Form **990-EZ**

Short Form 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. 1545-1150

Open to Public Inspection

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-EZ and its instructions is at www.irs.gov/form990.

A	For the	e 2014 calend	ar year, or tax year beginning	, and end	ling		_		
В	Check if a	applicable:	C Name of organization	D Emp	loyer identification number				
	Address of	change	ASSOCIATION FOR TH	E STUDY OF					
П	Name cha	ange	LITERATURE & ENVIR	ONMENT			54	1-1640944	
П	Initial retu	ım	Number and street (or P.O. box, if mail is not delive	ered to street address)		Room/suite	E Tele	phone number	
П	Final retu	urn/terminated	PO BOX 502				60	3-357-7411	
П	Amended	return	City or town, state or province, country, and ZIP or	foreign postal code		•	F Grou	up Exemption	
П	Application	n pending	KEENE	NH 034	31		Num	nber u	
G	Accoun	iting Method:	X Cash Accrual Other (spe	cify) u		H Ch	eck u X	if the organization is not	
ı		-	.ASLE.ORG					tach Schedule B	
J) (insert no.)	4947(a)(1) or	527 (Fo	orm 990, 99	90-EZ, or 990-PF).	
K		of organization		X Association	Other		•	,	
L	Add line	es 5b, 6c, and 7	o to line 9 to determine gross receipts. If gro		or more, or if total ass	ets			
			re \$500,000 or more, file Form 990 instead	•			u	\$ 65,844	
	art I		ue, Expenses, and Changes in						
			the organization used Schedule O						
	1		20 1 1 2 2 1 2 1					55,918	
	2		rice revenue including government fees					6,391	
	3	Membership	3						
	4	Investment i	dues and assessments				4	3,385	
	5a		nt from sale of assets other than invento						
	b		other basis and sales expenses						
	С	Gain or (loss)	rom sale of assets other than inventory (Subtr	5c					
	6		fundraising events						
	а	Gross incom	e from gaming (attach Schedule G if gre	ater than					
ē		\$15,000)			6a				
en	b		e from fundraising events (not including		of contribut	tions			
Revenue		from fundrais	ing events reported on line 1) (attach So	chedule G if the					
_		sum of such	gross income and contributions exceeds	and contributions exceeds \$15,000) 6b					
	С		expenses from gaming and fundraising e		6.				
	d	Net income of	or (loss) from gaming and fundraising evo						
		line 6c)					6d		
	7a		of inventory, less returns and allowances						
	b	Less: cost of			76				
	С	Gross profit	or (loss) from sales of inventory (Subtract				7c		
	8		e (describe in Schedule O)					150	
	9	Total reven	ie. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			<u></u>	▶ 9	65,844	
	10	Grants and s	imilar amounts paid (list in Schedule O)				10	11,000	
	11	Benefits paid	to or for members				11		
s	12	Salaries, oth	er compensation, and employee benefits	S			12	51,362	
nse	13	Professional	fees and other payments to independer	t contractors			13	825	
Expenses	14	Occupancy,	rent, utilities, and maintenance				14		
ш	15	Printing, pub	ications, postage, and shipping				15	12,647	
	16	Other expens	ses (describe in Schedule O)	16	30,645				
	17	Total expen	ses. Add lines 10 through 16	▶ 17	106,479				
"	18		eficit) for the year (Subtract line 17 from	18	-40,635				
Assets	19	Net assets o	fund balances at beginning of year (fro	m line 27, column (A)) (must agree with				
As		•	gure reported on prior year's return) \dots				19	259,205	
Net	20		es in net assets or fund balances (explai					7,153	
_	21	Net assets o	fund balances at end of year. Combine	lines 18 through 20			2 1	225,723	

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Part II Balance Sheets (see the instructions for Pa	art II)				
Check if the organization used Schedule O to	respond to any o	question in this Part II			
		(A) Be	ginning of year		(B) End of year
22 Cash, savings, and investments			259,205	22	225,723
23 Land and buildings			0	23	
24 Other assets (describe in Schedule O)			0	24	
25 Total assets			259,205	25	225,723
26 Total liabilities (describe in Schedule O)			0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree			259,205	27	225,723
Part III Statement of Program Service Accom			art III)		
Check if the organization used Schedule O to	respond to any o	question in this Part III	X		Expenses
What is the organization's primary exempt purpose?	•	•		(Red	quired for section
SEE SCHEDULE O					c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for each	ch of its three large	est program services,			nizations; optional for
as measured by expenses. In a clear and concise manner, describe	the services provide	ed, the number of		othe	rs.)
persons benefited, and other relevant information for each program t	itle.				- /
28 SEE SCHEDULE O					
(Grants \$) If this amount includes for				28a	17,273
20 CEE COMEDINE O					
25 SEE SCREDULE U					
(Grants \$) If this amount includes for				29a	36,321
30 cee committe o				234	33,322
30 SEE SCREDULE O					
(Grants \$ 11,000) If this amount includes for	oreign grants check	k horo		30a	26,549
31 Other program services (describe in Schedule O)				30a	20,313
(Grants \$) If this amount includes for				31a	
32 Total program service expenses (add lines 28a through 31a)				32	80,143
Part IV List of Officers, Directors, Trustees, and Key En		one even if not compens			
Check if the organization used Schedule O to respon	nd to any question i	n this Part IV			<u></u>
(a) Name and title	(b) Average hours per week	(c) Reportable compensation	(d) Heath ber contributions to e	mployee	(e) Estimated amount of
(4)	devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, deferred compe	and nsation	other compensation
AMY MCINTYRE		(с. т.о. рана, ст. с. у			
MANAGING DIRECTOR	25.00	47,712		0	0
MARK C. LONG		,			
PRESIDENT	8.00	0		0	0
CATE SANDILANDS		-			
VICE PRESIDENT	3.00	0		0	0
BYRON CAMINERO-SANTANGELO		-			
EXECUTIVE COUNCILOR	1.00	0		0	0
ALLISON CARRUTH					
EXECUTIVE COUNCILOR	1.00	0		0	0
JANET FISKIO		-			
EXECUTIVE COUNCILOR	1.00	0		0	0
CHRISTOPH IRMSCHER					
EXECUTIVE COUNCILOR	1.00	0		0	0
STEPHANIE LEMENAGER					
EXECUTIVE COUNCILOR	1.00	0		0	0
SARAH JAQUETTE RAY					
EXECUTIVE COUNCILOR	1.00	0		0	0
KARLA ARMBRUSTER	1.00				
EXECUTIVE SECRETARY	1.00	0		0	0
SARAH WALD	1.00			<u> </u>	0
DIVERSITY OFFICER	1.00	o		0	0
ANDREW HAGEMAN	1.00	0		- 0	
CDADIATE CTIDENT ITA	1 00	_		^	_

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ŀ	Part II Balance Sheets (see the instruction		•	ation in this Dout II				
_	Check if the organization used Schedu	ule O to	respond to any c		ginning of year	Τ.		(B) End of year
22	Cash, savings, and investments)	22	(b) Life of year
23	Land and buildings					_	23	
	Other assets (describe in Schedule O)				(5	24	
25	Total assets				C)	25	C
26	Total liabilities (describe in Schedule O)				(_	26	0
27	' Net assets or fund balances (line 27 of column (B) mu	ust agree	with line 21)		()	27	0
F	Part III Statement of Program Service A		•		, L			
	Check if the organization used Schedu	ule O to	respond to any o	question in this Part III		-	(D	Expenses
vvr	hat is the organization's primary exempt purpose?						`	quired for section
	escribe the organization's program service accomplishment	te for ea	ch of its three large	et program services				(c)(3) and 501(c)(4) Inizations; optional for
	measured by expenses. In a clear and concise manner, or		· ·				othe	•
	ersons benefited, and other relevant information for each p		•	oa, aro mambor or			Oli le	15.)
<u></u>	<u> </u>					T		
						1		
	(Grants \$) If this amount in	ncludes fo	oreign grants, checl	k here	u 🗌		28a	
29)							
						.		
20	(Grants \$) If this amount in					\neg	29a	
30								
	(Grants \$) If this amount in					٠	30a	
31	Other program services (describe in Schedule O)						-	
	(Grants \$) If this amount in						31a	
<u>32</u>	? Total program service expenses (add lines 28a through	ıgh 31a)			u		32	
F	Part IV List of Officers, Directors, Trustees, and Check if the organization used Schedule O	d Key En to respor	nployees (list each nd to any question i	one even if not compens n this Part IV	sated — see the	ins	structio	ns for Part IV)
		•	(b) Average	(c) Reportable compensation	(d) Heath be contributions to	ene	fits,	(e) Estimated amount of
	(a) Name and title		hours per week devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans deferred comp	s, a	ınd	other compensation
_	PAUL OUTKA			(ii flot paid, efiter -0-)	dererred comp	ens	salion	
	IMMEDIATE PAST PRESI		1.00	0			0	0
_								
					1			

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Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in instructions for Part V) Check if the organization used Schedule O to respond to any question in this	the Part V		X
	, , , , , , , , , , , , , , , , , , ,		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
24	detailed description of each activity in Schedule O	33		X
34	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	A service Ode I I to O (see Serice Con)	34	x	
35a				
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O			
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions u 37a			
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
		38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 u; section 4912 u; section 4955 u			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
4	4955, and 4958 u			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	40c reimbursed by the organization ${f u}$ All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
C		40e		х
41	transaction? If "Yes," complete Form 8886-1 List the states with which a copy of this return is filed u NONE			
42a	The state of the s	u 603-35	7-7	411
	The organization's books are in care of U AMI MCINITRE Telephone no	• ••		
	Located at u KEENE NH ZIP + 4 u	03431		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country: u			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			77
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		X
	If "Yes," enter the name of the foreign country: u			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	ı		u
	and enter the amount of tax-exempt interest received or accrued during the tax year u [43	V	T
44-	Did the association assistation and describe the described for the control of the		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	440		х
L	completed instead of Form 990-EZ	44a		<u> </u>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	446		v
_	completed instead of Form 990-EZ			X
q	Did the organization receive any payments for indoor tanning services during the year?	44c		
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
150	·			х
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the	45a		
b	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		x

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46 P.	d the organization engage directly or in-the-site in a Pro-li-	omnoian activities	n hoholf of an in access?	un.		res	INO
	d the organization engage, directly or indirectly, in political c candidates for public office? If "Yes," complete Schedule C,		• • • • • • • • • • • • • • • • • • • •			16	х
Part \		, Pail I			4	10	_ A
rait	All section 501(c)(3) organizations must answ	ver guestions 47-	49b and 52, and comp	olete the tables for line	es		
	50 and 51.	4					_
	Check if the organization used Schedule O to	respond to any	question in this Part VI				Ш
4 7 D:	Later and the control of the control					Yes	No
	d the organization engage in lobbying activities or have a se	ection 501(n) election	n in effect during the tax				v
	ar? If "Yes," complete Schedule C, Part II	(A)(::\O If (i)("				17 18	X
48 Is	the organization a school as described in section 170(b)(1)	(A)(II)? II Yes, com	piete Schedule E		4	9a	X
	d the organization make any transfers to an exempt non-ch 'Yes," was the related organization a section 527 organizati	an?			1.40	9b	<u> </u>
	omplete this table for the organization's five highest compen		ther than officers, directo			30	
	apployees) who each received more than \$100,000 of compe	. , ,	·	•			
	iployees) who each reserved more than \$100,000 or compe	(b) Average	(c) Reportable	(d) Health benefits,	T		
	(a) Name and title of each employee	hours per week devoted to position	compensation	contributions to employee benefit plans, and deferred compensation		nated amo compensa	
NONE	1						
	tal number of other employees paid over \$100,000		🕨				
	omplete this table for the organization's five highest compen		contractors who each rec	eived more than			
\$1	00,000 of compensation from the organization. If there is no (a) Name and business address of each independent cor		(h) Turn	a of comica	(a) Cov		
	(a) Name and business address of each independent cor	iliacioi	(b) Typ	e of service	(c) Cor	mpensatior	1
NONE							
	tal number of other independent contractors each receiving		····· •				
	d the organization complete Schedule A? Note. All section	.,.,		 \Box	
	mpleted Schedule A					Yes	No
	nalties of perjury, I declare that I have examined this return, included, and complete. Declaration of preparer (other than officer) is be				and be	elief, it is	
				,			
Sign	Signature of officer		I	ate			
Here	MARK C. LONG		PRESIDEN	T			
	Type or print name and title						
	Print/Type preparer's name Pr	eparer's signature		Date Check		PTIN	
Paid	LYNN C. RUST, CPA					0015379	7
Prepare		PC .		Firm's EIN }		04769	
Use On							
	SWANZEY, NH 0344	6-2121		Phone no.	503-35	58-65	65
May the	IRS discuss this return with the preparer shown above? Se	ee instructions			▶ □	Yes	No
					Form	990-EZ	(2014)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ASSOCIATION FOR THE STUDY OF

Employer identification number

			LITERATURE &	ENVIRONMENT			54-164	0944				
Р	art I	Reas	on for Public Charity	Status (All organizations	must co	mplete	this part.) See instruction	S.				
Γhe	orga	nization is not	a private foundation because	it is: (For lines 1 through 11, che	ck only o	ne box.)						
1		A church, cor	nvention of churches, or asso	ciation of churches described in	section '	170(b)(1)(A)(i).					
2	Ш	A school des	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E.)								
3	Ш	A hospital or	a cooperative hospital service	e organization described in secti	on 170(b)(1)(A)(iii)						
4	Ш	A medical res	search organization operated	in conjunction with a hospital des	scribed in	section	170(b)(1)(A)(iii). Enter the hosp	ital's name,				
	_	city, and state	e:									
5	Ш	An organization	on operated for the benefit of	a college or university owned or	operated	by a gove	ernmental unit described in					
	_	section 170	(b)(1)(A)(iv). (Complete Part	II.)								
6	Ш	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	Ш	An organization that normally receives a substantial part of its support from a governmental unit or from the general public										
	_	described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8	Ш	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9	X	An organization	on that normally receives: (1)	more than 33 1/3% of its suppo	rt from co	ntributions	, membership fees, and gross					
		receipts from	activities related to its exemp	t functions—subject to certain ex	ceptions,	and (2) no	o more than 33 1/3% of its					
			•	I unrelated business taxable inco	•		1 tax) from businesses					
				1975. See section 509(a)(2). (•	,						
10	Ш	•	•	clusively to test for public safety		•						
11	Ш	•	•	clusively for the benefit of, to per								
			. ,	ns described in section 509(a)(•	•		neck				
			•	ribes the type of supporting organ		•	-					
а	Ш			I, supervised, or controlled by its		-	.,					
			• ,, ,	regularly appoint or elect a major	ority of the	airectors	or trustees of the supporting					
		•	You must complete Part IV		M 10							
b	Ш			sed or controlled in connection w								
				rganization vested in the same p	ersons tn	at control	or manage the supported					
•			s). You must complete Part		nnaction	with and t	functionally integrated with					
С	Ш			orting organization operated in co								
d			• ,,,,	ons). You must complete Part I supporting organization operated								
u	ш		, -	nization generally must satisfy a								
				complete Part IV, Sections A a		•	none and an attentiveness					
е		•	,	a written determination from the			e I. Type II. Type III					
	ш		· ·	ctionally integrated supporting or			, .,,,, .,,,,					
f	Ent	-	of supported organizations		J			Γ				
g	Pro	vide the follow	ving information about the su	oported organization(s).								
	(i) Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount	of			
	org	ganization		(described on lines 1–9	-	ur governing	support (see	other support				
				above or IRC section (see instructions))	docu	ment?	instructions)	instructions))			
				(000	Yes	No						
A)												
B)												
C)												
D)												
E)												
								I				

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support							
Caler	dar year (or fiscal year beginning in) u	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	4	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4.							
	tion B. Total Support		_					
Caler	dar year (or fiscal year beginning in) u	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	4	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the	organization's first,	second, third, fourt	h, or fifth tax year a	as a section 501(c)	(3)		
	organization, check this box and stop here							
Sec	tion C. Computation of Public Su	 						
14	Public support percentage for 2014 (line 6,	column (f) divided	by line 11, column	(f))			14	%
15	Public support percentage from 2013 Scheo	Jule A, Part II, line	14				15	%
16a	33 1/3% support test—2014. If the organize	zation did not chec	k the box on line 13	3, and line 14 is 33	1/3% or more, che	ck this		_
	box and stop here. The organization qualif							▶ ∟
b	33 1/3% support test—2013. If the organize check this box and stop here. The organize			organization	is 33 1/3% or more			▶ □
17a	10%-facts-and-circumstances test—201	4. If the organization	on did not check a l	oox on line 13, 16a,	or 16b, and line 1	4 is		
	10% or more, and if the organization meets	the "facts-and-circ	cumstances" test, cl	neck this box and s	stop here. Explain	in		
	Part VI how the organization meets the "factorization organization		_					▶ □
b	10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization Explain in Part VI how the organization median	3. If the organization meets the "facts-ar	on did not check a l nd-circumstances" t	oox on line 13, 16a est, check this box	, 16b, or 17a, and I and stop here.	ine		
10	supported organization							▶ ∟
18	instructions							 • [

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.)

Sec	tion A. Public Support	quality drider the	e tests listed b	elow, piease co	implete i art ii.)	
	ndar year (or fiscal year beginning in) u	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership	(4) = 0.10	(,	(0) = 0.1	(,	(0, 2011	(-)
-	fees received. (Do not include any "unusual grants.")	60,605	64,418	61,867	85,473	55,918	328,281
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		211,201		173,050	6,541	390,792
3	Gross receipts from activities that are not an unrelated trade or business under section 513	200	275	175	270	150	1,070
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	60,805	275,894	62,042	258,793	62,609	720,143
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	1,217	2,956	1,376	2,831	1,445	9,825
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						
С	Add lines 7a and 7b	1,217	2,956	1,376	2,831	1,445	9,825
8	Public support (Subtract line 7c from						
	line 6.)						710,318
	tion B. Total Support	T T					
	ndar year (or fiscal year beginning in) u	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	60,805	275,894	62,042	258,793	62,609	720,143
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses	2,569	2,325	1,637	559	3,385	10,475
	acquired after June 30, 1975						
С	Add lines 10a and 10b	2,569	2,325	1,637	559	3,385	10,475
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	63,374	278,219	63,679	259,352	65,994	730,618
14	First five years. If the Form 990 is for the	-	econd, third, fourth	n, or fifth tax year a	s a section 501(c)(3)	
	organization, check this box and stop here				<u></u>		-
	tion C. Computation of Public Su	 					
15	Public support percentage for 2014 (line 8,	column (f) divided by	y line 13, column (f))		15	97.22%
16	Public support percentage from 2013 Sched					16	97.47 %
	tion D. Computation of Investme			.1 (0)		147	- 0/
17	Investment income percentage for 2014 (lin			olumn (f))			1%
18	Investment income percentage from 2013 3 33 1/3% support tests—2014. If the organ						1%
19a	17 is not more than 33 1/3%, check this box	x and stop here. Th	e organization qua	alifies as a publicly	supported organiza	tion	> <u>X</u>
b	33 1/3% support tests—2013. If the organ						. □
20	line 18 is not more than 33 1/3%, check this Private foundation. If the organization did		_				【├
	i iii diganization utili organization did	HOL OHOUR A DUX UII	i - 1 , 10a, 0i 10	e, or room allo box a			

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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).
- 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.
- 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.
- 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.
- 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.
- 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.
- 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a 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.
- Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	_		
	5a		
	5b		
	5c		
	•		
	6		
	7		
	8		
	9a		
	Ju		
	9b		
	9с		
	10a		
	iva		
	10b		
Forn		or 990-E	Z) 2014

reasons for the organization's position that its supported organization(s) would have engaged in these

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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 Part VI the role played by the organization in this regard.

activities but for the organization's involvement.

Parent of Supported Organizations. Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

2b

3a

Schedule	A (Form 990 or 990-EZ) 2014 ASSOCIATION FOR THE STUDY OF		54-1640	9 44 Pa	ge 6
Part '	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizati	ions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20), 1970). See instructions. All		
	other Type III non-functionally integrated supporting organizations must complete Sections A	through	gh E.		
Section	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1 Ne	t short-term capital gain	1			
2 Re	coveries of prior-year distributions	2			
3 Oth	ner gross income (see instructions)	3			
4 Add	d lines 1 through 3	4			
5 De	preciation and depletion	5			
6 Poi	rtion of operating expenses paid or incurred for production or				
collection	on of gross income or for management, conservation, or				
mainter	nance of property held for production of income (see instructions)	6			
7 Oth	ner expenses (see instructions)	7			
8 Ad	justed Net Income (subtract lines 5, 6 and 7 from line 4)	8			
Section	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1 Ag	gregate fair market value of all non-exempt-use assets (see				
instruct	ions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
fac	tors (explain in detail in Part VI):				
2 Acc	quisition indebtedness applicable to non-exempt-use assets	2			
3 Sul	otract line 2 from line 1d	3			
4 Ca	sh deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
see ins	structions).	4			
5 Ne	t value of non-exempt-use assets (subtract line 4 from line 3)	5			
6 Mu	tiply line 5 by .035	6			
7 Re	coveries of prior-year distributions	7			
8 Mir	nimum Asset Amount (add line 7 to line 6)	8			
Section	n C - Distributable Amount			Current Year	
1 Adj	usted net income for prior year (from Section A, line 8, Column A)	1			
2 Ent	ter 85% of line 1	2			
3 Mir	nimum asset amount for prior year (from Section B, line 8, Column A)	3			
4 Ent	ter greater of line 2 or line 3	4			
5 Inc	ome tax imposed in prior year	5			
6 Dis	stributable Amount. Subtract line 5 from line 4, unless subject to				
_emerge	ency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functionally-integrated Type	e III su	pporting organization (see		

Schedule A (Form 990 or 990-EZ) 2014

instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	J L L Tage I						
	on D - Distributions	- upper mag	(**************************************	Current Year						
1	Amounts paid to supported organizations to accomplish exempt purpos	es								
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported								
	organizations, in excess of income from activity									
3	Administrative expenses paid to accomplish exempt purposes of suppo	orted organizations								
4	Amounts paid to acquire exempt-use assets									
5	Qualified set-aside amounts (prior IRS approval required)									
6	Other distributions (describe in Part VI). See instructions.									
7	Total annual distributions. Add lines 1 through 6.									
8	Distributions to attentive supported organizations to which the organization	tion is responsive								
	(provide details in Part VI). See instructions.									
9	Distributable amount for 2014 from Section C, line 6									
_10	Line 8 amount divided by Line 9 amount									
	Section E - Distribution Allocations (see instructions)	(iii) Distributable Amount for 2014								
1	Distributable amount for 2014 from Section C, line 6		Pre-2014							
2	Underdistributions, if any, for years prior to 2014									
	(reasonable cause required-see instructions)									
3	Excess distributions carryover, if any, to 2014:									
a	, , , , ,									
b										
С										
d										
е	From 2013									
f	Total of lines 3a through e									
g	Applied to underdistributions of prior years									
h	Applied to 2014 distributable amount									
i	Carryover from 2009 not applied (see instructions)									
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.									
4	Distributions for 2014 from Section									
	D, line 7: \$									
а	Applied to underdistributions of prior years									
b	Applied to 2014 distributable amount									
c	Remainder. Subtract lines 4a and 4b from 4.									
5	Remaining underdistributions for years prior to 2014, if									
	any. Subtract lines 3g and 4a from line 2 (if amount									
	greater than zero, see instructions).									
6	Remaining underdistributions for 2014. Subtract lines 3h									
	and 4b from line 1 (if amount greater than zero, see									
	instructions).									
7	7 Excess distributions carryover to 2015. Add lines 3j									
8 Breakdown of line 7:										
a										
b										
c										
d	Excess from 2013									
е	Excess from 2014									

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Fo	rm 990 or 990-EZ) 2	014	ASSOCIA1	ION I	FOR	THE	STUDY	OF		54-1640944	Page 8
Part VI	Supplemental	Info	rmation. Prov	ide the	expla	nations	required	by Par	t II, line 10;	54-1640944 Part II, line 17a o	or 17b; and
	Part III, line 12.	Also	complete this	s part fo	or any	additio	onal inforr	nation.	(See instru	ctions.)	
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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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

u Attach to Form 990 or 990-EZ.

ASSOCIATION FOR THE STUDY OF

 ${\bf u}$ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number

Inspection

LITERATURE & ENVI				1-1640944
ORM 990-EZ, PART I, LINE 8	- OTHER REV	ENUE		
ESCRIPTION		AMOUNT		
IST RENTALS	\$	150		
	TOTAL \$	150		
ORM 990-EZ, PART I, LINE 10) - GRANTS/S	IMILAR AMTS P	AID TO	INDIVIDUALS
ELATIONSHIP TO ORG CLASS O	F ACTIVITY	DATE OF GI	FT DESC	OF PROPERTY
CASH CONTRIB. NONCASH CO	ONTRIB. BOO	K VALUE BV	EXPL.	FMV EXPL.
\$ 11,000 \$	0 \$	0		
ORM 990-EZ, PART I, LINE 16				
ORM 990-EZ, PART I, LINE 16		PENSES		
ORM 990-EZ, PART I, LINE 16	- OTHER EX	PENSES		
ORM 990-EZ, PART I, LINE 16 ESCRIPTION XPENSES SUPPLIES	- OTHER EX	PENSES AMOUNT		
ORM 990-EZ, PART I, LINE 16 ESCRIPTION XPENSES SUPPLIES	S - OTHER EX	PENSES AMOUNT 255		
ORM 990-EZ, PART I, LINE 16 ESCRIPTION XPENSES SUPPLIES BANK FEES	- OTHER EX \$	PENSES AMOUNT 255 2,108		
ORM 990-EZ, PART I, LINE 16 ESCRIPTION XPENSES SUPPLIES BANK FEES PHONE/FAX	- OTHER EX \$ \$ \$	PENSES AMOUNT 255 2,108 430		
ORM 990-EZ, PART I, LINE 16 ESCRIPTION XPENSES SUPPLIES BANK FEES PHONE/FAX WEBSITE/COMPUTER DESIGN	- OTHER EX \$ \$ \$	PENSES AMOUNT 255 2,108 430 17,898		
ORM 990-EZ, PART I, LINE 16 ESCRIPTION XPENSES SUPPLIES BANK FEES PHONE/FAX WEBSITE/COMPUTER DESIGN TRAVEL/MEETING EXPENSES	- OTHER EX \$ \$ \$ \$	PENSES AMOUNT 255 2,108 430 17,898 4,138		
ORM 990-EZ, PART I, LINE 16 ESCRIPTION XPENSES SUPPLIES BANK FEES PHONE/FAX WEBSITE/COMPUTER DESIGN TRAVEL/MEETING EXPENSES CONFERENCE EXPENSES	- OTHER EX \$ \$ \$ \$	PENSES AMOUNT 255 2,108 430 17,898 4,138 4,061		

PHYSICAL ENVIRONMENT.

Name of the organization

ASSOCIATION FOR THE STUDY OF

Employer identification number

54-1640944

DESCRIPTION AMOUNT

UNREALIZED GAINS \$ 7,153

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

ASLE'S MISSION IS TO PROMOTE THE UNDERSTANDING OF NATURE AND CULTURE FOR A

SUSTAINABLE WORLD BY FOSTERING A COMMUNITY OF SCHOLARS, TEACHERS, AND

WRITERS WHO STUDY THE RELATIONSHIPS AMONG LITERATURE, CULTURE, AND THE

FORM 990-EZ, PART III, LINE 28 - FIRST ACCOMPLISHMENT

MEMBERSHIP: ASLE ACTIVITIES SERVE THE PROFESSIONAL AND SCHOLARLY NEEDS AND

INTERESTS OF MEMBERS AND PROVIDE THEM WITH OPPORTUNITIES TO SERVE THE

FIELD. THE 1270 PEOPLE WHO WERE MEMBERS IN 2014 RECEIVE THE EDITED

SCHOLARLY JOURNAL ISLE, THE ASSOCIATION NEWSLETTER ASLE NEWS, AS WELL AS

NUMEROUS OTHER COMMUNICATIONS ABOUT MEMBER OPPORTUNITIES YEARLY. THEY ARE

ELIGIBLE TO RUN FOR OFFICE, SERVE IN APPOINTED COORDINATOR ROLES, AND SERVE

ON ASSOCIATION COMMITTEES. MEMBERS CAN ATTEND THE BIENNIAL CONFERENCE OR

AFFILIATED INTERNATIONAL GROUP CONFERENCES TO SHARE THEIR WORK AND RESEARCH

WITH OTHERS IN THE FIELD, AND ARE ELIGIBLE TO SUBMIT THEIR WORK FOR ASLE

WRITING AWARDS, AND APPLY FOR ASLE GRANTS. STUDENT MEMBERS MAY PARTICIPATE

IN THE GRADUATE STUDENT MENTORING PROGRAM. MEMBERS ALSO OFTEN JOIN OUR

SOCIAL MEDIA AND DISCUSSION LISTS TO ENGAGE IN CONVERSATIONS ABOUT THE

ENVIRONMENTAL HUMANITIES, PEDAGOGY, PUBLISHING, CONFERENCES, ETC.

FORM 990-EZ, PART III, LINE 29 - SECOND ACCOMPLISHMENT

PUBLICATIONS AND WEBSITE:

ISLE JOURNAL: INTERDISCIPLINARY STUDIES IN LITERATURE AND ENVIRONMENT IS A

Employer identification number

54-1640944

QUARTERLY PUBLICATION OF ASLE, AND IS DISTRIBUTED TO ASLE MEMBERS

(APPROXIMATELY 1270) AND INSTITUTIONAL SUBSCRIBERS (APPROXIMATELY 1500

ACCESS POINTS, INCLUDING ONLINE). IT CONSISTS OF HIGH QUALITY JURIED

CONTENT, WHICH INCLUDE BOTH SCHOLARLY ARTICLES IN ECOCRITICISM AND CREATIVE

WORKS OF NONFICTION AND POETRY.

ASLE NEWS: THE ASSOCIATION PRODUCES A QUARTERLY E-NEWSLETTER FOR THE BENEFIT OF MEMBERS AND OTHERS INTERESTED IN THE ACTIVITIES OF ASLE. THE NEWSLETTER IS AN ONLINE E-PUBLICATION SENT TO MEMBERS AND SUBSCRIBERS (APPROXIMATELY 1400) BY EMAIL; IT IS ALSO DOWNLOADABLE FROM THE WEBSITE IN PDF FORMAT.

ASLE WEBSITE: REDESIGNED IN 2014, THE WEBSITE SERVES AS A RICH RESOURCE IN THE BURGEONING FIELD OF ENVIRONMENTAL HUMANITIES. THERE ARE ARTICLES ON INNOVATIVE TEACHING MODELS, MEMBER PROFILES ON PROJECTS OR IDEAS ACROSS A BROAD RANGE OF ARTS AND SCIENCES, SAMPLE SYLLABI FROM COURSES, LINKS AND CONNECTIONS TO VARIOUS ONLINE JOURNALS AND PORTALS, AND INTRODUCTORY ARTICLES AND MATERIALS ON THE FIELD.

FORM 990-EZ, PART III, LINE 30 - THIRD ACCOMPLISHMENT

ASLE GRANTS: ASLE HAS CONTINUED TO OFFER AND INSTITUTED A NUMBER OF GRANTS

TO ASSIST OUR MEMBERS WITH FUNDING FOR THEIR INNOVATIVE PROJECTS AND

PUBLICATIONS. TRANSLATION GRANTS SUPPORT WORK IN ECOCRITICISM FROM

INTERNATIONAL SCHOLARS AND TO EXPAND EXCHANGES ACROSS CULTURES AND

CONTINENTS. SUBVENTION GRANTS SUPPORT INNOVATIVE PROJECTS IN ECOCRITICISM

AND THE ENVIRONMENTAL HUMANITIES. COMMUNITY GRANTS SUPPORT PROJECTS THAT

WILL HELP BUILD CONNECTIONS BETWEEN THE ENVIRONMENTAL HUMANITIES AND

PLACE-BASED ENVIRONMENTAL ORGANIZATIONS WORKING OUTSIDE THE ACADEMY.

CONFERENCE SEED GRANTS ARE OFFERED IN YEARS WHEN THERE IS NOT AN ASLE

Name of the organization	Employer identification number				
ASSOCIATION FOR THE STUDY OF	54-1640944				
BIENNIAL CONFERENCE, TO ASSIST IN FUNDING SYMPOSIA THAT A	RE ONE-TIME (NOT				
REGULARLY HELD), SMALL, AND IN NEED OF SUPPORT. WE ALSO O	FFER INTERNATIONAL				
MEMBERSHIP GRANTS, WHICH GIVE FREE MEMBERSHIP FOR TWO YEAR	RS TO SCHOLARS				
OUTSIDE NORTH AMERICA WITHOUT ACCESS TO PROFESSIONAL DEVE	LOPMENT FUNDING.				
FORM 990-EZ, PART V, LINE 34 - CHANGES TO ORGANIZATIONAL	DOCUMENTS				
THE TERMS OF ELECTED OFFICE FOR PRESIDENT AND VP ARE NOW ELECTED FOR 2					
YEARS, PLUS ONE YEAR AS IMMEDIATE PAST PRESIDENT OR VP. T	HE GRADUATE				
STUDENT LIAISON IS NOW AN ELECTED POSITION.					
	DAGE 3 OF 3				