Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2015

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

<u>A</u> _	For the	2015 calendar year, or tax year beginning January 1 , 2015, and e	nding [December 31	, 20 15						
В	Check if	applicable: C Name of organization SOCIETY OF LABOR ECONOMISTS		D Employe	er identification number						
	Address	change Doing business as Society of Labor Economists			36-4051736						
	Name ch	Number and street (or P.O. box if mail is not delivered to street address) Room	m/suite	E Telephor	ne number						
$\overline{\Box}$	Initial ret		NORC		773-256-6232						
\Box		m/terminated City or town, state or province, country, and ZIP or foreign postal code			7.0 200 0202						
Amended return Chicago, IL 60637-2745 G Gross receipts \$											
		ion pending F Name and address of principal officer:	11/-11								
	Applicati	on pending in waite and address of principal officer.	1	this a group return for s							
					included? Yes No list. (see instructions)						
<u> </u>	-	mpt status: ☐ 501(c)(3)									
<u>J</u>	Website			Group exemption							
_		organization: Corporation Trust ✓ Association Other L Year of fo	ormation:	M State	of legal domicile: IL						
P	art I	Summary									
	1	Briefly describe the organization's mission or most significant activities: Ho	ld an annua	il conference w	here labor economists						
ce		present and critique their research.									
Governance											
Į.	2	Check this box ▶ ☐ if the organization discontinued its operations or dispos	ed of more	than 25% of i	ts net assets.						
Ó	3	Number of voting members of the governing body (Part VI, line 1a)		3	6						
	4	Number of independent voting members of the governing body (Part VI, line	1b)	4	6						
ies	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		5	0						
Activities &	6	Total number of volunteers (estimate if necessary)		6	8						
Act	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0						
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0						
			rior Year	Current Year							
	8	Contributions and grants (Part VIII, line 1h)									
Revenue	9	Program service revenue (Part VIII, line 2g)		134,807	234,622						
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		101,007							
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		14,890	52,435						
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12	149,697	287,057							
	 			149,097	261,031						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)									
	14	Benefits paid to or for members (Part IX, column (A), line 4)									
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)									
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	•								
ă	b	Total fundraising expenses (Part IX, column (D), line 25) ▶									
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	•	143,182	272,989						
	18	(), ()		143,182	249,273						
	19	Revenue less expenses. Subtract line 18 from line 12		6,515	14,068						
or Ses	3		Beginning	g of Current Year	End of Year						
Assets or Balances	20	Total assets (Part X, line 16)		56,551	70,625						
t As	21	Total liabilities (Part X, line 26)									
Net /	22	Net assets or fund balances. Subtract line 21 from line 20									
P	art II	Signature Block									
Ur	nder pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules and	statements, ar	nd to the best of m	ny knowledge and belief, it is						
tru	ie, correct	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any	knowledge	<u> </u>						
		MULLICE TO TOTAL		-7/2	24 / 3 () 25 						
Sig	gn	Signature of officer		Date							
He	_	I Jakann C. JOKA - AREA TO.	The state of the s								
		Type or print name and title									
_		Print/Type preparer's name Preparer's signature	Date	Check	T if PTIN						
Pa				self-emp	mar-						
	epare		_L	Firm's EIN ▶							
Us	se Onl										
14-	w tha IF	Firm's address S discuss this return with the preparer shown above? (see instructions) .		Phone no.	Yes No						
IVId	ay tile it	10 diacuaa tiila fetutti witti tile preparet allowii above: (aee matructiona) .									

Part		m Service Accomp	ishments	D. J.III	r age L							
1	Briefly describe the organiza	tion's mission:	or note to any line in this	Part III	<u></u>							
'	•		ha fiald of labor accommiss	unio magat ammuallu ta muagant and aritimu.								
	SOLE is a professional association of academics in the field of labor economics who meet annually to present and critique one another's research. This annual meeting is the only activity engaged in by the Society. The officers of the Society are all tenured											
	economics professors who pa											
		unarea ni ai aeinena.	on a voiding	Dasis.								
2	Did the organization underta	ike any significant pro	gram services during the	year which were not listed on the								
	prior Form 990 or 990-EZ?				es 🗸 No							
	If "Yes," describe these new services on Schedule O.											
3	Did the organization cease	conducting, or mak	e significant changes in	how it conducts, any program								
	services?			,	es 🗹 No							
	If "Yes," describe these changes on Schedule O.											
4	Describe the organization's	program service acco	mplishments for each of	its three largest program services, as n	neasured by							
	expenses. Section 501(c)(3)	and 501(c)(4) organiz	ations are required to rep	ort the amount of grants and allocation	ns to others,							
	the total expenses, and reve	nue, if any, for each p	rogram service reported.									
	(0)											
4a	(Code:) (Expense	es \$	cluding grants of \$) (Revenue \$)							

					·							

4b	(Code:) (Expense	s\$ ir	cluding grants of \$) (Revenue \$)							

			••••••		·							
	(Codo: \/Funana	. ф :-	aludiae avanta of C) (Davanua ¢								
4c	(Code:) (Expense	ις Φ	cluding grants of \$) (Revenue \$)							

4d	Other program services (Des		· · · · · · · · · · · · · · · · · · · 									
	(Expenses \$	including grants of \$) (Revenu))								
4e	Total program service expen	ses ▶										

Part IV	Chec	klist of	F Dogu	اممعان	Cabaa	
	01100	KIISL O	Hitcyc	ııı c u	Scriet	uies

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		""	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1	<u> </u>	V
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in apparition to	2		✓
4	candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		✓
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	İ	1
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			•
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	5	V	√
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	6		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	7		√
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	8		√
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			
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	10		√
а				
b		11a		<u>√</u>
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	11b		√
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	11c		√
е	Did the organization report an amount for other liabilities in Deat V. Iline and V.	11d		✓_
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	11f		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a		✓_
	res, and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓_
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		<u>√</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>√</u> _
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.			<u>/</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	18		
		19		<u>/</u>

Part IV	Checklist	of Required Schedules	(continued)

			Yes	No		
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1		
b	. The termination of the organization attach a copy of its addited infancial 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			١.		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21	-	✓		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		/		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		-	\ ^		
	organization's current and former officers, directors, trustees, key employees, and highest compensated					
	employees? If "Yes," complete Schedule J	23		✓		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than					
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a			١.		
h	·	24a		✓		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b				
	to defease any tax-exempt bonds?	24c				
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-		
25a						
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a				
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior					
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I					
26		25b				
20	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		1		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,					
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled					
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):					
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	00-				
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		√		
	Schedule L, Part IV	28b		✓		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)					
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M			,		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		√		
	Part I	31		/		
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		✓		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations					
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓		
J-7	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		1		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	334				
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable					
	related organization? If "Yes," complete Schedule R, Part V, line 2	36				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization					
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27				
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37				
_	19? Note. All Form 990 filers are required to complete Schedule O.	38	/			
			990	(2015)		

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V				
	Greek if derivative of contains a response of floto to arry line in this factor			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a -0-			
b	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	o vendors and			
	reportable gaming (gambling) winnings to prize winners?		1c		✓
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a -0-			
b	If at least one is reported on line 2a, did the organization file all required federal employment	ax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year		3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in So		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature of				
	over, a financial account in a foreign country (such as a bank account, securities account, or				1
	account)?		4a		V
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Fi	nancial Accounts			
_	(FBAR).		5a		1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5b		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,0	00 and did the	30		
Va	organization solicit any contributions that were not tax deductible as charitable contributions		6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such	contributions or			† •
	qifts 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			1
	and services provided to the payor?		7a		1
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	or which it was			
	required to file Form 8282?		7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal because of the property of the property of the pay premiums of a personal because of the property of the pay premium of the pay premium of the property of the pay premium of t	penefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit	fit contract? .	7f		V
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g		V
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file	e a Form 1098-C?	7h		✓
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m				,
	sponsoring organization have excess business holdings at any time during the year?		8_		√
9	Sponsoring organizations maintaining donor advised funds.		9a		1
a	Did the sponsoring organization make any taxable distributions under section 4966?		9b		1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related per-	5011?	30		 V
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a			
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
b 11	Section 501(c)(12) organizations. Enter:		1	2.0	
''	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	1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedu	e O.	.	Library Santa	1
b	Enter the amount of reserves the organization is required to maintain by the states in which	1		15.	
	the organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year? .		14a	<u> </u>	✓
b	If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in	Schedule O .	14b		1

Form 99	0 (2015)				age 6				
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 thr	ough 7b below,	and f	or a	"No"				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	in Schedule O. Se	ee ins:	tructio	ons.				
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		· ·					
Secti	on A. Governing Body and Management								
				Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 8							
	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.			l					
b	Enter the number of voting members included in line 1a, above, who are independent .	1 b 8							
2	Did any officer, director, trustee, or key employee have a family relationship or a business r	elationship with							
	any other officer, director, trustee, or key employee?								
3	Did the organization delegate control over management duties customarily performed by or under the direct								
	supervision of officers, directors, or trustees, or key employees to a management company or other	r person? .	3		✓_				
4	Did the organization make any significant changes to its governing documents since the prior Form 99	0 was filed?	4		✓				
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets? .	5		✓				
6	Did the organization have members or stockholders?		6		✓				
7a	Did the organization have members, stockholders, or other persons who had the power to	elect or appoint							
	one or more members of the governing body?		7a		✓				
b	Are any governance decisions of the organization reserved to (or subject to approval	by) members,							
-	stockholders, or persons other than the governing body?		7b		✓				
8	Did the organization contemporaneously document the meetings held or written actions un	dertaken during	e esta						
	the year by the following:								
а	The governing body?		8a	✓_					
b	Each committee with authority to act on behalf of the governing body?		8b		√				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot	ot be reached at							
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C)	9		✓				
Sect	on B. Policies (This Section B requests information about policies not required by th	e Internal Reven	ue Co	ode.) Yes	NI.				
			40	162	No				
10a	Did the organization have local chapters, branches, or affiliates?	Carrata abambaya	10a		✓				
b	If "Yes," did the organization have written policies and procedures governing the activities o	nt purposos?	406						
	affiliates, and branches to ensure their operations are consistent with the organization's exem	pr purposes:	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	e filing the form?	11a	V					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		10-						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	ro rice to conflicte?	12a 12b		✓				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		120						
С	Did the organization regularly and consistently monitor and enforce compliance with the	oolicy? If "Yes,"	120						
	describe in Schedule O how this was done		12c		1				
13	Did the organization have a written whistleblower policy?		14		√				
14	Did the organization have a written document retention and destruction policy?	and approval by	14		-				
15	Did the process for determining compensation of the following persons include a review of the process for determining compensation of the following persons include a review of the deliberation of the deliberation	and decision?		:					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	4.10 00000011	15a		1				
а	The organization's CEO, Executive Director, or top management official		15b	-	1				
b	Other officers or key employees of the organization		100	 	'				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	ilar arrangement							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim with a taxable entity during the year?		16a		1				
	with a taxable entity during the year?	n to evaluate its			<u> </u>				
b	If "Yes," did the organization follow a written policy or procedure requiring the organizatio participation in joint venture arrangements under applicable federal tax law, and take steps	to safeguard the							
	organization's exempt status with respect to such arrangements?		16b						
					.—				
	ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶								
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a	and 990-T (Sectio	n 501	(c)(3)s	only)				
18	available for public inspection. Indicate how you made these available. Check all that apply.				,				
	Our wobsite Another's website Upon request Other (explain in So	hedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume	ents, conflict of inf	erest	polic	y, and				
	financial statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organizati	on's books and re	cords	s; >					

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- 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.

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

Check this box if neither the organization	nor any relate	d orga	aniz			ompe	nsa	ited any curren	t officer, director,	or trustee.
(A) Name and Title	(B) Average hours per week (list any	box, to	ot ch unles	s per	ition more	than o	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Janet Currie, President	1			✓				-0-	-0-	-0
(2) Henry Farber, President-Elect	1			√				-0-	-0-	-0
(3) Marjorie McElroy, Vice President	111			✓				-0-	-0-	-0
(4) David Autor, Executive Board	1	1						-0-	-0-	-(
(5) Kevin Lang, Executive Board	1	1						-0-	-0-	-0
(6) Joseph Altonji, Executive Board	1	1						-0-	-0-	-0
(7) Sarah E. Turner, Executive Board	1	1						-0-	-0-	-0
(8) Dan E. Black, Executive Board	1				-			-0-	-0-	-0
(9) Paul Oyer, Executive Board	1	1						-0-	-0-	-0
(10)										
(11)										
(12)		1								
(13)										
(14)			-							

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar		lighes	st C	compensated E	mployees (c	ontinue	ea)		
	(A) Name and title	(B) Average hours per week (list any)	box, office	ot ch unles r and	Pos eck s pe	ition more rson irect	than of the thick that the thick tha	an tee)	(D) Reportable compensation from	(E) Reportable compensation related	l l	Est ame	(F) imated ount of other	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatioi (W-2/1099-M		fro orga and	ensation the nization related nization	n b
(15)						_	α.							
(16)														
(17)														
(18)														
(19)														
(20)														
(21)							_							
(22)														
(23)														
(24)														
(25)														
1b c d	Sub-total							* * *						-0 -0 -0
2	Total number of individuals (including bur reportable compensation from the organ	t not limited				ted	above	e) w	vho received m	ore than \$10	00,000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc Schedule J	tor, o	or tr uch	ust	ee, ivid	key e	emp	oloyee, or high	nest compe	nsated 	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re greater th	porta an \$1	ble 150,	con ,000	npe)? <i>I</i>	nsatio f "Ye · ·	on a s,"	and other comp complete Sch	pensation from edule J for 	om the r such	4		1
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co ? If "Yes," o	ompe compi	nsa [.] lete	tion S <i>cl</i>	fro hed	m any ule J	y ur for	nrelated organi: such person	zation or ind		5		1
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Repyear.	compensat compe	ed ind Insatio	dep on f	end or tl	lent he c	contr alenc	ract dar	tors that receive year ending wit	ed more tha th or within t	n \$100 he org	,000 o anizati	f on's	tax
	(A) Name and business add	dress							(B) Description of s	ervices	((C) Compen		
2	Total number of independent contractor received more than \$100,000 of compens	ors (includi	ng bi	ut n	ot	limi	ted to	o tl	hose listed ab	ove) who				

Form	990 (201	5)						Page 9
Par	t VIII							
		Check if Schedule C) contains a res	ponse or note to	any line in this (A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
s s	1a	Federated campaigns	s 1a	-0-	1. 1	revenue		512-514
Grants nounts	ь	Membership dues .		11,930				
s, G	С	Fundraising events .						
Gifts, ilar An	d	Related organizations					1.0	
ns, Sim	e	Government grants (cor						
utio ier (f	All other contributions, g and similar amounts not inc						
et E	q	Noncash contributions include	•••	<u> </u>				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a–1			11,930			
		101211710011110011011		Business Code	11,530			
Ven	2a	Registration Fees		234,622		-	1. 00%	
e Re	b	Exhibits and Sponsors	3	40,505				
Σ̈́	С							
Program Service Revenue	d		****					
yran	e	All other program ser	vice revenue					
Prog	g	Total. Add lines 2a-2			275,127		L.	La companya da
	3	Investment income	(including divid	ends, interest,	2,0,,2,			
		and other similar amo		ļ				
	4	Income from investmen	•	· ·				
	5	Royalties	(i) Real					
	6a	Gross rents	(i) rical	(ii) i ersonal				
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or		•				
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory		-				
	b	Less: cost or other basis and sales expenses .						
	С	Gain or (loss)						
	d	Net gain or (loss) .		•	•	The figure 1.		* **
0								
Other Revenue	8a	Gross income from fu	ındraising					
eve		events (not including \$	-d i: d -\					
æ		of contributions reported See Part IV, line 18 .	ed on line 10). • • • • a		·			
the	b	Less: direct expenses						
O	С	Net income or (loss) f		events . ►			V (10. 1-0.00 (10.00	Table Assess 1 (1) 15 (1) 11 (1) 11 (1)
	9a	Gross income from ga	aming activities.					
		•	····a					
	b	Less: direct expenses			· 16			
	10a	Net income or (loss) f Gross sales of in	-	vities	e je najvija je li	e y Wile and Sales	Fy. 4: 34.600728	8 a h
		returns and allowance						Marie de la companya
	b	Less: cost of goods s	-					
	С	Net income or (loss) f	rom sales of inv			*		
		Miscellaneous R	Revenue	Business Code		41 E 4		
	11a							
	b							
	d	All other revenue .		1				
	e	Total. Add lines 11a-						
	12	Total revenue. See in	nstructions	<u> ▶ </u>	287,057			

	90 (2015) IX Statement of Functional Expenses				Page 1 (
	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. Al	l other organizatio	ns must complete co	olumn (A).
	Check if Schedule O contains a respons				
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				1924- "
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	:			
	section 401(k) and 403(b) employer contributions)		·		
9	Other employee benefits				
10 11	Payroll taxes				
a	Management				
b	Legal				
c d	Accounting				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	1,000			
14	Information technology	12,000			
15	Royalties				
16 17	Occupancy				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	259,989			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а					
b			-		
c					
d					·
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	272,989			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	56,551	1	70,625
	2	Savings and temporary cash investments		2	
ls	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
ď	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	56,551	16	70,625
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
	-	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
es		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	2. 20. × 20.	27	
Bal	28	Temporarily restricted net assets		28	
ğ	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	2 V V V V V V V V V V V V V V V V V V V	30	Av. den et e
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Net Assets	33	Total net assets or fund balances	56,551	33	70,625
	34	Total liabilities and net assets/fund balances	56,551	34	70,625
					Form 990 (2015)

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Page	1	_

Part	XI 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		28	37,057
2	Total expenses (must equal Part IX, column (A), line 25)	2		27	2,989
3	Revenue less expenses. Subtract line 2 from line 1	3		1	4,068
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5	6,551
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		7	70,619
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain	in		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were correviewed on a separate basis, consolidated basis, or both:	piled	. 2a or		1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	 ed on	a 2b		✓
С	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for confidence of the audit, review, or compilation of its financial statements and selection of an independent acco	untant	? 2c		✓
	If the organization changed either its oversight process or selection process during the tax year, e Schedule O.				
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?		. 3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	ergo th audits.	ne 3b		
				m 990	(2015

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2015

Department of the Treasury Internal Revenue Service Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

If the	organization answered "Ye	es," on Form 990, Part IV, line 3, or F	orm 990-EZ, Part V	, line 46 (Political Campaigi	n Activities), then
		s: Complete Parts I-A and B. Do not c		5	
	ection 527 organizations: Co	tion 501(c)(3)) organizations: Complete	e Parts I-A and C bel	ow. Do not complete Part I-E	3.
		es," on Form 990, Part IV, line 4, or F	Form 990-E7 Part V	L line 47 (Lobbying Activitie	o) than
• S	ection 501(c)(3) organizations	s that have filed Form 5768 (election u	inder section 501(h)):	Complete Part II-A Do not o	esp, trien
• S	ection 501(c)(3) organizations	s that have NOT filed Form 5768 (elec-	tion under section 50	11(h)): Complete Part II-R. Do	not complete Part II A
If the	organization answered "Ye	es," on Form 990, Part IV, line 5 (Pro	xv Tax) (see separa	te instructions) or Form 99	0-FZ Part V line 35c (Provi
Tax) (see separate instructions),	then	, , , , , , , , , , , , , , , , , , , ,		• EE, 1 alt 1, mic 000 (1 10x)
• S	ection 501(c)(4), (5), or (6) org	ganizations: Complete Part III.			
Name	of organization			Employer ide	entification number
Part	I-A Complete if the	ne organization is exempt un	der section 501	(c) or is a section 527	organization.
1	Provide a description of	the organization's direct and indi	rect political camp	aign activities in Part IV.	
2	Political expenditures .				\$
3	Volunteer hours				
Dod	LB - 0				
Part		ne organization is exempt un			
1	Enter the amount of any	excise tax incurred by the organi	zation under section	on 4955	\$
2 3	If the arganization in any	excise tax incurred by organization	on managers unde	r section 4955 ▶	\$
3 4a	Was a correction made?	red a section 4955 tax, did it file F			= =
ч а b	If "Yes," describe in Part				Yes No
Part		e organization is exempt un	der section 501	(a) except section E0:	1/0/(2)
1	Enter the amount direc	tly expended by the filing organ	ization for section	527 exempt function	1(0)(3).
	activities				
2	Enter the amount of the	e filing organization's funds contr	ibuted to other or	ganizations for section	
	527 exempt function act	ivities			
3	Total exempt function	expenditures. Add lines 1 and	2. Enter here and	on Form 1120-POL,	
	line 17b	$(\bullet, \bullet, \bullet$			
4		n file Form 1120-POL for this yea			
5	Enter the names, addres organization made paym	ses and employer identification nuested ents. For each organization listed	umber (EIN) of all s	section 527 political organ	izations to which the filing
	the amount of political co	ontributions received that were pr	omptly and directly	delivered to a separate r	nolitical organization such
	as a separate segregated	fund or a political action commit	tee (PAC). If addition	onal space is needed, prov	ride information in Part IV.
	(a) Name	(b) Address			
	(4)	(b) Addiess	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization. If
					none, enter -0
(1)			-		
(2)					
(3)			-		
(4)			-		
(5)					
(5)			-		
(6)					

D	•

						l age 🖴
	t II-A Complete if the organization section 501(h)).	-				
A (Check 🕨 🗌 if the filing organization be					oup member's
	name, address, EIN, expe	nses, and sha	re of excess lob	bying expenditu	res).	
в	Check 🕨 🗌 if the filing organization ch			trol" provisions	apply.	
		bying Expendit			(a) Filing	(b) Affiliated
	(The term "expenditures" m	neans amounts	paid or incurred	.)	organization's totals	group totals
1a	Total lobbying expenditures to influence	e public opinion	(grass roots lobby	ying)		
t	b Total lobbying expenditures to influence a legislative body (direct lobbying)					
c	Total lobbying expenditures (add lines	la and 1b) .				
c	Other exempt purpose expenditures .					
e			•			
f	Lobbying nontaxable amount. Enter columns.	the amount fi	rom the following	g table in both		
	If the amount on line 1e, column (a) or (b) is	: The lobbying	nontaxable amour	nt is:		
	Not over \$500,000	20% of the an	nount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess of	over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.				
ç	Grassroots nontaxable amount (enter 2	5% of line 1f)				
h	Subtract line 1g from line 1a. If zero or I	ess, enter -0-				
i	Subtract line 1f from line 1c. If zero or le	ess, enter -0-				
j	If there is an amount other than zero					
	reporting section 4911 tax for this year	?				Yes No
	(Some organizations that made a se See the	ection 501(h) ele e separate insti	ructions for lines	re to complete all 2a through 2f.)	of the five column	ns below.
	Lobbying	g Expenditures	During 4-Year A	veraging Period	T	
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

	(election under section 501(h)).	(6	a)	(b)	,
	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed ption of the lobbying activity.	Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
į	Other activities?				
j	Total. Add lines 1c through 1i	13940			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			\$14	
	If "Yes," enter the amount of any tax incurred under section 4912				
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c))(5),	or se	ction	
	501(c)(6).			Yes	No
	14. If the H (000) are received pendeductible by members?			1 🗸	
1	Were substantially all (90% or more) dues received nondeductible by members?	•		2	1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			3	1
3 Part	Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."	R (b)	Par	t III-A, line	
1 2	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	s of	1		11.93
а	Current year		2a		
b	Carryover from last year		2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb	ying			
	and political expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Part	Supplemental Information				
Provid	le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro	oup lis	st); Pa	rt II-A, lines 1	and
2 (see	instructions); and Part II-B, line 1. Also, complete this part for any additional information.				

	n 990 or 990-EZ) 2015	Page 4
Part IV	Supplemental Information (continued)	

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.

2015

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► 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. Inspection

Name of the organization	Employer identification number
SOCIETY OF LABOR ECONOMISTS	36-4051736
OTHER EXPENSES:	
1. Annual Conference (20th World Conference SOLE/EALE, June 26-28, 2015, Montreal, PQ, Canada	3)
Hotel: \$185,328	
Award Plaques: \$50	
Online Registration Fees: \$2,340	
Merchant Account Fees: \$7,177	
Audio-Visual, including podcast: \$23,716	
Badges. lanyards, t-shirts, signage: \$1,352	
Printed program: \$11,531	
Secretary-treasurer travel expenses: \$1,000	
Poster Boards: \$2,702	
Shipping: \$2,322	
Online Submissions: \$600	
Guest Speakers Honorarium: \$2,000	
Invited Session Participants' Honorarium: \$9,000	
Reception: \$5,000	
Museum Tour: \$5,871	
Exhibitor Revenue (other revenue, line 8): 40,505	
2. Annual Expenses/Overhead	
Online election: \$1,000	
Supplies: \$1,000	
Computer: \$6,000	
Online support, training, domain registry, upgrades: \$5,000	
STORES STREET, AND WILLIAM STREET, STR	

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization	Employer identification number

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Schedule O (Form 990 or 990-EZ), such as legislation enacted after the schedule and its instructions were published, go to www.irs.gov/form990.

Purpose of Schedule

An organization should use Schedule O (Form 990 or 990-EZ), rather than separate attachments, to provide the IRS with narrative information required for responses to specific questions on Form 990 or 990-EZ, and to explain the organization's operations or responses to various questions. It allows organizations to supplement information reported on Form 990 or 990-EZ.

Do not use Schedule O to supplement responses to questions in other schedules of the Form 990 or 990-EZ. Each of the other schedules includes a separate part for supplemental information.

Who Must File

All organizations that file Form 990 and certain organizations that file Form 990-EZ must file Schedule O (Form 990 or 990-EZ). At a minimum, the schedule must be used to answer Form 990, Part VI, lines 11b and 19. If an organization is not required to file Form 990 or 990-EZ but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

Specific Instructions

Use as many continuation sheets of Schedule O (Form 990 or 990-EZ) as needed.

Complete the required information on the appropriate line of Form 990 or 990-EZ prior to using Schedule O (Form 990 or 990-EZ).

Identify clearly the specific part and line(s) of Form 990 or 990-EZ to which each response relates. Follow the part and line sequence of Form 990 or 990-EZ.

Late return. If the return is not filed by the due date (including any extension granted), attach a separate statement giving the reasons for not filing on time. Do not use this schedule to provide the late-filing statement.

Amended return. If the organization checked the Amended return box on Form 990, Heading, item B, or Form 990-EZ, Heading, item B, use Schedule O (Form 990 or 990-EZ) to list each part or schedule and line item of the Form 990 or 990-EZ that was amended.

Group return. If the organization answered "Yes" to Form 990, line H(a), but "No" to line H(b), use a separate

attachment to list the name, address, and EIN of each affiliated organization included in the group return. **Do not use** this schedule. See the Instructions for Form 990, *I. Group Return.*

Form 990, Parts III, V, VI, VII, IX, XI, and XII. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions in the Form 990.

- 1. Part III, Statement of Program Service Accomplishments.
 - a. "Yes" response to line 2.
 - b. "Yes" response to line 3.
 - c. Other program services on line 4d.
- 2. Part V, Statements Regarding Other IRS Filings and Tax Compliance.
 - a. "No" response to line 3b.
 - b. "Yes" or "No" response to line 13a.
 - c. "No" response to line 14b.
- 3. Part VI, Governance, Management, and Disclosure.
- a. Material differences in voting rights among members of the governing body in line 1a.
- b. Delegation of governing board's authority to executive committee in line 1a.
- c. "Yes" responses to lines 2 through 7b.
- d. "No" responses to lines 8a, 8b, and 10b.
 - e. "Yes" response to line 9.
- f. Description of process for review of Form 990, if any, in response to line 11b.
 - g. "Yes" response to line 12c.
- h. Description of process for determining **compensation** in response to lines 15a and 15b.
- i. If applicable, in response to line 18, an explanation as to why the organization checked the "Other" box or did not make any of Forms 1023, 1024, 990, or 990-T publicly available.
- j. Description of public disclosure of documents in response to line 19.
- 4. Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors.
- a. Explain if reporting of compensation paid by a related organization is provided only for the period during which the related organization was related, not the entire calendar year ending with or within the tax year, and state the period during which the related organization was related.
- b. Description of reasonable efforts undertaken to obtain information on compensation paid by related organizations, if the organization is unable to obtain such information to report in column (E).
- 5. Explanation for Part IX, Statement of Functional Expenses, line 11g (other fees

for services), including the type and amount of each expense included in line 11g, if the amount in Part IX, line 11g, exceeds 10% of the amount in Part IX, line 25 (total functional expenses).

- 6. Explanation for Part IX, Statement of Functional Expenses, line 24e (all other expenses), including the type and amount of each expense included in line 24e, if the amount on line 24e exceeds 10% of the amount in Part IX, line 25 (total functional expenses).
- 7. Part XI, Reconciliation of Net Assets. Explain any other changes in net assets or fund balances reported on line 9.
- 8. Part XII, Financial Statements and Reporting.
- a. Change in accounting method or description of other accounting method used on line 1.
- b. Change in committee oversight review from prior year on line 2c.
 - c. "No" response to line 3b.

Form 990-EZ, Parts I, II, III, and V. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions:

- 1. Part I, Revenue, Expenses, and Changes in Net Assets or Fund Balances.
- a. Description of other revenue, in response to line 8.
- b. List of grants and similar amounts paid, in response to line 10.
- c. Description of other expenses, in response to line 16.
- d. Explanation of other changes in net assets or fund balances, in response to line 20.
 - 2. Part II, Balance Sheets.
- a. Description of other assets, in response to line 24.
- b. Description of total liabilities, in response to line 26.
- 3. Description of other program services in response to Part III, Statement of Program Service Accomplishments, line 31.
 - 4. Part V, Other Information.
 - a. "Yes" response to line 33.
 - b. "Yes" response to line 34.
- c. Explanation of why organization did not report unrelated business gross income of \$1,000 or more to the IRS on Form 990-T, in response to line 35b.

Other. Use Schedule O (Form 990 or 990-EZ) to provide narrative explanations and descriptions in response to other specific questions. The narrative provided should refer and relate to a particular line and response on the form.



Do not include on Schedule O (Form 990 or 990-EZ) any social security number(s), because this schedule will be made available

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SOCIETY OF LABOR ECONOMISTS 1155 E 60TH ST NORC CHICAGO IL 60637



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DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee

Title

Date