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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Inspection

A For th	e 2008 calendar year, or tax year beginning $$ JUL $1,$ 2008 $$ and ending	JUN 30, 2009							
B Check if	Please C Name of organization	D Employer identification number							
Addr	Use IRS SS Sabel or COCTEMEN OF MONTCOLOGY								
chan	type	52-6057050							
chan	BOOKING BUSINESS AS								
returi		703-438-3115							
ation Amer returi	ded tions	G Gross receipts \$ 15,412,373							
Appli		H(a) Is this a group return							
pend		for affiliates? Yes X No							
	1821 MICHAEL FARADAY DRIVE SUITE 300, REST								
I Tax-ex	empt status: X 501(c) (3	If "No," attach a list. (see instructions)							
J Webs	te: > WWW.TOXICOLOGY.ORG	H(c) Group exemption number ▶							
K Type o	organization: X Corporation	ear of formation: 1963 M State of legal domicile: De							
Part I	Summary								
₀ 1	Briefly describe the organization's mission or most significant activities: TO PROMO								
& Governance	UTILIZATION OF KNOWLEDGE IN TOXICOLOGY AND T	O FACILITATE THE							
E 2	Check this box 🕨 📖 if the organization discontinued its operations or disposed of n								
ğ 3	Number of voting members of the governing body (Part VI, line 1a)	3 1:							
as 4	Number of independent voting members of the governing body (Part VI, line 1b)	4 1							
<u>s</u> 5	Total number of employees (Part V, line 2a)	5							
Activities 2	Total number of volunteers (estimate if necessary)	6 51							
₹ 7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 9,801							
b	Net unrelated business taxable income from Form 990-T, line 34	7ь <1,725							
		Prior Year Current Year							
9 8	Contributions and grants (Part VIII, line 1h)	546,387. 946,473							
Revenue 9 10	Program service revenue (Part VIII, line 2g)	5,467,669. 5,926,878							
	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	496,087. <109,789							
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	671,408. 83,474							
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,181,551. 6,847,036							
13	Grants and similar amounts paid (Part IX, column (A), Unes 11.8	206,325. 246,104							
14	Benefits paid to or for members (Part IX column (A), line 4)	210 225 100 074							
Expenses 16a	Salaries, other compensation, employed Schefits (Part IX, column (A), lines 5-10)	210,325. 198,274							
ë 16a	Professional fundraising fees (Part IX, column (A), line 1 fe) 2 U IV								
~ [짧	total land and a second control of the secon	2 969 114 5 720 202							
	Other expenses (Part IX, column (A), lines 11a-U(1) (21), UT	2,868,114. 5,739,303							
	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,284,764. 6,183,681 3,896,787. 663,355							
- 19 - 8	Revenue less expenses. Subtract line 18 from line 12								
and sign	Total coasts (Dart V. Inc. 16)	Beginning of Year End of Year 10,985,945. 10,524,876							
d Balances d Balances 20 21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	1,272,571. 1,046,085							
21 22 22	Net assets or fund balances. Subtract line 21 from line 20	9,713,374. 9,478,791							
Part II	Signature Block	<u> </u>							
Taren	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme and complete Declaration of preparer that any officer) is based on all information of which preparer has any knowle	nts, and to the best of my knowledge and belief, it is true, correct							
	and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	dge							
Sign	Nath Man D	1 5/17/10							
Here	Signature of officer	Date							
11010	SHAWN D. LAMB, EXECUTIVE DIRECTOR								
	Type or print name and title								
	Preparer's Check if Preparer's identifying number								
Paid	signature PY LA L. Awar CA 1/17/10	self- employed (see instructions)							
Preparer's	Firm's name (or GOODMAN & COMPANY, LLP	EIN ▶							
Use Only	self-employed). 111 ROCKVILLE PIKE, 6TH FLOOR								
	address, and ZIP+4 ROCKVILLE, MD 20850	Phone no. ► 240-403-3700							
May the I	RS discuss this return with the preparer shown above? (see instructions)	X Yes No							
	8-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

832002 12-18-08

4e

Form **990** (2008)

4,901,420. (Must equal Part IX, Line 25, column (B))

) (Revenue \$

187,532.)

(Expenses \$ 1,082,908. including grants of \$

Total program service expenses ► \$

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	X	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5_		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11		_X_
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Х	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S ? If "Yes," complete Schedule F, Part I	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16	X	
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K			
	If "No", go to question 25	24a	ļ	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	<u> </u>	<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			٦,
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
	pnor year? If "Yes," complete Schedule L, Part I	25b	<u> </u>	<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			₹.,
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	<u> </u>	<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	000	X
		rom	990 (2008)

Part IV | Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	000	X

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Part V	Statements Regarding C	Other IRS	Filings and	Tax Compliance
				•

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			ŀ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		X
2 a	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 tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	_		
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Х	<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			١
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶	ŀ		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts			77
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
٥-	Tax Shelter Transaction?	5c 6a		Х
	Did the organization solicit any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Oa		
D	were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).	 00		-
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	 -		
·	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have	L		
	excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			<u>.</u>
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: N/A			
а	Initiation fees and capital contributions included on Part VIII, line 12	ł		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]			
11	Section 501(c)(12) organizations. Enter: N/A Gross income from members or shareholders			
a	****	1		
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12^	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			
U	ii 155, Giller the amount of tax-exempt interest received or accorded during the year 417 AX 120		900	(0000)

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 11			
b	Enter the number of voting members that are independent 1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	1		
	of officers, directors or trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		<u> </u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	l _	.	
_	governing body?	7a	X	
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
_	by the following:		Х	
_	The governing body?	8a 8b	X	
b O-	Each committee with authority to act on behalf of the governing body?	9a	X	
9a		- 5 a	<u> </u>	
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	х	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must	35		
10	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	<u> </u>		
••	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Х
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a		X
b	Other officers or key employees of the organization?	15b		X
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			V
	taxable entity during the year?	16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	401		
	exempt status with respect to such arrangements?	16b		
	List the states with which a copy of this Form 990 is required to be filed ►VA			
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
18	public inspection. Indicate how you make these available. Check all that apply.	101		
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fins	ncial	
13	statements available to the public.	11116	·····ai	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	tion:	•	
~~	VERONICA FISHER - 703-438-3115			
	1821 MICHAEL FARADAY DRIVE SUITE 300, RESTON, VA 20190		_	
83200 12-18-		Form	990 (20081

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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

(A)	(B) (C)							(D)	(E)	(F)		
Name and Title	Average hours	Position (check all that apply)					W	Reportable compensation	Reportable compensation	Estimated amount of		
	per week	Individual trustee or director	Institutional frustee	Officer		Highest compensated Employee	<u> </u>	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations		
SHAWN D. LAMB	40.00	х				х		198,274.	0.	0.		
EXECUTIVE DIRECTOR KENNETH S. RAMOS	40.00	<u> </u>	├		_	^		130,2/4.	0.	-		
PRESIDENT	1.00			x				0.	0.	0.		
CHERYL L. WALKER	1.00	-	├	Δ.	-	┝┈	\vdash		0.	•		
VICE PRESIDENT	1.00			x				0.	0.	0.		
MICHAEL P. HOLSAPPLE	1.00	┢	╁┈		_	 	\vdash					
VICE PRESIDENT-ELECT	1.00			x				0.	0.	0.		
KIM BOEKELHEIDE							<u> </u>					
COUNCILOR	1.00		l	Х		ì	1	0.	0.	0.		
PATRICIA E.GANEY			Π			Ī				-		
COUNCILOR	1.00			Х				0.	0.	0.		
WILLIAM SLIKLER, JR.									_			
TREASURER	1.00	<u> </u>		Х	_		<u> </u>	0.	0.	0.		
LAWRENCE R. CURTIS	1 00	ŀ		x				0.	0.	0.		
TREASURER MARTIN A. PHILBERT	1.00	<u> </u>	-	Λ	-	-		<u> </u>	<u> </u>	<u> </u>		
MARTIN A. PHILBERT SECRETARY	1.00		l	х				0.	0.	0.		
DENISE ROBINSON GRAVATT	1.00	╁	\vdash		-	╁╴	┢┈					
COUNCILOR	1.00			х				0.	0.	0.		
RONALD N. HINES					Г							
COUNCILOR	1.00	l		Х				0.	0.	0.		
GEORGE B. CORCORAN			Γ							_		
PAST PRESIDENT	1.00			Х				0.	0.	0.		
		-	\vdash				\vdash					
		-	-	\vdash		_	\vdash					
		-	\vdash	_	_		\vdash					
										C 000 (0000)		

Form **990** (2008)

Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average		Position					Reportable	Reportable		Esti	mate	:d
		hours	(cl	(check all that apply)			арр	ly)	compensation	compensatio			ount (of
		per	햠					from the	from related organizations		_	ther	4	
		week	n dire	_			ᇣ	l	organization	(W-2/1099-MIS		compo	m the	
			stee	ruste	1		bensa	l	(W-2/1099-MISC)	(** =, *********************************	,	orgar		_
			ual tru	onal 1		ploye	E CO	l				and	relate	ed
			Individual trustee or director	Institutional trustee	Officer	ey em	Highest compensated employee	Ē				organ	ızatı	วทร
				르	L	=	Ξ'n	<u> </u>						
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_				_		_								
					\vdash									
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			_	<u> </u>	-			L						
							Н							
										·				
	Total		_		<u> </u>	<u> </u>	┢	<u> </u>	198,274.		0.			0.
2	Total number of individuals (including those	ın 1a) who re	ceiv	ed n	nore	tha	n \$1	00,0	000 ın reportable					
	compensation from the organization										<u> </u>		7 T	1
_								_			г	'	es	No
3	3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on										}			77
	line 1a? If "Yes," complete Schedule J for such individual										ŀ	3		Х
4	· · · · · · · · · · · · · · · · · · ·												.	
F	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual											4	Х	
5	5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person											Х		
Sec	tion B. Independent Contractors	ule J for such j	uers	on					<u> </u>			5		
1	Complete this table for your five highest con	mpensated inc	dene	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of com	pens	ation fro		
•		porioatoa irit	-ope						rocorros moro man	\$.00,000 of com	, p-01130		,	
	the organization. (A) (B) (C)											-		

(A) Name and business address	(B) Description of services	(C) Compensation
ASSOCIATION INNOVATION & MGM'T INC, 1821		
MICHAEL FARADAY DRIVE STE 300, RESTON, VA	MANAGEMENT SERVICES	2,629,385.
ARAMARK SPORTS AND ENTERTAINMENT	ANNUAL CONVENTION	·-
54943 N. MAIN STREET,, MATTAWAN, MI 49071	CATERING	285,295.
OXFORD UNIVERSITY PRESS, GREAT CLAREDON		
ST, OXFORD, 0X4 1TJ, UNITED KINGDOM	PUBLICATION	277,228.
AUTOMATED GRAPHICS SYSTEMS		
4590 GRAPHICS DRIVE, WHITE PLAINS, MD 20695	PRINTING SERVICES	242,350.
PSAV PRESENTATION SERVICE		
23918 NETWORK PLACE, CHICAGO, IL 60601	AUDIO SERVICES	209,368.
2 Total number of independent contractors (including those in 1) who received mo	ore than \$100,000 in compensation	
from the organization 5		
		Form 990 (2009)

Form **990** (2008)

Total revenue Related or Universely exempt function but revenue revenu	(C) related siness venue	(D) Revenue excluded from tax under sections 512, 513, or 514
ይይ 1 a Federated campaigns 1a		
get an accompany to the terminal termin		1
b Membership dues 1b 556,942.	ľ	
c Fundraising events	Į.	
d Related organizations		
e Government grants (contributions) 1e 206,021.		
f All other contributions, gifts, grants, and		
similar amounts not included above 1f 183,510.		
The same and the state of the s		
1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 9 Noncash contributions included above 9 Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f		
Business Code		
Б PUBLICATIONS 541800 1506809. 1497008. 9	,801.	
6 PUBLICATIONS 541800 1506809. 1497008. 9 9 9 9 9 9 9 9 9	,,001.	
c STRATEGIC ACTIVITIES 900099 202,263.		·
d REGIONAL CHAPTERS 900099 187,532. 187,532.		· · · · · · · · · · · · · · · · · · ·
2 a ANNUAL MEETING 900099 3958134. 3958134. 5 PUBLICATIONS 541800 1506809. 1497008. 9 900099 202,263. 202,263. 900099 187,532. 187,532. 900099 187,532. 187,532. 900099 72,140. 72,140.		
All other program service revenue		· ¬
3 Investment income (including dividends, interest, and other similar amounts)		346,356.
		340,3301
5 Royalties (i) Real (ii) Personal		
6 a Gross Rents		
b Less: rental expenses		
c Rental income or (loss)		
d Net rental income or (loss)		
7 a Gross amount from sales of (i) Securities (ii) Other	İ	
assets other than inventory 8,109,192.		
b Less: cost or other basis		
and sales expenses 8,565,337.		
c Gain or (loss) <456,145.		
d Net gain or (loss) ► <456,145.><456,145.>		
8 a Gross income from fundraising events (not including \$ of		
including \$ of	<u> </u>	
contributions reported on line 1c). See		
contributions reported on line 1c). See Part IV, line 18 b Less' direct expenses b contributions reported on line 1c). See Part IV, line 18 b b contributions reported on line 1c). See	1	
b Less direct expenses b		
c Net income or (loss) from fundraising events		
9 a Gross income from gaming activities. See		
Part IV, line 19		
b Less: direct expenses b		
c Net income or (loss) from gaming activities		
10 a Gross sales of inventory, less returns		-
and allowances a	1	
b Less: cost of goods sold b		
c Net income or (loss) from sales of inventory		
Miscellaneous Revenue Business Code		
11 a REGISTRATION 900099 62,060. 62,060.		
ь MAILING LIST SALES 511140 13,691. 13,691.		
c MISCELLANEOUS 900099 7,723. 7,723.		
d All other revenue		
e Total. Add lines 11a-11d 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 83,474. 6847036. 5544406. 9	001	246 356
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		346,356. Form 990 (2008)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (A) Total expenses (C) Management and general expenses (D) Fundraising (B) Do not include amounts reported on lines 6b, Program service expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to governments and 246,104. 246,104 organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 198,274. 157,152. 41,122. trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 10 Payroll taxes Fees for services (non-employees): 216,755 216,755 a Management 18,250. 15,915. 2,335. Legal 60,389. 22,914. 37,475. c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 52,689. 52,689. Investment management fees 12,594. 12,594. 9,165. 9,165. Advertising and promotion 12 50,536. 220,571. 170,035. Office expenses 13 228,826. 215,811. 13,015. Information technology 15 Royalties 16 Occupancy 34,904 34,730 174.17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,064,191. 1,064,191. Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 26,991. 12,284. 14,707. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) STRATEGIC ACTIVITIES 790,821. 790,821. 751,817. 751,817. PUBLICATIONS COMMITTEES 516,654. 516,654. SPECIALTY SECTIONS 292,578. 292,578. COUNCIL/OFFICERS 282,589. 282,589. 734,328. 159,519 425,191. All other expenses 6,183,681, 4,901,420. 282,261. 0. Total functional expenses. Add lines 1 through 24f Joint Costs. Check here

If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

832010 12-18-08

1 Accounting method used to prepare the Form 990: Cash X Accrual Other	Par	tΧ	Balance Sheet							
Savings and temporary cash investments 1,633,489, 2 1,441,165						(A) Beginning of year				
3 Pledges and grants recevable, net 4 Accounts receivable, net 5 Recevables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L 6 Recevables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L 7 Rotes and loans receivable, net 8 Inventories for salic or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost basis 10b Less's accumulated deprecation. Complete Part Vi of Schedule D 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - other securities. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 19 Deferred revenue 20 Tax exempt bond labilities 21 Escrow account lability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable 25 Other labilities. Add Innes 17 through 25 26 Total liabilities. Add Innes 17 through 25 27 Total liabilities. Add Innes 17 through 25 28 Total liabilities and ont follow SFAS 117, check here Image 27 through 29, and lines 33 and 34. 29 Temporary restricted net assets 20 Total liabilities and ont follow SFAS 117, check here Image 27 through 29, and lines 33 and 34. 21 Temporary testricted net assets 22 Payables to lines 2 of through 34. 23 Capital stock or rust principal, or current funds 34 Tella labilities and ont follow SFAS 117, check here Image 34 Tella labilities and ont follow SFAS 117, check here Image 35 Tella labilities and seasets/fund balances 34 Total labilities and prepare the Form	$\neg \neg$	1	Cash - non-interest-bearing				1	32	2,4	36.
## Accounts receivables from current and former officers, directors, flustess, key employees, or other related parties. Complete Part II of Schedule L ## Receivables from current and former officers, directors, flustess, key employees, or other related parties. Complete Part II of Schedule L ## Receivables from current and former officers, directors, flustess, key employees, and other directors and complete part II of Schedule L ## Receivable for complete Part II of Schedule L ## Receivables from current and former officers, directors, flustess, key employees, highest compensation. Complete Part II of Schedule D ## Receivable for co		2	Savings and temporary cash investments				2			
5 Receivables from current and former officers, directors, fusitiess, key employees, or other related parties. Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f(1)) and persons described in section 4958(c)(3)(3). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Invarioners for sale or use 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 10e Land, buildings, and equipment: cost basis 1 Less: accumulated depreciation. Complete Part VI of Schedule D 11 Invastments - publicly traded securities 12 Invastments - other securities. See Part IV, line 11 13 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 Accounts payable and accrued expenses 18 Escrow account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 25 Secured mortgages and notes payable to unrelated third parties 27 Total liabilities. Add lines 17 through 25 28 Total liabilities. Add lines 17 through 25 29 Total liabilities. Add lines 17 through 25 20 Total liabilities. Add lines 17 through 25 21 Total liabilities. Add lines 17 through 25 22 Total liabilities. Add lines 17 through 25 23 Total liabilities. Add lines 17 through 25 24 Contracted not assets 25 Total liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Total liabilities. Add lines 17 through 25 28 Total liabilities. Add lines 17 through 25 29 Part Add Complete Ines 27 through 25. 29 Total liabilities and expenses. Total balances 20 Total liabilities and expenses. Total balances 21 Total liabilities. Add lines 17 through 25. 29 Total liabilities and expenses. Total balances 20 Total liabilities and expenses. Total balances 21 Total liabilities and expenses. Total balances 21 Total liabilities		3	Pledges and grants receivable, net				3			
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6 Receivables from other disqualified persons (as defined under section 4958()(1)) and persons described in section 4958()(3)(8). Complete Part I of Schedule I 7 Notes and loans receivable, net 7 Notes and loans receivable, net 8 1 Introducer of the section 4958()(3)(8). Complete 8 8 9 Prepart expenses and deferred charges 8 5 , 0.26 9 110 , 1.2. 10a Land, buildings, and equipment: cost basis b Less: accumulated depreciation. Complete Part VI of Schedule D 10b 11 Investments : publicly traded securities 8 , 436 , 354 · 11 7 , 961 , 666 12 Investments : other securities. See Part IV, line 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		5	Receivables from current and former officers, di	rectors	, trustees, key					-
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Part VI of Schedule D		10a	Land, buildings, and equipment: cost basis	10a						
11 Investments - publicly traded securities 12 Investments - corporarrelated See Part IV, line 11 12 13 14 15 15 15 15 16 16 16 16		b	Less: accumulated depreciation. Complete							
12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 Intangule assets 14 15 15 15 15 16 10 , 524 , 876 17 Accounts payable and accrued expenses 546 , 154 17 438 , 047 18 Grants payable 726 , 417 19 608 , 038 18 Grants payable 726 , 417 19 608 , 038 18 Grants payable 726 , 417 19 608 , 038 18 Grants payable 726 , 417 19 608 , 038 18 Grants payable 726 , 417 19 608 , 038 18 Grants payable 726 , 417 19 608 , 038 18 Grants payable 726 , 417 19 608 , 038 18 Grants payable 726 , 417 19 608 , 038 18 Grants payable 726 , 417 19 608 , 038 18 Grants payable 726 , 417 19 608 , 038 18 Grants payable 726 , 417 19 608 , 038 19 Grants payable 726 , 417 19 608 , 038 19 Grants payable 726 , 417 19 608 , 038 19 Grants payable 726 , 417 19 608 , 038 19 Grants payable 726 , 417 19 608 , 038 19 Grants payable 726 , 417 19 608 , 038 19 Grants payable 726 , 417 19 608 , 038 19 Grants payable 726 , 417 19 608 , 038 19 Grants payable 726 , 417 19 608 , 038 19 Grants payable 726 , 417 19 608 , 038 19 Grants payable 726 , 417 19 608 , 038 19 Grants payable 726 , 417 19 608 , 038 19 Grants payable 726 , 417 19 608 , 038 19 Grants payable 727 , 571 26 1,046 , 085 10 Grants payable 728 10 Grants paya			Part VI of Schedule D	10b			10c			
13		11	Investments - publicly traded securities			8,436,354.	11	7,96	<u>1,6</u>	66.
14		12	Investments - other securities. See Part IV, line	11			12			
15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable 25 Total liabilities. Complete Part X of Schedule D 26 Total liabilities. Complete Part X of Schedule D 27 Total liabilities. Add lines 17 through 25 28 Total liabilities. Add lines 17 through 25 29 Permanently each of the assets 20 Total liabilities and tines 33 and 34. 29 Permanently restricted net assets 20 Total liabilities and the assets 21 Total liabilities and the not follow SFAS 117, check here Importantly restricted net assets 29 Permanently restricted net assets 20 Total liabilities and on or follow SFAS 117, check here Importantly restricted net assets 20 Total liabilities and on or follow SFAS 117, check here Importantly restricted net assets 21 Total Add 10 Tot		13	Investments - program-related. See Part IV, line			13				
16		14	Intangible assets			14				
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18 Grants payable 19 Deferred revenue 726,417. 19 608,038 20 Tax-exempt bond liabilities 20 21 21 Escrow account liability. Complete Part IV of Schedule D 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable 24 25 Other liabilities. Complete Part X of Schedule D 25 26 Total liabilities. Complete Part X of Schedule D 25 27 Total liabilities. Add lines 17 through 25 1,272,571. 26 1,046,085 28 Organizations that follow SFAS 117, check here		16	Total assets. Add lines 1 through 15 (must equ	al line (34)		16			
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20 Tax exempt bond liabilities 21 Escrow account liability. Complete Part IV of Schedule D 21		18	Grants payable				18			
Secured mortgages and notes payable to unrelated third parties Secured mortgages and notes payable to unrelated third parties Secured mortgages and notes payable to unrelated third parties Secured mortgages and notes payable Secured mortgages Secured mortgages and notes payable Secured mortgages		19	Deferred revenue	726,417.	19	60	18,0	38.		
Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable 25 Other liabilities. Add lines 17 through 25 7 Total liabilities. Add lines 17 through 25 7 Organizations that follow SFAS 117, check here		20	Tax-exempt bond liabilities			20				
23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable 25 Other liabilities. Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here	Se	21	Escrow account liability. Complete Part IV of Sc		21			_		
23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable 25 Other liabilities. Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here	#	22	Payables to current and former officers, director							
23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable 25 Other liabilities. Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here	jab		highest compensated employees, and disqualif							
24 Unsecured notes and loans payable 25 Other liabilities. Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporanly restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 9 , 713, 374. 33 9, 478, 791 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other 2a Were the organization's financial statements audited by an independent accountant? b Were the organization's financial statements audited by an independent accountant? c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	-		of Schedule L			22				
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Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here		24	Unsecured notes and loans payable				24			
Organizations that follow SFAS 117, check here		25	Other liabilities. Complete Part X of Schedule D							
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review, or compilation of its financial statements and selection of an independent accountant?			_	•		audit		 	+	
	С		-			auuil,		Y	1	
38 As a result of a rederal award, was the organization required to undergo an addition additions set forth in the Single Addit	0-					ام ۸۰۰ما		+~	+	
Act and OMR Circular A 1332	3a		result of a receial award, was the organization re	uuii Eü	to unusigo an addit of at	auna da aet iuitii iii tile allig	pe Audi	. [1	1
- 1 - 1			and OMB Circular A.1332		•			3-	i	l x
832011 12-18-08 Form 990 (200	h	Act a	and OMB Circular A-133?		-			3a 3b	-	X

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2008
Open to Public Inspection

Name of the organization

Employer identification number

		SOCIETY	OF TOXICOLO)GY					5 2	2-60 <u>5/050</u>	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	t.) (see ins	tructions)			
The orga	nization is not a	a private foundation	because it is: (Please ch	eck only o	ne organiz	ation.)					
1 🗀	1	•	s, or association of chur				(b)(1)(A)(i)				
2 🔲	1		70(b)(1)(A)(ii). (Attach Sc								
з 🗔	1		ital service organization			170(b)(1)(A)(iii). (At	tach Sche	dule H)		
4			operated in conjunction							he hospital's name	e,
	city, and stat							(-/(-/(-/(-/	.,.	•	•
5			benefit of a college or ur	niversity o	wned or or	erated by	a governi	mental uni	t describ	ed in	
		(b)(1)(A)(iv). (Compl					3				
6			nent or governmental unr	t describe	d in sectio	n 170(b)(1	I)(A)(v).				
7	1							or from the	general i	oublic described in	า
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public des section 170(b)(1)(A)(vi). (Complete Part II)											
8	1		section 170(b)(1)(A)(vi).	(Complete	Part II)						
9 X	1 1		ceives: (1) more than 33			rom contri	butions, m	nembershi	p fees. ar	nd gross receipts f	from
	•		nctions - subject to certa						-	-	
			axable income (less sec								
		509(a)(2). (Complete			,			, J -		,	
10	1		perated exclusively to te	st for publ	c safety \$	See sectio	n 509(a)(4	I). (see ins	tructions)	
11		•	perated exclusively for the	-	-						or
	•	•	ations described in secti						-		
			organization and compl				•	·			
	a Type		¬ , '		e III - Fund		egrated		d 🗔	Type III - Other	
е 🗀			at the organization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified	persons other than	n
			than one or more publicly								
f		_	tten determination from								
	_	rganization, check t			·						
g	Since Augus	t 17, 2006, has the	organization accepted ar	ny gift or c	ontribution	from any	of the follo	owing per	sons?		
_	(i) A perso	n who directly or inc	directly controls, either al	lone or tog	ether with	persons o	described	ın (ıı) and (пі) below,	Yes	No
	the gov	eming body of the s	upported organization?							11g(i)	
	(ii) A family	member of a perso	n described in (i) above?)						11g(ii)	
	(iii) A 35%	controlled entity of a	a person described in (i) o	or (ii) above	e?					11g(iii)	
h	Provide the f	following information	about the organizations	the organ	ization su	oports					
(i) Nam	e of supported	(ii) EIN	(iii) Type of		organization		notify the	(yi) is	the	(vii) Amount of	
٠,	ganization	(, 2	organization (described on lines 1-9		sted in your			organizatı (i) organiz	ed in the	support	
			above or IRC section	,	document?		support?	U.S	.?		
			(see instructions))	Yes	No	Yes	No	Yes	No		
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Total] .	I						

Schedule A (Form 990 or 990-EZ) 2008

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

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

52-6057050 Page 3 Schedule A (Form 990 or 990-EZ) 2008 SOCIETY OF TOXICOLOGY Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Catendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 953,929 1,080,687 946,473 5,183,401. include any "unusual grants.") 1,101,143 1,101,169 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 4,342,617 4,504,565 4,854,264 5,438,377 5,917,077. 25,056,900. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 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 5,443,760 5,458,494 5,955,433. 6,519,064 6,863,550. 30,240,301. 6 Total, Add lines 1 - 5 7a Amounts included on lines 1, 2, and 273,291 83,000 175,329. 169,000 308,577 1,009,197. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c. 11, and 12 for the year or \$5,000 273,291 83,000. 175,329. 169.000 308.577. 1,009,197. c Add lines 7a and 7b 29,231,104. 8 Public support (Subtract line 7c from line 6) Section B. Total Support (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 5,955,433, 6,519,064. 6,863,550. 30,240,301. 5,443,760, 5,458,494, 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 316,955 331,249 346,356 158,995. 258,251 1,411,806. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 158,995. 258,251 316,955 331,249 346,356 1,411,806. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is 14,618 12,983 29,292 9,801. 84,345. 17,651 regularly carried on 12 Other income. Do not include gain or loss from the sale of capital 113,384. 112,796. 114,806. 137,108 83,474 561,568. assets (Explain in Part IV.) 32,298,020, 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 90.50 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 % 89.55 16 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g % Se

3 E	Strong D. Computation of investment income Percentage			
17	Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	4.37	%
18	Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	3.88	%
198	33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 3	33 1/3%		
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	ation	▶[X
t	33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is mo	ore thai	n 33 1/3%, and	

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ To be completed by organizations described below.

► Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

 Section 501(c)(4), (5), or (6) organization 	tions: Complete Part III.			· · · · · · · · · · · · · · · · · · ·
Name of organization			Emp	oloyer identification number
	OF TOXICOLOGY			52-6057050
Part I-A To be completed by	y all organizations exem	pt under section	501(c) and section 5	527 organizations.
See the instructions for S	schedule C for details.			
1 Provide a description of the organiz	ation's direct and indirect politic	al campaign activities		
2 Political expenditures			> :	\$ <u>1,235.</u>
3 Volunteer hours				36.
F=				
	y all organizations exem	pt under section	1 501(c)(3).	
See the instructions for S	·····			
1 Enter the amount of any excise tax	•			s 0.
2 Enter the amount of any excise tax			i5 ►	V., ,
3 If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV.	- Il		ENT/ol overal cost	F04(a)(3)
	y all organizations exem	pt under section	i 50 i(c), except secti	on 50 n(c)(5).
See the instructions for S		. 507		\$ 0.
1 Enter the amount directly expended		•		\$ <u>U.</u>
2 Enter the amount of the filing organ	lization's funds contributed to ot	her organizations for		s 0.
exempt function activities				\$ <u>U.</u>
3 Total of direct and indirect exempt	function expenditures. Add lines	1 and 2 and enter he	ere and on	•
Form 1120-POL, line 17b				→ Yes No
4 Did the filing organization file Form				
5 State the names, addresses and er				
Enter the amount paid and indicate promptly and directly delivered to a				
If additional space is needed, provi		sucii as a separate se	sgregated fulld of a politica	raction committee (r Ao).
		(-) FIN	(4) Amount and from	(a) Amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
			funds. If none, enter -0-	
				delivered to a separate
				political organization. If none, enter -0
	· - - · · - ·			

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

Schedule C (Form 990 or 990-EZ) 2008

832041 12-18-08

Schedule C (Form 990 or 990-EZ) 2008

f Grassroots lobbying expenditures

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

During the year, did the filing organization attempt to influence foreign, national, state or ocal legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? Other activities? If "Yes," describe in Part IV Total lines 1c through 1: Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912	28	No	Amo	ount
ocal legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? Other activities? If "Yes," describe in Part IV Total lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
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Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? Other activities? If "Yes," describe in Part IV Total lines 1c through 1: Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? Other activities? If "Yes," describe in Part IV Total lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? Other activities? If "Yes," describe in Part IV Total lines 1c through 1: Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? Other activities? If "Yes," describe in Part IV Total lines 1c through 1: Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? Other activities? If "Yes," describe in Part IV Total lines 1c through 1: Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
Other activities? If "Yes," describe in Part IV Total lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
Total lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
if "Yes," enter the amount of any tax incurred under section 4912 if "Yes," enter the amount of any tax incurred by organization managers under section 4912				
f "Yes," enter the amount of any tax incurred by organization managers under section 4912				
· · · · · · · · · · · · · · · · · · ·	l			
f the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		NA () (E)		
III-A To be completed by all organizations exempt under section 501(c)(4), sec	tion 50)1(C)(5)	, or sect	iion
501(c)(6). See the instructions for Schedule C for details			Yes	N
			res	N
Were substantially all (90% or more) dues received nondeductible by members?		1		-
Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		├
Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B To be completed by all organizations exempt under section 501(c)(4), sec	<u></u>	3		<u> </u>
501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part answered "Yes." See Schedule C instructions for details. Dues, assessments and similar amounts from members		1		
Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political				
expenses for which the section 527(f) tax was paid).				
Current year		2a		
Carryover from last year		2b		
Total		2c		
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic	al			
expenditure next year?		4		
Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5		
IV Supplemental Information				
lete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Pa	t II-B, line	e 1ı. Also	o, complete	this p
y additional information.				
T I-A, LINE 1:				
VEL CLAIMS FOR ATTENDING BRIEFING ON NANOTOXICOLOGY A	ND C	<u>HEMI</u>	CALS :	IN_
BODIES SCIENTIFIC ACTIVITIES.				

Schedule C (Form 990 or 990-EZ) 2008

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that

OMB No 1545-0047 Open to Public Inspection

Name of the organization

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number

	SOCIETY OF TOXICOLO		52-605/050
Pai	t I Organizations Maintaining Donor Advised	l Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	nting that the assets held in donor advised	funds
	are the organization's property, subject to the organization's e		X Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds may be us	sed only
	for chantable purposes and not for the benefit of the donor or		• — —
Pai			
1	Purpose(s) of conservation easements held by the organization		· · · · · · · · · · · · · · · · · · ·
•	Preservation of land for public use (e.g., recreation or ple		ically important land area
	Protection of natural habitat	Preservation of certified	·
	Preservation of open space	Treservation of certified	mistoric structure
2	Complete lines 2a-2d if the organization held a qualified conse	entation contribution in the form of a conser	vation agrament on the last day
_		availon contribution in the form of a conser	vation easement on the last day
	of the tax year.		Held at the End of the Year
_	Total number of conservation easements		2a
a			
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic stru-	• •	2c
d	Number of conservation easements included in (c) acquired at		2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the or	ganization during the taxable
	year ▶	_	
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the pend	odic monitoring, inspection, violations, and	
	enforcement of the conservation easements it holds?		└── Yes
6	Staff or volunteer hours devoted to monitoring, inspecting, and		
7	Amount of expenses incurred in monitoring, inspecting, and el	nforcing easements dunng the year $lacksquare$ $\$$	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)((4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	n easements in its revenue and expense st	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes the	organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" to Form 9	90, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, not	to report in its revenue statement and bala	nce sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edit	ucation, or research in furtherance of public	service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these its	ems	
b	If the organization elected, as permitted under SFAS 116, to re	eport in its revenue statement and balance	sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, or	research in furtherance of public service, p	rovide the following amounts relating to
	these items:		-
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical treat	sures, or other similar assets for financial or	ain, provide
-	the following amounts required to be reported under SFAS 11	_	
-	Revenues included in Form 990, Part VIII, line 1	o .c.aig to those toillo.	▶ \$
a	Assets included in Form 990, Part X		► \$ ► \$
D	Assets included in Louin 330, Fall A		Ψ

832051 12-23-08

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

Schedule D (Form 990) 2008

Schedule D (Form 990) 2008

Part VII Investments - Other Securities. Se	e Form 990, Part X, line 1	2.		
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua est or end-of-year mar	
Financial denvatives and other financial products				
Closely-held equity interests				
Other				
		<u> </u>		
	 	 		
	 			
		<u> </u>		
	 			
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.)			 	.
Part VIII Investments - Program Related. S		13.	··-	
(a) Description of investment type	(b) Book value		(c) Method of value est or end-of-year man	
	1			
				<u></u>
		_		
		<u> </u>		
Table (0-1/h) also lides alfore 000 Dark V and (D) has 40 \ D.				
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ► Part IX Other Assets. See Form 990, Part X, line		<u> </u>		
	Description			(b) Book value
· · · · · · · · · · · · · · · · · · ·	·	_		
			-	
		<u> </u>		
		·· - ·· - ·· · · ·		· .,
<u></u>			· · · · · · · · · · · · · · · · · · ·	
T. 1. (0.1 (1) - t- 1. (1) - t- 1. (2) - t- 1. (2) - t- 1. (3) - 1. (3) - t- 1. (3) -	451	<u></u>		
Total. (Column (b) should equal Form 990, Part X, col (B) li Part X Other Liabilities. See Form 990, Part X,	Ine 25			
(a) Description of liability	1110 20.	(b) Amount	T	
Federal income taxes			1	
Todal an individual and a second a second and a second an			1	
			1	
]	
]	
			1	
			1	
			4	
		 	4	
Total. (Column (b) should equal Form 990, Part X, col (B) li	ne 25.)	 	<u> </u>	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48. 832053 12-23-08

Schedule D (Form 990) 2008

SUPPORT, THAT COMPLEMENTS THE SOCIETY'S REVENUE FROM DUES AND OTHER

SOURCES, TO AID IN ACHIEVING THE SOCIETY'S STRATEGIC OBJECTIVES.

Schedule D (Form 990) 2008 SOCIETY OF TOXICOLOGY	52-6057050 Page 5
Schedule D (Form 990) 2008 SOCIETY OF TOXICOLOGY Part XIV Supplemental Information (continued)	
DADE VII I IVO AD OUUDD AD THOUWDING.	
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
INVESTMENT INCOME	
DADE VIII IIME OD OBUED ADTUGMENING.	
PART XIII, LINE 2D - OTHER ADJUSTMENTS:	
UNREALIZED LOSSES FROM INVESTMENTS	

Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047 Inspection

4,000.

Department of the Treasury Internal Revenue Service

SUB-SAHARAN AFICA

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, line 15, or line 16.

Name	of the organization					Employer identif	ication number
SOC	IETY OF TOXI	COLOGY				52-605705	50
Part	General Info	rmation on A	ctivities Ou	tside the United States. Comp	lete if the organ	ization answered "	Yes"
	to Form 990, Par	t IV, line 14b.					
1 F	or grantmakers. Does	the organization	n maintain recor	ds to substantiate the amount of the	grants or assista		
ç	grantees' eligibility for th	ne grants or assi	stance, and the	selection criteria used to award the gi	ants or assistar	nce?	Yes No
	-		·	procedures for monitoring the use of	grant funds out	side the United Sta	ates.
	(a) Region	(b) Number of offices in the region	r ·	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	is a prodescribe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures in region
EUROP	E	0	0	PROGRAM SERVICE	award		2,000.
SOUTH	AMERICA	0	0	PROGRAM SERVICE	AWARD		4,000.

NORTH AMERICA	0	0	PROGRAM SERVICE	AWARD	2,000.
MIDDLE EAST AND					
NORTH AFRICA	o	0	PROGRAM SERVICE	AWARD	2,000.
EAST ASIA AND THE					
PACIFIC	0	0	PROGRAM SERVICE	AWARD	2,000.
		•			
			1		

0 PROGRAM SERVICE

AWARD

SOUTH ASIA 0 PROGRAM SERVICE AWARD 2,000.

Totals 18,000.

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

Schedule F (Form 990) 2008

SOCIETY OF TOXICOLOGY

52-6057050

Page 2	any		(i) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2008
	190, Part IV, line 15, for		(h) Description of non-cash assistance					Sched
52-6057050	d "Yes" to Form 9		(g) Amount of non-cash assistance				-	ovided a
52-60	ganization answered		(f) Manner of cash disbursement					e or counsel has pr
	omplete if the or, than \$5,000		(e) Amount of cash grant					which the grante
VOGY	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000.		(d) Purpose of grant					Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities
SOCIETY OF TOXICOLOGY	anizations or Entities O 100. Check this box if no	nal space is needed.	(c) Region					recognized as charities r entities
SOCIE	r Assistance to Org. erved more than \$5,0	Use Schedule F-1 (Form 990) if additional space is needed.	(b) IRS code section and EIN (if applicable)					organizations that are valency letter other organizations o
Ð	Part II Grants and Othe recipient who rec	Use Schedule F-1	1 (a) Name of organization					 2 Enter total number of organizations that are recognis section 501(c)(3) equivalency letter 3 Enter total number of other organizations or entities

Page 3

Schedule F (Form 990) 2008 SOCIETY OF TOXICOLOGY 52-6057050

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Use Schedule F-1 (Form 990) if additional space is needed.

(a) Tunn of arms or acceptance	(c) Number of	(c) Number of	(d) Amount of	(e) Manner of	(f) Amount of	(g) Description of	(h) Method of
(a) Type of grant of assistance	losses (a)	recipients	cash grant		non-cash assistance	non-cash assistance	valuation (book, FMV, appraisal, other)
	MIDDLE EAST AND						
SPEAKER FEE	NORTH AFRICA	-	10,000.CHECK	CHECK			
						Schedu	Schedule F (Form 990) 2008

Complete this part to provide the information required by Part I, line 2, and any other additional information.

SCHEDULE F, PART I, LINE 2: AWARD GROUP SPONSORED

AWARD TITLE ASTRAZENECA TRAVELING LECTURESHIP AWARD

AWARD DESCRIPTION THE ASTRAZENECA TRAVELING LECTURESHIP AWARDS ARE PRESENTED THROUGH THE SOCIETY OF TOXICOLOGY TO RECOGNIZE EXCELLENCE IN RESEARCH AND SERVICE IN TOXICOLOGY. ASTRAZENECA, LTD., PROVIDES ONE OR TWO AWARDS ANNUALLY TO PROMOTE GREATER COLLABORATION BETWEEN EUROPEAN AND NORTH AMERICAN TOXICOLOGISTS AND TO ENABLE NORTH AMERICAN TOXICOLOGISTS TO UNDERTAKE A THREE OR FOUR WEEK LECTURE TOUR OF EUROPE. THE AWARDS ARE INTENDED TO FAMILIARIZE RECIPIENTS WITH RESEARCH AND REGULATORY ISSUES IN EUROPE AS WELL AS BRING A NORTH AMERICAN PERSPECTIVE TO THESE ISSUES. CANDIDATES FOR THESE AWARDS SHOULD BE ESTABLISHED, MID-CAREER NORTH AMERICAN SCIENTISTS WHO ARE MEMBERS OF THE SOCIETY AND WHO DEMONSTRATE THE ABILITY TO DEVELOP COLLABORATIVE RELATIONSHIPS WITH EUROPEAN

THE ITINERARY MUST INCLUDE A VISIT AND LECTURE AT ASTRAZENECA'S ALDERLEY PARK FACILITY IN CHESHIRE, ENGLAND. CANDIDATES SHOULD CONTACT THE ITINERARY HOSTS PRIOR TO SUBMISSION OF THE APPLICATION.

THE AWARD IS GIVEN EACH YEAR IN THE AMOUNT OF \$9,000 EACH ALONG WITH A PLAQUE. CRITERIA FOR AWARD:

ESTABLISHED, MID-CAREER NORTH AMERICAN SCIENTIST, MEMBER OF THE SOCIETY, DEMONSTRATE THE ABILITY TO DEVELOP COLLABORATIVE RELATIONSHIPS WITH EUROPEAN COLLEAGUES

ITEMS NEEDED IN THE APPLICATION:

1. APPLICANT'S LETTER (MAXIMUM OF 1,500 WORDS) INCLUDING: NAME AND

AFFILIATION, STATEMENT OF EXPERIENCE AND EXPERTISE AND HOW APPLICABLE TO

832074 12-18-08

COLLEAGUES.

Schedule F (Form 990) 2008

Schedule F (Form 990) 2008 SOCIETY OF TOXICOLOGY	52-605	/050 r	age 4
Part IV Supplemental Information			
Complete this part to provide the information required by Part I, line 2, and any other additional information	tion		
AWARD CRITERIA, ITINERARY PROPOSAL STATEMENT, PROPOSED LEC	TURE IT	INERAR	Υ
RATIONALE FOR ITINERARY, STATEMENT OF BENEFITS TO THE APPL	ICANT	_	
2. CURRICULUM VITAE OF THE NOMINEE			
3. LETTER FROM ASTRAZENECA HOST	 		
			
			

SCHEDULE 1			,				OMB No 1545-0047	
(Form 990)		Grants an	Grants and Other Assistance to Organizations,	to Organizations			3000	
		Govern	Governments, and Individuals in the U.S.	uals in the U.S.			9002	
Department of the Treasury	•	Complete if the organizati	e organization answered "Yes," on Form 990, Part IV, lines 21 or 22.	" on Form 990, Pa	rt IV, lines 21 or 22.		Open to Public	
Internal Revenue Service			► Attach to Form 990.	n 990.			Inspection	
Name of the organization	SOCIETY OF	TOXICOLOGY				—	Employer identification number 52-6057050	
Part I General In	s and	nce						_
1 Does the organiz	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	iate the amount of the grant	ts or assistance, the	grantees' eligibility	for the grants or ass	stance, and the select		
criteria used to a	criteria used to award the grants or assistance?						X Yes	
2 Describe in Part I	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ir monitoring the use of gran	nt funds in the United	J States				
Part II Grants and	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	nts and Organizations in the	he United States. C	omplete if the orga	nization answered "Y	es" on Form 990, Part	IV, line 21, for any	
recipient th	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	eck this box if no one recipie	ant received more th	an \$5,000 Use Pa	rt IV and Schedule I-1	(Form 990) if additions	Il space is needed	
1 (a) Name and ad or gov	1 (a) Name and address of organization or government	N (c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
RUTGERS STATE U. OF NEW JERSEY	OF NEW JERSEY							
OFF, OF RSCH OF SPONSORED PROGS	PONSORED PROGS -			-				
3 RUTGERS PLAZA, ASB 111	ASB 111 - NEW				-			
BRUNSWICK , NJ 08	08901		40,000.	0.		A .	AWARD	
THE REGENTS OF THE UNIV. OF CA	E UNIV. OF CA							
CENTRAL CASHIERS -	- 9500 GILMAN							
DR., MC 9009 - LA	- LA JOLLA, CA 92093		9,625.	0.		Pa.	AWARD	
UNIV, OF KANSAS MED CTR RSCH F	ED CTR RSCH F,							
KUMC RESEARCH INSTITUTE INC	TITUTE INC - 3901							
RAINBOW BLVD MS-1039 - KANSAS	039 - KANSAS							
CITY, KS 66160			20,000.	0.			AWARD	
UNIVERSITY OF UT	OF UTAH, GRANTS &							
CONTRACTS ACCOUNTING	ING - 201 SO.							
PRESIDENTS CIR, RM 406	M 406 - SALT LAKE							
CITY, UT 84112			9,970.	0.		2	AWARD	
US ENVIRO, PROTECTION AGENCY	TION AGENCY,					•		
CINN, FINANCIAL MGMT CENTER, ATTN	GMT CENTER, ATTN							
FFTA - P.O. BOX 371099M	71099М -							
PITTSBURGH, PA 15251	251		39,821.	0.		2	AWARD	
NEW MEXICO STATE UNIVERSITY	UNIVERSITY,							
SPONSORED PROJECTS ACCOUNTING, NM	S ACCOUNTING, NM							
STATE UNIV, - BO	- BOX 30001, MSC SPA							
- LAS CRUCES, NM 88003	88003		18,905.	0.			AWARD	
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations	nent organizations					7.	
3 Enter total numb	Enter total number of other organizations						A	
LHA For Privacy Act	LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Votice, see the Instruction	s for Form 990.				Schedule I (Form 990) 2008	

52-6057050 Schedule I (Form 990) 2008 SOCIETY OF TOXICOLOGY

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Use Schedule I-1 (Form 990) if additional space is needed.

Page 2

(a) Type of grant or assistance (b	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
KIM BOEKELHEIDE BROWN UNIVERSITY BOX G-E5 PROVIDENCE, RI 02912		.000,6	.0		
PAUL GREBNGARD THE ROCKEFELLER UNIVERSITY 1230 YORK AVB NEW YORK, NY 10065	7	10,000.	.0		
Part IV Supplemental Information. Complete this part to provide the	e the informatio	n required in Part I,	line 2, and any other	information required in Part I, line 2, and any other additional information	
SCHEDULE I, PART I, LINE 2: THE SOC	SOCIETY OF	TOXICOLOG	OF TOXICOLOGY INSTRUCTS	S THE	
RECIPIENT'S INSTITUTION THAT A RESEA	RESEARCH PROGRESS		REPORT IS DUE	MIDWAY OF	
THE PROGRAM AND A FINANCIAL REPORT	IS DUE	WITHING 90	90 DAYS OF T	THE COMPLETION	
DATE TO THE SOCIETY DIRECTOR OF EDUCA	JCATION.				

SCHEDULE 1-1 (Form 990)

Continuation Sheet for Schedule I (Form 990)

Open to Public

OMB No 1545-0047 2008 Inspection (h) Purpose of grant or assistance Employer identification number 52-6057050 AWARD (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Part I | Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.) ▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990). 0 (e) Amount of non-cash assistance (d) Amount of cash grant 40,000 (c) IRC Code section of applicable Enter total number of Section 501(c)(3) and government organizations SOCIETY OF TOXICOLOGY (b) EIN PROJECTS SVCS/BURSAR - P.O. BOX (a) Name and address of organization or government UNIV. OF ARIZONA, SPONSORED 3520 - TUCSON, AZ 85722 Name of the organization Department of the Treasury Internal Revenue Service

3 Enter total number of other organizations
832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions Bor Form 990.

Schedule I-1 (Form 990) 2008

SCHEDULE J (Form 990)

Compensation Information

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

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

➤ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

SOCIETY OF TOXICOLOGY

Employer identification number

52-6057050

Pa	ert I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	1		
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision			
	of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.		i	
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
			;	
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			77
а	Receive a severance payment or change of control payment?	4a	<u> </u>	X
þ	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С		4c		<u> </u>
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	5a		х
	The organization?	5b	 	X
Þ	Any related organization?	130	 	<u> </u>
_	If "Yes," to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
6				
_	contingent on the net earnings of:	6a		х
	The organization?	6b	 	X
D	Any related organization? If "Yes" to line 6a or 6b, describe in Part III	J.	 	 -
7		 	 	t
•	not described in lines 5 and 6? If "Yes," describe in Part III	7		x
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
•	unitial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes." describe in Part III	8		х

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Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown of	W-2 and/or 1099-MISC compensation	SC compensation	(0)	(D)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	Deferred	Nontaxable benefits	lotal of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	Ξ	0	0	198,274.	0	0	198,274.	0
SHAWN D. LAMB	€	0	0	0	0	0	0	0
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	(ii)							
							Schedul	Schedule J (Form 990) 2008

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization SOCIETY OF TOXICOLOGY

Employer identification number 52-6057050

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EXCHANGE OF INFORMATION AMONG ITS MEMBERS AS WELL AS AMONG
INVESTIGATORS OF OTHER SCIENTIFIC DISCIPLINES.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
COMMITTEES - THE SOCIETY HAS MANY COMMITTEES ORGANIZED TO FACILITATE
AREAS OF DEVELOPMENT, SUCH AS CONTINUING EDUCATION COMMITTEE, TECHNICAL
COMMITTEE, AND REGULATORY COMMITTEE
EXPENSES \$ 516654. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
REGIONAL CHAPTERS AND DIRECTORY
EXPENSES \$ 245042. INCLUDING GRANTS OF \$ 0. REVENUE \$ 187532.
SPECIALTY SECTIONS, AND SPECIAL INTEREST GROUPS
EXPENSES \$ 321212. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 3: THE SOCIETY OF TOXICOLOGY RECEIVES
MANAGEMENT SERVICES FROM ASSOCIATION INNOVATION AND MANAGEMENT INC. THE
EXECUTIVE DIRECTOR OF THE SOCIETY IS MAJORITY OWNER AND EMPLOYEE OF THE
MANAGEMENT COMPANY. THE SOCIETY PAYS AN ANNUAL FEE FOR THE MANAGEMENT
SERVICES AND REIMBURSES AIM FOR ASSOCIATED COSTS. THE EXECUTIVE DIRECTOR
FEES ARE APPROVED BY THE SOCIETY BOARD.
FORM 990, PART VI, SECTION A, LINE 7A: FULL MEMBERS HAVE VOTING RIGHTS AND
ELECT THE SOCIETY GOVERNING BODY.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
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12-18-08

Schedule O (Form 990) 2008

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

SOCIETY OF TOXICOLOGY

Employer identification number 52-6057050

FORM 990, PART VI, SECTION A, LINE 7B: APPROVAL OF CONSTITUTION AND BYLAWS CHANGES

FORM 990, PART VI, SECTION A, LINE 10: THE GOVERNING BODY REVIEWED THE FORM 990 IN ITS ENTIRETY DURING THEIR REGULARLY SCHEDULED MEETING.

FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST, BIAS AND ADVOCACY:

DEFINITIONS AND STATEMENTS

CONFLICT OF INTEREST (COI) IS A SITUATION. IF THE ROLE OF A PERSON IN A PROCESS PRESENTS POTENTIAL FOR HIM/HER TO SERVE A SELF INTEREST VIA A FINANCIAL RELATIONSHIP, PROFESSIONAL COLLABORATION, OR PROFESSIONAL COMPETITION, IT IS A COI. EMPLOYMENT BY A PARTICULAR CORPORATION, UNIVERSITY, GOVERNMENTAL OR NONGOVERNMENTAL ORGANIZATION DOES NOT INHERENTLY PRESENT COI. LIKEWISE, COLLABORATION OR COMPETITION DOES NOT INHERENTLY PRESENT COI. INSTITUTES, FOUNDATIONS AND OTHER ORGANIZATIONS THAT PROVIDE RESEARCH SUPPORT AND/OR INFORM PUBLIC POLICY TYPICALLY SPECIFY SITUATIONS THAT PRESENT COI FOR PEER REVIEWERS. COI EXISTS IF THE PERSONAL INTEREST OF A SCIENTIST SUCH AS JOB SECURITY, RESEARCH AGENDA, OR BENEFIT TO THEIR EMPLOYER IMPAIRS OBJECTIVITY IN EVALUATION OF AN ISSUE. WHEN POSSIBLE, IT IS ADVISABLE TO AVOID SITUATIONS THAT PRESENT POTENTIAL OR REAL COI. THIS IS NOT ALWAYS POSSIBLE, HOWEVER. APPROPRIATE RESPONSE TO A SITUATION THAT PRESENTS COI CAN AVOID A SUBSTANTIVE PROBLEM. DISCLOSURE OF COI IS ALWAYS NECESSARY. WHEN REPRESENTING THE SOCIETY OF TOXICOLOGY, AND THEREBY THE PUBLIC GOOD, IT IS NECESSARY TO ABSTAIN FROM INFLUENCING

DECISIONS WHEN A COI EXISTS. BIAS IS A PERSPECTIVE. IT IS A CONDITION LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

832211 12-18-08

Schedule O (Form 990) 2008

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

SOCIETY OF TOXICOLOGY

Employer identification number 52-6057050

(CONCEPTUAL FRAMEWORK) UNDER WHICH A PERSON OPERATES THAT INFLUENCES INTERPRETATION AND PRESENTATION OF INFORMATION. BIAS IS UNIVERSAL AND REFLECTS A PERSON'S WORLD VIEW AND VALUES. IT CAN PREVENT IMPARTIAL CONSIDERATION OF AN ISSUE. PEOPLE OFTEN PERCEIVE BIAS IN OTHERS. OUTLOOK CAN CONTRIBUTE TO CONTENTION IN A DECISION PROCESS. ACKNOWLEDGING BIAS AND REMAINING CONSCIOUS OF IT IS A PUBLIC OBLIGATION OF SCIENTISTS. IN A DECISION MAKING PROCESS, IT IS NECESSARY TO MANAGE BIAS TO ASSURE OBJECTIVE CONSIDERATION OF ISSUES. PEER REVIEW IS A TRADITIONAL AND PROVEN MEANS OF MANAGING BIAS. THROUGH THIS PROCESS, INDIVIDUAL, PERSONAL AND INSTITUTIONAL VALUES MAY EMERGE THAT THE PEER REVIEW GROUP EVALUATES IN THE CONTEXT OF ALTERNATIVE VIEWS IN REACHING CONSENSUS. ASSURING A BALANCE OF PERSPECTIVES AMONG PEER REVIEWERS AND SCIENTIFIC ADVISORS WHO ARE INFORMING DECISION MAKERS IS ONE MEANS OF SUCH MANAGEMENT. ADVOCACY IS RECOMMENDING OR SUPPORTING A PARTICULAR COURSE OF ACTION OR POLICY. AN ADVOCATE'S COMMITMENT TO A PARTICULAR POLICY DECISION IS SOMETIMES NOT STATED. AN ADVOCATE MAY DISGUISE LACK OF OBJECTIVITY BY SELECTIVE INTERPRETATION AND PRESENTATION OF SCIENTIFIC INFORMATION THAT SUPPORTS A PARTICULAR POLICY DECISION. AT TIMES, ADVOCATES FOR A PUBLIC POLICY DECISION ALLEGE BIAS AGAINST SCIENTISTS PRESENTING VIEWS THAT SUPPORT AN ALTERNATIVE DECISION. CLEAR DISTINCTION BETWEEN SCIENCE AND OTHER FACTORS INFLUENCING PUBLIC POLICY, SUCH AS VALUES, ARE CRITICAL IN THESE SITUATIONS. PEER REVIEW OF SCIENCE INFORMING PUBLIC POLICY IS THE APPROPRIATE MEANS FOR BALANCING CONTENTION BETWEEN ADVOCATES. THE POLITICAL PROCESS ULTIMATELY DETERMINES PUBLIC POLICY. THE GENERAL PUBLIC AND DECISION MAKERS DESERVE APPLICATION OF RELEVANT AND OBJECTIVE SCIENCE TO PUBLIC POLICY. CONSIDERING AND

PRESENTING ALTERNATIVE EXPLANATIONS FOR INFORMATION IS A RESPONSIBILITY OF

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

Schedule O (Form 990) 2008

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12-18-08

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public
Inspection

Employer identification number

52-6057050 SOCIETY OF TOXICOLOGY SCIENTISTS INFORMING PUBLIC POLICY. AT TIMES THE INTERESTS OF DIFFERENT PARTIES RESULT IN CONFLICT OVER PUBLIC POLICY DECISIONS. EACH SIDE OF THE ISSUE IS ENTITLED TO AN ADVOCATE THAT PRESENTS ARGUMENTS TO A THIRD PARTY DECISION MAKER. WHEN MEMBERS OF THE SOCIETY OF TOXICOLOGY PLAY THE ROLE OF AN ADVOCATE, THEY ARE RESPONSIBLE TO DISCLOSE WHO OR WHAT THEY REPRESENT. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. FINANCIAL STATEMENTS ARE AVAILABLE TO MEMBERS ON THE WEBSITE. PART XI, LINE 2C THE SOCIETY FOR TOXICOLOGY HAS AN AUDIT COMMITTEE WHICH APPROVES THE AUDIT.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
832211
12-18-08

Schedule O (Form 990) 2008

Department of the Treasury Internal Revenus Service Name of the organization SCHEDULE R (Form 990)

Parti

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships

2008

Open to Public Inspection

► See separate instructions.

OMB No 1545-0047

Employer identification number Direct controlling Direct controlling 52-6057050 entity Ē status (if section 501(c)(3)) End-of-year assets Public charity Œ Exempt Code Total income section 0 <u>e</u> Legal domicile (state or Legal domicile (state or foreign country) foreign country) Primary activity Primary activity <u>@</u> <u>@</u> SOCIETY OF TOXICOLOGY Identification of Related Tax-Exempt Organizations Identification of Disregarded Entities Name, address, and EIN of disregarded entity

Part II

Schedule R (Form 990) 2008 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Name, address, and EIN of related organization

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Page 2

Schedule R (Form 990) 2008 SOCIETY OF TOXICOLOGY

Identification of Related Organizations Taxable as a Partnership

Part III

Percentage ownership **\$00**. General or managing partner? Schedule R (Form 990) 2008 3 Ξ Code V-UBI amount in box 720 of Schedule 20 K-1 (Form 1065) ö Share of end-of-year assets g ate allocations? Disproportion-Yes No £ 。 Share of total income Œ Share of end-of-year assets <u>ত</u> Type of entity (C corp, S corp, or trust) Œ Share of total income CORP Œ Direct controlling entity Predominant income (related, investment, unrelated) <u>e</u> Œ Legal domicile (state or foreign country) © 46 Direct controlling entity MANAGEMENT SERVICES Primary activity 9 Identification of Related Organizations Taxable as a Corporation or Trust Legal domicile (state or foreign country) <u>ნ</u> Primary activity <u>@</u> ASSOCIATION INNOVATION AND MANAGEMENT INC 1821 MICHAEL FARADAY DRIVE, SUITE 300 Name, address, and EIN of related organization Name, address, and EIN of related organization ₹ RESTON, VA 20190 ₹ 832162 12-23-08 Part IV

Schedule R (Form 990) 2008 SOCIETY OF TOXICOLOGY

	Part V Tra
- /	Transactions With Related Organizations
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Note. Complete line 1 if any entity is listed in Parts II, III, or IV		-X	Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royatties (iv) rent from a controlled entity		1a	×
b Gift. grant. or capital contribution to other organization(s)		15	×
		ဍ	×
		F	×
		<u> </u>	; >
e Loans or loan guarantees by other organization(s)		စ	4
			_
f Sale of assets to other organization(s)		#	×
g Purchase of assets from other organization(s)		19	×
		ŧ	×
		F	×
במספ כן ומכוווניפט, פקעוף וופוזי, כן טנוופן מסספים נט טוויפן טון פן		:	
i Lease of facilities, equipment, or other assets from other organization(s)		i-	
k Performance of services or membership or fundraising solicitations for other organization(s)		¥	×
		= X	~
m Sharing of facilities, equipment, mailing lists, or other assets		1m X	_
		th X	
		╄	
o Reimbursement baid to other organization for expenses		ot X	
		₽	×
a Other transfer of cash or property to other organization(s)		ā	×
		=	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	action thresholds.		
(v)		<u>(</u>)	
Name of other organization(s)	Transaction type (a-r)	Amount involved	olved
(1) ASSOCIATION INNOVATION AND MANAGEMENT, INC	Ъ	2,589,	,763.
(3)			
(9)			1
(9)	-		
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Schedule R (Form 990) 2008 SOCIETY OF TOXICOLOGY

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(A) (B)	(8)	(0)	<u>(a)</u>	(E)	(F)	(5)	Ξ	_
Name, address, and EIN	Primary activity		Are all partners section 50 1(c)(3)	$\overline{\mathbf{o}}$	Dispropor-		General or managing	p d
of entity		(state or foreign country)	organizations?	year assets	allocations?	of Schedule K-1 (Form 1065)	1.	<u> </u>
					_			
							-	
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						Schedule R (Form 990) 2008	n 990) 2	8003