u>					
oa	any contributions that were not tax deductible as charitable contributions?			6a		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions.					<del></del>					
b	were not tax deductible?			6b							
7	Organizations that may receive deductible contributions under section 170(c).										
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor?	7a		Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b							
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w										
•	to file Form 8282?			7c		Х					
d	15 No. 15	ı									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		ct?	7e		Х					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		Х					
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	ie								
	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?			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:		1								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		_							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		_							
11	Section 501(c)(12) organizations. Enter:	ı	1								
а	Gross income from members or shareholders	11a		_							
b	Gross income from other sources (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)	11b		_							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	າ 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	, ,			13a							
	<b>Note.</b> 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	1	1								
	organization is licensed to issue qualified health plans	13b	··i	-							
C		13c				<b>#</b>					
				14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O .		14b							

Form 990 (2015) SOCIETY OF BIBLICAL LITERATURE 23-6390716 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
Sect	ion 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	4		
	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.			
	Enter the number of voting members included in line 1a, above, who are independent1b1	4		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	$\neg$		
	officer, director, trustee, or key employee?	2		X
	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
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			Х
	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
	Did the organization have members or stockholders?		Х	
6	Did the organization have members of stockholders:  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			·
7a	more members of the governing body?	7a	Х	
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
b	persons other than the governing body?	7b		Х
0	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	·		
8	The governing body?	8a	X	000000000
a	Each committee with authority to act on behalf of the governing body?	. —	X	
b	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	.		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	. 9		Х
Soc	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u>- 1</u>	J.,	<u></u>
oec	tion B. Foncies (This decition b requests information about policies not required by the mornal november essen)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	1	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	.		
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	_ 10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
_	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
b 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?	· —	Х	$\top$
	Plant I was a series of the se			
С	in Schedule O how this was done	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?		X	
4-	Did the process for determining compensation of the following persons include a review and approval by independent			
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a	X	1
d L	Other officers or key employees of the organization	15b		X
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
IVa	taxable entity during the year?	16a	*********	X
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		***************************************
Soc	exempt status with respect to such arrangements:	, , , , , ,		
17	List the states with which a copy of this Form 990 is required to be filed ►GA			
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	y) availa	ble	
10	for public inspection. Indicate how you made these available. Check all that apply.	,, _,		
	X Own website Another's website X Upon request Other (explain in Schedule O)			
40	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and fina	ncial	
19		and iiia	,,,,,,,,,,	
00	statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	PAM KENNEMORE - 404-727-3103			
	825 HOUSTON MILL ROAD STE 350, ATLANTA, GA 30329			

#### Form 990 (2015) 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

#### 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.

(A)	(B)	Jiya	11120	(C		npei	Isal	(D)	(E)	(F)
Name and Title	Average			Posi	tion			Reportable	Reportable	Estimated
	hours per	box,	unle	ss pe	rson i	than is bot	h an	compensation	compensation	amount of
	week	_	er an	dad	recto	or/trus	tee)	from	from related organizations	other compensation
	(list any	Individual trustee or director				9	İ	the organization	(W-2/1099-MISC)	from the
	related	o ac	stee			nsate		(W-2/1099-MISC)	(	organization
	organizations	l trust	nal fz		oyee	ompe 5				and related
	below	ividua	Institutional trustee	<u> </u>	Key employee	Highest compensated employee	Former			organizations
	line)	밀	Sul	Officer	<u>§</u>	물통	윤			
(1) BEVERLY GAVENTA	1.00	,,		.,					0	0.
PRESIDENT	1 00	X	<u> </u>	Х	<u> </u>	-	<u> </u>	0.	0.	<u> </u>
(2) STEVEN FRIESEN	1.00	,,		37				0	0.	0.
SECRETARY	1 00	X	ļ	X		-		0.	0.	<u> </u>
(3) MICHAEL FOX	1.00	<b>.</b> ,		v				0.	0.	0.
VICE PRESIDENT	1.00	X	_	X		-	┼	0.	0.	0.
(4) MARY F. FOSKETT	1.00	Х		Х				0.	0.	0.
CHAIRMAN	1.00	Λ	-	Δ	-	+	-	· ·	<b>0.</b>	V•
(5) ATHALYA BRENNER	1.00	X		X				0.	0.	0.
PRESIDENT	1.00	Λ	-	A			+	•		-
(6) CHRISTINE M. THOMAS	1.00	X		X				0.	0.	0.
SECRETARY (7) ARCHIE CHI-CHUNG LEE	1.00	Λ	╁──	A		-	╁╾			
MEMBER	1.00	X						0.	0.	0.
(8) DAN SCHOWALTER	1.00		$\vdash$			+	T			
MEMBER		X						0.	0.	0.
(9) EFRAIN AGOSTO	1.00	<del>                                     </del>				T				
MEMBER		X						0.	0.	0.
(10) EHUD BEN ZVI	1.00				T		T			
MEMBER		X			İ		1	0.	0.	0.
(11) GAY BYRON	1.00									
MEMBER		X			1			0.	0.	0.
(12) GERALD WEST	1.00									
MEMBER		Х		<u> </u>				0.	0.	0.
(13) GREGORY E. STERLING	1.00					•				
MEMBER		X				ļ		0.	0.	0.
(14) JORUNN ØKLAND	1.00							_	_	
MEMBER		X			_	$\perp$		0.	0.	0.
(15) JUDITH NEWMAN	1.00									
MEMBER		X	_				$\perp$	0.	. 0.	0.
(16) MARC BRETTLER	1.00									
MEMBER	1	X	1_		-	-	4	0.	. 0.	0.
(17) PHILIP F. ESLER	1.00									
MEMBER		X						0	. 0.	0 .

Part VII Section A. Officers, Directors, T		ploy	ees,			ghe	st C			
(A)	(B)			(C Posi		,		(D)	(E)	(F)
Name and title	Average hours per	I (do not check more than on						Reportable compensation	Reportable compensation	Estimated amount of
	week							from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	or director				ated		organization	(W-2/1099-MISC)	from the
	related	e (	truste		82	bens		(W-2/1099-MISC)		organization
	organizations below	ual fri	ional		akold	e tcom				and related organizations
	line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizationo
(18) SIDNIE WHITE CRAWFORD	1.00	<del>  -</del>			-					
MEMBER		Х						0.	0	. 0.
(19) JOHN F. KUTSKO	60.00							146 640		22.645
TREASURER, EXEC DIRECTOR		1	<u> </u>	X				146,613.	0	. 33,645.
		-				Ì				
MI 100-00-11		-	-	-	-	$\vdash$	$\vdash$			
		-								
		$\dagger$			$\vdash$	+-				
								Ī		
						<u> </u>	ļ			
		_								
		_	-		_					
		4								
		-	-	-		+	-			
		-								
1b Sub-total		-		<u> </u>	1		_	146,613.	(	33,645
c Total from continuation sheets to Pa								0.		0.
d Total (add lines 1b and 1c)							_	146,613.		33,645
2 Total number of individuals (including b								eceived more than \$10	0,000 of reportable	1
compensation from the organization										
										Yes No
3 Did the organization list any former off	icer, director, or t	ruste	e, k	еу е	mpl	oyee	e, or	highest compensated	employee on	
line 1a? If "Yes," complete Schedule J										3   Х
4 For any individual listed on line 1a, is the										4 X
and related organizations greater than			-							4   X
5 Did any person listed on line 1a receive rendered to the organization? If "Yes,"										5 X
Section B. Independent Contractors	complete acheat	ne o	101 3	SUCII	pei	13011				0 1 1 1-
Complete this table for your five higher	st compensated in	nder	end	ent	con	tract	ors	that received more than	\$100,000 of comp	ensation from
the organization. Report compensation										
(A)								(B)		(C)
Name and busi	ness address	N	ON	E				Description of	services	Compensation
							• •			
2 Total number of independent contract		not	limit	ed t	o th	_	liste	d above) who received	more than	
\$100,000 of compensation from the o	rganization 🕨					0				

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (D)
Revenue excluded from tax under sections 512 - 514 (C) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Giffs, Grants and Other Similar Amounts 1 a Federated campaigns ..... **b** Membership dues ..... 1b 1c c Fundraising events ..... 1d d Related organizations ..... e Government grants (contributions) 1e f All other contributions, gifts, grants, and 90,269. similar amounts not included above ..... 9 Noncash contributions included in lines 1a-1f. \$ 90,269. h Total. Add lines 1a-1f. Business Code 1,367,273.1,367,273. 2 a CONGRESSES 611600 Program Service Revenue 681,762. 725,237. 43,475. 611600 **b** MEMBERSHIP DUES 20,000. 319,129. 339,129. 323100 c PUBLICATIONS 541900 81,656. 81,656. d PROFESSIONS f All other program service revenue  $\triangleright$  2,513,295. Total. Add lines 2a-2f. Investment income (including dividends, interest, and 111,110. 111,110. other similar amounts) Income from investment of tax-exempt bond proceeds 4 124,056. 124,056. Royalties ..... (i) Real (ii) Personal 132,619. 6 a Gross rents b Less: rental expenses 209,522. c Rental income or (loss) \_\_\_\_\_ -76,903. -76,903.-76,903. d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other 778,317. assets other than inventory b Less: cost or other basis and sales expenses 796,707. 675. -675.-19,065.-19,065d 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 \_\_\_\_\_a b Less: direct expenses ..... b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 ...... a b Less: direct expenses \_\_\_\_\_ b c Net income or (loss) from gaming activities ..... 10 a Gross sales of inventory, less returns and allowances a = 442,087b Less: cost of goods sold b 52,086. 390,001. 390,001. c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a d All other revenue ..... e Total. Add lines 11a-11d 202,673. **▶** 3,132,763.2,839,821. Total revenue. See instructions.

### Form 990 (2015) SOCIETY OF BI Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons			····	/D\
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	<b>(D)</b> 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				
	individuals. See Part IV, line 22	- AMIPATA			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	E 225	5 225		
	individuals. See Part IV, lines 15 and 16	5,335.	5,335.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	102 145	148,347.	18,315.	16,483
_	trustees, and key employees	183,145.	140,347.	10,313.	10,403
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	884,240.	853,820.	24,326.	6,094
7	Other salaries and wages	004,240.	033,020.	24/320.	0,001
8	Pension plan accruals and contributions (include	89,152.	84,488.	2,606.	2,058
	section 401(k) and 403(b) employer contributions)	88,049.	80,761.	5,388.	1,900
9	Other employee benefits	75,528.	71,427.	2,675.	1,426
0	Payroll taxes	7373201	, 1, 12, 1	2,0,00	
11	Management				
a b	Legal	8,582.	8,066.	344.	172
C	Accounting	18,688.		18,688.	
	Lobbying			,	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	19,542.		19,542.	
g					
9	column (A) amount, list line 11g expenses on Sch O.)	265,028.	249,756.	9,144.	6,128
12	Advertising and promotion	16,446.	16,446.		
13	Office expenses	289,725.	282,196.	4,977.	2,552
14	Information technology	150,672.	141,567.	6,070.	3,035
15	Royalties	11,329.	11,329.		
16	Occupancy	65,723.	55,865.	6,572.	3,286
17	Travel	149,468.	142,415.	4,699.	2,354
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	180,362.	178,214.	1,435.	71:
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	30,603.	24,483.		3,060
23	Insurance	12,468.	11,942.	351.	175
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.)				
ē		240,593.	240,593.		
ŀ		76,058.	75,025.		34
c		70,242.	70,242.		
ď	DONATIONS AND DISCOUNTS	23,378.	20,942.		1,11
•	All other expenses	5,004.	970.		4,00
25	Total functional expenses. Add lines 1 through 24e	2,959,360.	2,774,229.	130,236.	54,89
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> (20

Form 990 (2015)
Part X Balance Sheet

		Balance Sheet Check if Schedule O contains a response or note	to any	line in this Part X			
		•			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,116,045.	1	1,366,444.
	2	Savings and temporary cash investments			260,601.	2	228,825.
İ	3	Pledges and grants receivable, net			4,100.	3	
	4	Accounts receivable, net			304,205.	4	159,434.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit	ied per	sons (as defined under			
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect	ion 501	(c)(9) voluntary			
		employees' beneficiary organizations (see instr).	Compl	ete Part II of Sch L		6	
	7	Notes and loans receivable, net				7	100 = 45
	8	Inventories for sale or use			80,780.	8	103,545.
ı	9	Prepaid expenses and deferred charges			42,607.	9	49,010.
	10a	Land, buildings, and equipment: cost or other					
-		basis. Complete Part VI of Schedule D	10a	173,023.			F1 404
1	b	Less: accumulated depreciation	10b	121,599.		10c	51,424.
	11	Investments · publicly traded securities			2,397,368.	11	2,454,030.
1	12	Investments - other securities. See Part IV, line 1	l1			12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			1 076 671	14	1 012 070
-	15	Other assets. See Part IV, line 11			1,976,671.		1,913,079.
$\dashv$	16	Total assets. Add lines 1 through 15 (must equ			6,220,627.		6,325,791.
	17	Accounts payable and accrued expenses			188,997.	1	215,264.
İ	18	Grants payable			1 452 252	18	1 440 633
	19	Deferred revenue			1,453,352.		1,440,633
ĺ	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
3	22	Loans and other payables to current and forme					
		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		•				22	
•	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line				05	
		Schedule D			1,642,349	25	1,655,897
$\dashv$	26	Total liabilities. Add lines 17 through 25			1,042,347	20	1,033,037
.		Organizations that follow SFAS 117 (ASC 95		ck nere P A and			
g	07	complete lines 27 through 29, and lines 33 and lines 33 and lines 33 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 and lines 35 a			3,925,898	27	3,953,974
<u> </u>	27	Unrestricted net assets			357,750	+	401 000
Ď	28	Temporarily restricted net assets	294,630		004 600		
ב ב	29	Permanently restricted net assets  Organizations that do not follow SFAS 117 (A		R) check here	2517030		
ř			-00 90	oj, oneok nele 🗲 📖			
၁ ဂ္ဂ	20	and complete lines 30 through 34.				30	
Se	30	Capital stock or trust principal, or current funds				31	
	31	Paid-in or capital surplus, or land, building, or e				32	
AS	~~						
Net Assets or Fund Balances	32 33	Retained earnings, endowment, accumulated in Total net assets or fund balances			4 E70 070		4 660 004

OHIII	930 (2010)			. 45	,
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	3,13		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,95		
3	Revenue less expenses. Subtract line 2 from line 1	3		3,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,57		
5	Net unrealized gains (losses) on investments	5	-8	1,7	87.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	4,66	9,8	94.
Pai	TXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	· · · · · · · · · · · · · · · · · · ·				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	redule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	inale Audit		<b> </b>	

Act and OMB Circular A-133?

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** (2015)

X

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization 23-6390716 SOCIETY OF BIBLICAL LITERATURE Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 7 section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 9 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization (v) Amount of monetary (vi) Amount of (iii) Type of organization (i) Name of supported (ii) EIN listed in your (described on lines 1-9 other support (see organization support (see governing document? above (see instructions)) instructions) instructions) Yes No

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.) Section A. Public Support (f) Total (b) 2012 (c) 2013 (d) 2014 (e) 2015 Calendar year (or fiscal year beginning in) (a) 2011 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its 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) 6 Public support. Subtract line 5 from line 4. Section B. Total Support (e) 2015 (f) Total Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ... Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2014 Schedule A, Part II, line 14 \_\_\_\_\_\_\_ 15 % 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

## Schedule A (Form 990 or 990-EZ) 2015 SOCIETY OF BIBLICAL LITERATURE Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

quality under the tests listed be	now, please comp	olete Part II.)				
Section A. Public Support		#10040	43,0040	(4) 0014	(a) 201E	/ft Total
alendar year (or fiscal year beginning in) ► 🏻	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
Gifts, grants, contributions, and						
membership fees received. (Do not		1=6 =40	016 000	07 550	00 000	776 266
include any "unusual grants.")	215,413.	156,749.	216,282.	97,553.	90,269.	776,266.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2859185.	2921137.	2446792.	3188302.	2891907.	14307323.
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513			82,702.	72,385.	63,475.	218,562.
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	3074598.	3077886.	2745776.	3358240.	3045651.	15302151.
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons	75.		3,000.	4,680.	2,656.	10,411
<b>b</b> 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	75.		3,000.	4,680.	2,656.	10,411
8 Public support. (Subtract line 7c from line 6.)						15291740
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6	3074598.	3077886		3358240.	3045651.	15302151
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	331,171.		. 293,852.	240,565.	235,166	. 1450476
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b	331,171.	349,722	. 293,852.	240,565.	235,166	1450476
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	<del></del>					
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	3405769	. 3427608	. 3039628.	. 3598805	. 3280817	.16752627
14 First five years. If the Form 990 is for		i's first, second, th	ird, fourth, or fifth	tax year as a secti	on 501(c)(3) organ	ization,
check this box and stop here						
Section C. Computation of Pub						
15 Public support percentage for 2015			. column (fl)		15	91.28
					16	85.62
Section D. Computation of Inve						
					17	8.66
17 Investment income percentage for 2						14.24
18 Investment income percentage from	2014 Schedule A	A, raπ III, line I/		1E in mara +h		
<b>19a 33 1/3% support tests - 2015.</b> If th more than 33 1/3%, check this box	and <b>stop here.</b> Th	ne organization qu	alifies as a publicly	supported organi	zation	►\ <u>X</u>
b 33 1/3% support tests - 2014. If th	e organization did	I not check a box	on line 14 or line 19	a, and line 16 is m	ore than 33 1/3%	, and
line 18 is not more than 33 1/3%, ch	neck this box and	stop here. The or	ganization qualifies	s as a publicly sup	ported organizatio	on ▶ 🗀
20 Private foundation. If the organizat	ion did not check	a box on line 14. 1	9a, or 19b, check	this box and see in	nstructions	<b>&gt;</b>
532023 09-23-15					hedule A (Form 9	
002020 00-20 10						

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 6 7 8 8 9a 9b 9c 10a	Yes	No
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Pai	Supporting Organizations (continued)	Τ,	Va-	
		'	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	440		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  tion B. Type I Supporting Organizations	110		
<u>3ec</u>	tion b. Type I Supporting Organizations	,	Yes	No
4	Did the directors, trustees, or membership of one or more supported organizations have the power to			
1	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <i>Part VI</i> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	*******	anners en en
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
		£	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		*******	
	supported organizations played in this regard.	3		
	ction E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year instruct.	ons):		
	<u></u>			
ì		inetructions	1	
(		i iristractions,	Yes	No
2	Activities Test. <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		.03	
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	**********	0000000000
1	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in <i>Part VI</i> the role played by the organization in this regard.	3b		

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.  Section A - Adjusted Net Income  (A) Prior Year (A) Prior Year (cptional)  1 Net short-term capital gain 1 Net short-term capital gain 2 Recoveries of prioryear distributions 3 Other gross income (see instructions) 3 Other gross income (see instructions) 4 Add lines 1 through 3 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 8 and 7 from line 4) 8 Adjusted Net Income (subtract lines 5, 8 and 7 from line 4) 8 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax, year or assets held for part of year): a Average monthly value of securities b Average monthly value of securities c Fair market value of other non-exempt-use assets 1b C Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) C Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtechness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d C Current Year 8 Minimum Asset Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Prior Year Current Year 2 Enter 85% of line 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 6 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Distributable Amount. Subtract line 6 from line 4, unless subject to emergency temporary	Par				
Section A - Adjusted Net Income  (A) Prior Year (B) Current Year (cptional)  1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Cither gross income (see instructions) 3 Add lines 1 through 3 4 Add lines 1 through 3 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of incurred for production or maintenance of property held for production of income (see instructions) 6 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exampt-use assets (see instructions) for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly value of securities 1 Average monthly value of securities 1 A total (add lines 1a, 1b, and 1c) 1 Discount claimed for biockage or other factors (explain in datal in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 A Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Militiply line 5 by .035 6 Militiply line 5 by .035 6 Militiply line 5 by .035 6 Militiply line 5 by .035 6 Fector C - Distributable Amount Current Year 6 Distributable Amount for prior year (from Section A, line 8, Column A) 7 Enter 85% of line 1 8 Minimum asset amount for prior year (from Section B, line 8, Column A) 8 Fector C - Distributable Amount for prior year (from Section B, line 8, Column A) 9 A Enter greater of line 2 of line 3 9 Current Year 9 Current Year 9 Current Year 9 Current Year 9 Current Year 9 Current Year 9 Current Year 9 Current Year 9 Current Year 9 Current Year 9 Current Year 9 Current Year 9 Current Year 9 Current Year 9 Current Year	1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on l	Nov. 20, 1970. <b>See instruct</b>	ions. All
Net short-term capital gain   1   2   2   2   2   2   2   2   2   2		other Type III non-functionally integrated supporting organizations must con	mplete Se	ctions A through E.	
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Depreciation and depletion  Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of lincome (see instructions)  Other expenses (see instructions)  Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  Bection B - Minimum Asset Amount  (A) Prior Year  (B) Current Year (optional)  Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  a Average monthly value of securities  b Average monthly cash balances  c Fair market value of other non-exempt-use assets  d Total (add lines 1a, 1b, and 1c)  e Discount claimed for blockage or other factors (explain in detail in Part VI):  Acquisition indebtedness applicable to non-exempt-use assets  2 Asubtract line 2 from line 1d  Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).  5 Net value of non-exempt-use assets (subtract line 4 from line 3)  6 Multiply line 5 by .035  Recoveries of prioryear distributions  7 Recoveries of prioryear distributions  7 Recoveries of prioryear distributions  A Minimum Asset Amount (add line 7 to line 6)  Section C - Distributable Amount  1 Adjusted net income for prior year (from Section B, line 8, Column A)  4 Enter greater of line 2 or line 3  4 Income tax imposed in prior year  from line 4, unless subject to emergency temporary reduction (see instructions)  6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	3	Other gross income (see instructions)	3		
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emergency temporary reduction (see instructions) 6					
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	7		lly-integra	ted Type III supporting orga	nization (see
instructions).	-				

Schedule A (Form 990 or 990-EZ) 2015

Par	Type III Non-Functionally Integrated 509(a	a)(3) Supporting Orga	nizations <sub>(continued)</sub> ,	
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exen			
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		3.3411177	
5	Qualified set-aside amounts (prior IRS approval required)		4.444	
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 th	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6	1800,000		
10	Line 8 amount divided by Line 9 amount			
	-	(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable Amount for 2015
Secti	ion E - Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7:			
a	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
-	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
a				
b				
_	Excess from 2013			
-	Excess from 2014			
	Excess from 2015			

Schedule A	(Form 990 or 990-E	Z) 2015 SOCI	ETY OF	BIBLICAI	LITERA	TURE	23-6390716 Pa	ge <b>8</b>
Part VI	Supplemental Part IV, Section A, line 1: Part IV, Sec	Information lines 1, 2, 3b, 3d tion D. lines 2 ar	Provide the c, 4b, 4c, 5a, nd 3: Part IV.	e explanations red 6, 9a, 9b, 9c, 11a Section E. lines 1	uired by Part II a, 11b, and 11c c. 2a, 2b, 3a an	, line 10; Part II, line 1 : Part IV, Section B, lir	7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Section C, art V, Section B, line 1e; Part V,	
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			<u> Eurovernann</u>					
		dankah serina						
							4	

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Name of the organization

Employer identification number

S	OCIETY OF BIBLICAL LITERATURE	23-6390716						
Organization type (check	one):							
Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
	n is covered by the <b>General Rule</b> or a <b>Special Rule.</b> c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	Rule. See instructions.						
General Rule								
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor							
Special Rules								
sections 509(a)( any one contribu	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supports and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16 utor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount EZ, line 1. Complete Parts I and II.	sa, or 16b, and that received from						
year, total contri	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990·EZ that received from the fibutions of more than \$1,000 exc <i>lusively</i> for religious, charitable, scientific, literary, or eductor of cruelty to children or animals. Complete Parts I, II, and III.							
year, contributio is checked, ente purpose. Do not	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sexclusively for religious, charitable, etc., purposes, but no such contributions totaled are here the total contributions that were received during the year for an exclusively religion to complete any of the parts unless the <b>General Rule</b> applies to this organization becaus able, etc., contributions totaling \$5,000 or more during the year	more than \$1,000. If this box bus, charitable, etc., e it received <i>nonexclusively</i>						
but it <b>must</b> answer "No"	n that is not covered by the General Rule and/or the Special Rules does not file Schedul on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its eet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

#### SOCIETY OF BIBLICAL LITERATURE

23-6390716

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

#### SOCIETY OF BIBLICAL LITERATURE

23-6390716

art II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		  \$	
		Ψ	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
arti			1000
		\$	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I			
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
raili			
		<b>\$</b>	990, 990-EZ, or 990-PF) (

me of organ	ization		Employer identification number					
OCIETY	OF BIBLICAL LITERATUR	E	23-6390716					
art III	Exclusively religious, charitable, etc., contril the year from any one contributor. Complete co	outions to organizations described	in section 501(c)(7), (8), or (10) that total more than \$1,000 for					
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.)					
) No.	Use duplicate copies of Part III if additional	space is needed.						
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
_								
-		Arra .						
		(e) Transfer of gif	†					
		(o) Transfer or gi	•					
	Transferee's name, address, and	Relationship of transferor to transferee						
-								
-								
n) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
-								
-								
	(e) Transfer of gift							
	Transferee's name, address, an	Relationship of transferor to transferee						
-								
] -								
-								
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I	(b) Furpose or grit	(c) Ose of grit	(a) Bescription of now girt is need					
-								
-								
		(e) Transfer of gi	ft					
	Transferee's name, address, an	d 7IP + 4	Relationship of transferor to transferee					
	Transferee 3 name, adaress, an							
-		-						
a) No. from								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA	(e) Transfer of gi	ift					
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					
1								

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

SOCIETY OF BIBLICAL LITERATURE

Employer identification number 23-6390716

Par	t I	Organizations Maintaining Donor Advised		or Accounts. Complete if the
		organization answered "Yes" on Form 990, Part IV, line	6. (a) Donor advised funds	(b) Funds and other accounts
			(a) Donor advised funds	(b) Fullus and other accounts
1		number at end of year		
2		egate value of contributions to (during year)		
3		egate value of grants from (during year)		
4		egate value at end of year		
5		ne organization inform all donors and donor advisors in w		
		ne organization's property, subject to the organization's e		
6		ne organization inform all grantees, donors, and donor ad		
		naritable purposes and not for the benefit of the donor or		
200000000		rmissible private benefit?		Yes No
Par		Conservation Easements. Complete if the orga	WWW.ESSOT	Part IV, line 7.
1	Purp	ose(s) of conservation easements held by the organizatio		
		Preservation of land for public use (e.g., recreation or ec		orically important land area
		Protection of natural habitat	Preservation of a cert	ified historic structure
		Preservation of open space		
2		plete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form	
	-	of the tax year.		Held at the End of the Tax Year
а		number of conservation easements		
b		acreage restricted by conservation easements		
С		ber of conservation easements on a certified historic stru		
d	Num	ber of conservation easements included in (c) acquired a	fter 8/17/06, and not on a historic struct	
		d in the National Register		2d
3	Num	ber of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year	the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		
4		ber of states where property subject to conservation eas		
5		s the organization have a written policy regarding the peri		<u> </u>
		tions, and enforcement of the conservation easements it		
6	Staff	f and volunteer hours devoted to monitoring, inspecting, l	nandling of violations, and enforcing con	servation easements during the year
	▶ .			
7	Amo	ount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	ation easements during the year
	▶ \$	And the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s		N ( ) ( ) (   ) ( )
8		s each conservation easement reported on line 2(d) abov		
		section 170(h)(4)(B)(ii)?		
9		art XIII, describe how the organization reports conservation		
	inclu	ide, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	the organization's accounting for
100000000	*********	servation easements.	A + Historical Transcripto and	Ather Cimilar Assets
Pa	nt III			other Similar Assets.
		Complete if the organization answered "Yes" on Form		1 11 1
1a	lf the	e organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue state	ment and balance sneet works of art,
		orical treasures, or other similar assets held for public exh		ance of public service, provide, in Part Alli,
		text of the footnote to its financial statements that descri		
t		e organization elected, as permitted under SFAS 116 (AS		
	trea	sures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of p	ublic service, provide the following amounts
		ting to these items:		
		Revenue included on Form 990, Part VIII, line 1		
		Assets included in Form 990, Part X		
2		e organization received or held works of art, historical tre-		al gain, provide
		following amounts required to be reported under SFAS 1		
ē	a Rev	renue included on Form 990, Part VIII, line 1		\$
ŀ	Ass	ets included in Form 990, Part X		<b>&gt;</b> \$

	III Organizations Maintaining Col		Historical Tre		er Similar			rage z
	Using the organization's acquisition, accession,							
		and other records	, check any or the r	ollowing that are a	significant use	e or its co	nection ite	1110
	(check all that apply):		L ann ar avob	anaa nraarama				
a	Public exhibition	d e		ange programs				
b	Scholarly research	е	Other					
C	Preservation for future generations  Provide a description of the organization's colle	ations and avalain	how thou further th	e organization's ev	empt purpose	in Part X	111	
	Provide a description of the organization's colle During the year, did the organization solicit or re					in rait A		
	During the year, did the organization solicit or re to be sold to raise funds rather than to be main						Yes [	□ No
Par	*******							
ı aı	reported an amount on Form 990, Part X		e ii the organization	i anovicida 100 C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Circ (v) iii	0 0, 0.	
12	ls the organization an agent, trustee, custodian		ary for contribution:	s or other assets n	ot included			
	on Form 990, Part X?					X	Yes	No
	If "Yes," explain the arrangement in Part XIII an							
D	ir 165, explain the analigement in Fatt Air air	a domploto the follo	oming table.			Α	Amount	
•	Beginning balance				1c			820.
	Additions during the year				ابدا		33,	010.
	Distributions during the year				1 - 1		30,	932.
f	Ending balance				امدا		6,	898.
2a	Did the organization include an amount on Forr						Yes	X No
	If "Yes," explain the arrangement in Part XIII. C						[	
	t V Endowment Funds. Complete if the							
		(a) Current year	(b) Prior year	(c) Two years back		irs back	(e) Four yea	ars back
1a	Beginning of year balance	577,546.	554,769.	506,147	. 43	7,587.	49	9,253.
b	Contributions	50,485.	410.	300		250.		225.
c	Net investment earnings, gains, and losses	23,141.	23,745.	94,659	. 6	8,589.	1	13,247.
d	Grants or scholarships							
	Other expenditures for facilities							
	and programs			46,000				75,000.
f	Administrative expenses	8,318.	1,378.	337		279.		138.
g	End of year balance	642,854.	577,546.	554,769	. 50	6,147.	43	37,587.
2	Provide the estimated percentage of the current	nt year end balance	e (line 1g, column (a	a)) held as:				
а	Board designated or quasi-endowment		_%					
b	Permanent endowment ► 46.00	%						
c	Temporarily restricted endowment ► 54	<u>.0</u> 0 %						
	The percentages on lines 2a, 2b, and 2c shoul	d equal 100%.						
За	Are there endowment funds not in the possess	sion of the organiza	ation that are held a	nd administered fo	r the organiza	tion		
	by:						Ye	es No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization	ons listed as requir	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the c		wment funds.					
Pa	rt VI Land, Buildings, and Equipme							
	Complete if the organization answered	"Yes" on Form 990				·		
	Description of property	(a) Cost or o	, , ,	1 .	Accumulated	1	<b>(d)</b> Book v	alue
		basis (investn	nent) basis	(other)	depreciation			
1a	Land	-						
b	Buildings	-			<u></u>			
С	Leasehold improvements			12 022	101 50	_	F 1	124
d			17	73,023.	121,59	9.	21	,424.
	Other						F 1	124
Tota	I. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part	X, column (B), line	10c.)			21	,424.

Schedule D	(Form 990)	2015

Part VII Investments - Other Securities.				, age
Complete if the organization answered "Yes" of				-6
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or end-	of-year market value
1) Financial derivatives				
2) Closely-held equity interests				
3) Other				
(A)				-1CH4
(B)				1-AW-11-1
(C)				·
(D)				
(E)			Find County	
(F)				
(G)				
(H)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.	E 000 D 111/1		Dod V Bas 40	
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, III (b) Book value	(c) Method of	yaluation: Cost or end	of-vear market value
	(b) Book value	(c) Method of	valuation. Goot of one	or your market value
(1)				
(2)		:	W. W. 1997	11.047
(3)				
(4)				
(5)	4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -			· · · · · · · · · · · · · · · · · · ·
(6)				
(7)				
(8)				
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	- ///			
Part IX Other Assets.		l l		
Complete if the organization answered "Yes"	on Form 990. Part IV. li	ne 11d. See Form 99	0, Part X, line 15.	
	Description			(b) Book value
(1) LUCE CENTER FIXED ASSETS				1,380,871
(2) LUCE CENTER ENDOWMENT FUN	D			531,508
(3) OTHER ASSETS	1.0.0.0			700
(4)	1 1000			
(5)				
(6)				37777
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		<b>&gt;</b>	1,913,079
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, I	ine 11e or 11f. See Fo	orm 990, Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(0)				

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

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Part XI	Reconciliation of Re	venue per Audite	d Financial Statement	ts With Revenue	e per Return.

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	3,179,561.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-81 <b>,</b> 787 <b>.</b>		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-81,787.
3	Subtract line 2e from line 1			3	3,261,348.
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.)	4b	-128,585.		
С	Add lines 4a and 4b			4c	-128,585.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,132,763.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts Wi	th Expenses per	Retu	rn.
,	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			· · · · · · · · · · · · · · · · · · ·	
1	Total expenses and losses per audited financial statements			1	3,087,945.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				

Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
Total expenses and losses per audited financial statements			1	3,087,945.
Amounts included on line 1 but not on Form 990, Part IX, line 25:				
Donated services and use of facilities	2a			
Prior year adjustments	2b			
Other losses	2c			
Other (Describe in Part XIII.)	2d	128,585.		
Add lines 2a through 2d			2e	128,585.
Subtract line 2e from line 1			3	2,959,360.
Amounts included on Form 990, Part IX, line 25, but not on line 1:				
Investment expenses not included on Form 990, Part VIII, line 7b	4a			
Other (Describe in Part XIII.)	4b			•
Add lines 4a and 4b			4c	0.
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	.)		5	2,959,360.
	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Part XIII Supplemental Information.

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

#### PART IV, LINE 1B:

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

ENDOWMENT IS HELD FOR CAPITAL IMPROVEMENTS TO THE LUCE CENTER BUILDING

Part XIII Supplemental Information (continued)  Schedule D (Form 990) 2015  SOCIETY OF BIBLICAL LITERATURE	23-6390716 Page 5
ATTRIBUTABLE TO SBL IS INCLUDED HERE AND IN SBL FINANCIA	L STATEMENTS.
SECOND ENDOWMENT IS HELD FOR ESTABLISHMENT OF SCHOLARSHI	PS FOR THE
ADVANCEMENT OF BIBLICAL SCHOLARSHIP.	
THIRD ENDOWMENT IS HELD TO PUBLISH CONTENT TO OUR BIBLE	ODYSSEY WEBSITE.
PART X, LINE 2:	
MANAGEMENT HAS DETERMINED THAT THE SOCIETY DOES NOT HAVE	E ANY UNCERTAIN TAX
POSITIONS AND ASSOCIATED UNRECOGNIZED BENEFITS THAT MATE	ERIALLY IMPACT THE
FINANCIAL STATEMENTS OR RELATED DISCLOSURES.	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
RECLASS COST OF GOODS SOLD AGAINST REVENUE	-52,086
RECLASS EXPENSE AGAINST RENTAL INCOME	-75,824
RECLASS LOSS ON DISPOSAL OF FIXED ASSETS	-675
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-128,585
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RECLASS COST OF GOODS SOLD AGAINST REVENUE	52,086
RECLASS EXPENSE AGAINST RENTAL INCOME	75,824
RECLASS LOSS ON DISPOSAL OF FIXED ASSETS	675
TOTAL TO SCHEDULE D, PART XII, LINE 2D	128,585

#### SCHEDULE F (Form 990)

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

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

► Attach to Form 990.

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

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

SOCIETY OF BIBL	ICAL LIT	ERATURE		23-639071	. 6
			side the United States. Comple		
Form 990, Part IV					
		maintain record	ds to substantiate the amount of its gra	ants and other assistance,	
			the selection criteria used to award the		Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	organization's <sub>l</sub>	procedures for monitoring the use of it	s grants and other assistance out	side the
	he following Part	I, line 3 table ca	an be duplicated if additional space is	needed.)	
(a) Region	(b) Number of offices in the region	l .	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
SOUTH AMERICA, BUENOS AIRES,					24.000
ARGENTINA	0	0	PROGRAM SERVICES	CONFERENCES	31,020.
3 a Sub-total		0 0			31,020.
b Total from continuation sheets to Part I		0 0			0.
c Totals (add lines 3a					31,020.
and 3b)		0 0		1	JI,020.

Schedule F (Form 990) 2015

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Fataratal avanta a	f reciplent examination	ns listed above that are	recognized as charities by the	e foreign country	/, recognized as tax-e	xempt by		,
the IRS, or for which	the grantee or counse	el has provided a sectio	n 501(c)(3) equivalency letter			🧖 .	Sche	dule F (Form 990) 2015

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (f) Amount of (g) Description of (e) Manner of (c) Number of (d) Amount of non-cash assistance (b) Region (a) Type of grant or assistance cash disbursement non-cash recipients cash grant assistance 0. 1,793. ENEDE D NIGERIA TRAVEL TO AM IN ATLANTA GRAIVER I -0 . 1,545. 1 ISRAEL TRAVEL TO AM IN ATLANTA. 0. 997 MOT L - ROMANIA TRAVEL TO AM IN ATLANTA. 0 \_ 1,000. OKE R - NIGERIA TRAVEL TO AM IN ATLANTA.

Schedule F (Form 990) 2015

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********			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the		
	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
	may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign		
	Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign		
	Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund		
	(see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		F707
	Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2015

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

### **Compensation Information**

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

SOCIETY OF BIBLICAL LITERATURE

Employer identification number 23-6390716

	t I Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	X Travel for companions 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)			
	Discretionary spending account			
h	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	Χ	**********
	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	X	-0000000000
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 14:	-		
^	1. If the state of the fellowing the filling appropriation used to establish the companyation of the organization's			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	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 on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			Х
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	-	X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Λ
	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 on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed on 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
	Any related organization?	6b		Х
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
J	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
^	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	×8000000000000000000000000000000000000	40000000
	HARLISTIONS SECTION 53 4958-NIC1/	1 0	1	

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

Schedule J (Form 990) 2015

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	2010		reported as deferred on prior Form 990
(1) JOHN F. KUTSKO	(i)	144,584.	2,029.	0.	14,900.	18,745.	180,258.	0.
TREASURER, EXEC DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
TREASORIN, DADE DIVIDETOR	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)			<u></u>			C-b	ule J (Form 990) 2015

#### SCHEDULE O (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.

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

2015
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

SOCIETY OF BIBLICAL LITERATURE

Employer identification number 23-6390716

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TO FOSTER BIBLICAL SCHOLARSHIP AND PROVIDE ITS MEMBERS OPPORTUNITIES FOR MUTUAL SUPPORT, INTELLECTUAL GROWTH, AND PROFESSIONAL DEVELOPMENT. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SBL'S MISSION IS TO FOSTER BIBLICAL SCHOLARSHIP. THE SOCIETY OFFERS ITS MEMBERS OPPORTUNITIES FOR MUTUAL SUPPORT, INTELLECTUAL GROWTH, AND PROFESSIONAL DEVELOPMENT THROUGH ADVANCING ACADEMIC STUDY OF BIBLICAL TEXTS AND THEIR CONTEXTS AS WELL AS OF THE TRADITIONS AND CONTEXTS OF BIBLICAL INTERPRETATION. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: ALL OTHER PROGRAM ACTIVITIES. INCLUDING GRANTS OF \$ 0. REVENUE \$ 681,762. EXPENSES \$ 431,824. FORM 990, PART VI, SECTION A, LINE 6: THE SOCIETY HAS 8,071 MEMBERS. FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS JOIN THE SOCIETY THROUGH THE PURCHASE OF A MEMBERSHIP. EACH YEAR AT THE ANNUAL MEETING THERE IS A BUSINESS MEETING AT WHICH THE MEMBERS HEAR A MOTION TO APPROVE THE NEW MEMBERS TO COUNCIL. THE GOVERNING BODY OF THE ORGANIZATION IS THEN GIVEN THE RESPONSIBILITY TO MAKE DECISIONS ON BEHALF OF THE ORGANIZATION.

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

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

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

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

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

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

COPY OF THE RETURN.

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

THE GOVERNING BODY IS REQUIRED TO COMPLETE A STATEMENT REGARDING CONFLICT

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

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

REVIEWED FOR CONFLICTS.

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

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

PROFESSIONAL MEMBERSHIP ORGANIZATIONS, AND OTHER NOT-FOR-PROFITS, IN ORDER
TO MATCH STAFFING AND FUNCTIONAL COMPETENCIES. DATA FROM THESE MARKET

SEGMENTS ARE USED TO FORM A "MARKET COMPOSITE" TO ASSESS THE

COMPETITIVENESS OF COMPENSATION. EXECUTIVE DIRECTOR COMPENSATION POLICY IS
ADMINISTERED BY THE FINANCE COMMITTEE. IT IS RESPONSIBLE FOR ESTABLISHING
AND MAINTAINING A COMPETITIVE COMPENSATION PACKAGE FOR THE ORGANIZATION'S

EXECUTIVE DIRECTOR. THE COMMITTEE REVIEWS COMPENSATION AND MAKE

RECOMMENDATIONS FOR ANY CHANGES TO COUNCIL (BOARD OF DIRECTORS) AS

APPROPRIATE. FINANCE COMMITTEE AND COUNCIL ALSO REVIEW AND APPROVE THE

EXECUTIVE DIRECTOR'S BASE SALARY, ANNUAL ADJUSTMENTS, INCENTIVE AND BONUS
PAY, AND OBJECTIVES AND GOALS FOR THE UPCOMING YEAR'S ANNUAL COMPENSATION

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization SOCIETY OF BIBLICAL LITERATURE	Employer identification number 23-6390716
PROGRAM.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF I	NTEREST POLICY ARE
AVAILABLE TO THE PUBLIC UPON REQUEST. FINANCIAL STATEMEN	TS ARE PUBLISHED
ANNUALLY ON THE SBL WEBSITE, GUIDESTAR, AND ARE ALSO AVA	ILABLE UPON
REQUEST.	
FORM 990 PART XII LINE 2C	
THERE HAS BEEN NO CHANGE IN THE AUDITORS FROM THE PREVIO	US YEAR.

Form **8868** (Rev. January 2014)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

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

OMB No. 1545-1709

itorriar i it	7 11100 0011100						
• If you	ı are filing for an Automatic 3-Month Extension, complete	only Par	t I and check this box			<b>►</b> X	
-	are filing for an Additional (Not Automatic) 3-Month Extended						
-	complete Part II unless you have already been granted a				n 8868.		
	nic filing (e-file). You can electronically file Form 8868 if yo					a corporation	
	d to file Form 990-T), or an additional (not automatic) 3-mon						
	to file any of the forms listed in Part I or Part II with the exc						
	al Benefit Contracts, which must be sent to the IRS in pape						
		i ioiiiat (	see instructions). For more details of	T the elect	rome mang v	01 (1113 101111,	
X2200000000	w.irs.gov/efile and click on e-file for Charities & Nonprofits.  Automatic 3-Month Extension of Time	Only e	ubmit original (no conies nee	ded)			
Part	pration required to file Form 990-T and requesting an autom						
•	•						
oartlo	,						
	er corporations (including 1120-C filers), partnerships, REMI ncome tax returns.	Us, and tr					
					nter filer's identifying number		
Туре о	r Name of exempt organization or other filer, see instruc	tions.		Employer	mployer identification number (EIN) or		
print	GOGZERNI OR DIDIJONI LIMEDAN	II II II					
File by th	SOCIETY OF BIBLICAL LITERAT			23-6390716			
due date	for Number, street, and room or suite no. If a P.O. box, se			Social security number (SSN)			
filing you return. Se		0. 35	0				
instructio	ns. City, town or post office, state, and ZIP code. For a fo	reign add	ress, see instructions.				
	ATLANTA, GA 30329						
						<del></del>	
Enter ti	he Return code for the return that this application is for (file	a separat	te application for each return)			0 1	
Applic	ation	Return	Application			Return	
ls For		Code	Is For Code				
			Form 990-T (corporation)			07	
Form 990-BL 02 Form 1041-A						08	
						09	
						10	
						11	
	orm 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069				-	12	
Form 9	990-T (trust other than above)	06	Form 8870		,	12	
	PAM KENNEMORE	T DO:	AD COR SEA ACTIVATION	TI A C	x 2022	0	
	books are in the care of $\triangleright$ 825 HOUSTON MII	ידי אַסאַ		IA, G	H 3032		
	ephone No. ► 404-727-3103		Fax No.				
	e organization does not have an office or place of business						
	is is for a Group Return, enter the organization's four digit	ı					
box 🕨	. If it is for part of the group, check this box 🕨 🔃	and atta	ch a list with the names and EINs of	all memb	ers the exte	ension is for.	
1	request an automatic 3-month (6 months for a corporation						
_	FEBRUARY 15, 2017, to file the exemp	t organiza	tion return for the organization name	ed above.	The extensi	ion	
į	s for the organization's return for:						
	calendar year or						
	▼X tax year beginning JUL 1, 2015	, an	d ending JUN 30, 2016				
2	If the tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	n		
	Change in accounting period						
3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720	or 6069	enter the tentative tax, less any				
	nonrefundable credits. See instructions.	,,		3a	\$	0.	
		l enter an	v refundable credits and	"			
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.				\$	0.	
				3b	Ψ		
	Balance due. Subtract line 3b from line 3a. Include your pa	•	•	3-	œ.	0.	
	by using EFTPS (Electronic Federal Tax Payment System).			3c	\$		
	on. If you are going to make an electronic funds withdrawal	(direct de	edit) with this Form 8868, see Form 8	1453-EO ar	na Form 88	/ 9-EO for payment	
instru	CUONS.						