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**KEYSTONE SYMPOSIA ON MOLECULAR AND
CELLULAR BIOLOGY**

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: **SEE SCHEDULE O FOR CONTINUATION
KEYSTONE SYMPOSIA WILL SERVE AS A CATALYST FOR THE ADVANCEMENT OF
BIOMEDICAL LIFE SCIENCES BY CONNECTING SCIENTISTS WITHIN AND ACROSS
DISCIPLINES AT CONFERENCES AND WORKSHOPS HELD AT VENUES THAT CREATE AN
ENVIRONMENT CONDUCIVE TO INFORMATION EXCHANGE, GENERATION OF NEW**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: **) (Expenses \$ 10793671. including grants of \$) (Revenue \$)**
**THE SYMPOSIA SPONSORS AN ANNUAL SERIES OF CONFERENCES FOR THE
SCIENTIFIC COMMUNITY WHICH ARE INTERNATIONAL IN SCOPE AND FOCUS ON NEW
AND EMERGING AREAS OF MOLECULAR AND CELLULAR BIOLOGY AS THEY APPLY TO
BASIC BIOLOGY, HUMAN MEDICINE, AND AGRICULTURE.**

4b (Code: **) (Expenses \$ including grants of \$) (Revenue \$)**

4c (Code: **) (Expenses \$ including grants of \$) (Revenue \$)**

4d Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)
4e Total program service expenses ► \$ **10,793,671.** (Must equal Part IX, Line 25, column (B).)

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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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	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	X	
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	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	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	X	
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	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	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	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	X	
14a Did the organization maintain an office, employees, or agents outside of the U.S.? 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	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	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	X	
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	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	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	X	
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	X	
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	X	
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	X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No", go to question 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	X	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	X	
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	X	
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	X	
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	X	

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Part IV Checklist of Required Schedules (continued)

28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:

- a 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
- b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV
- c 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

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

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

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

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

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

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

	Yes	No
28a		X
28b		X
28c		X
29		X
30		X
31		X
32		X
33		X
34		X
35		X
36		X
37		X

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Part V Statements Regarding 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	1a	557	X
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	44	X
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X	X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X	
c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		X
6a Did the organization solicit any contributions that were not tax deductible?	6a	X	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		X
7 Organizations that may receive deductible contributions under section 170(c).	7a	X	
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d		
d If "Yes," indicate the number of Forms 8282 filed during the year	7e	X	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	X	
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7h	X	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			
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 excess business holdings at any time during the year?			
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?			
b Did the organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter: N/A			
a Initiation fees and capital contributions included on Part VII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter: N/A			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

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

Section A. Governing Body and Management

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.

	Yes	No
1a Enter the number of voting members of the governing body	1a	14
1b Enter the number of voting members that are independent	1b	14
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 of officers, directors or trustees, or key employees to a management company or other person?	3	X
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	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9a Does the organization have local chapters, branches, or affiliates?	9a	X
b 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?		
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990		
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	10	X
	11	X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c 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:		
a 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 taxable entity during the year?	16a	X
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 exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► AL, AK, AR, CO, CA, CT, FL, GA, KS, KY, LA, IL

18 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 public inspection. Indicate how you make these available. Check all that apply.

Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► PAM DAUGHERTY - 970-262-1230

160 HIGHWAY 6, SILVERTHORNE, CO 80498

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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.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated Employee			
LINDA HRYCAJ DIRECTOR OF OPERATIONS/A	40.00	X			X		99,999.	0.	19,817.
ANDREW ROBERTSON, PHD CHIEF SCIENTIFIC OFFICER	40.00	X			X		151,999.	0.	13,105.
JAMES AIKEN, PHD CHIEF EXECUTIVE OFFICER	40.00	X			X		200,001.	0.	11,280.
PAMELA DAUGHERTY CHIEF FINANCIAL OFFICER	40.00	X			X		99,999.	0.	7,194.
ELAINE KING DIRECTOR OF DIVERSITY	40.00	X			X		125,000.	0.	15,260.
CHRIS ATWOOD DIRECTOR OF DEVELOPMENT	40.00	X			X		125,000.	0.	12,788.
JEANNIE DALRYMPLE DIRECTOR OF PROGRAM IMPL	40.00	X			X		75,000.	0.	14,309.
YVONNE PSALIA DIRECTOR OF MARKETING	40.00	X			X		72,500.	0.	8,709.
TANYA MULLER DIRECTOR OF IT	40.00	X			X		67,600.	0.	13,879.
MARY JO ROAL DIRECTOR OF HR	40.00	X			X		68,250.	0.	14,045.
KENNETH W. BAIR, PHD TRUSTEE	5.00	X					0.	0.	0.
RAYMOND N. DUBOIS, MD, P TRUSTEE	5.00	X					0.	0.	0.
BEVERLY M. EMERSON, PHD TRUSTEE	5.00	X					0.	0.	0.
STEPHEN W. FESIK, PHD TRUSTEE	5.00	X					0.	0.	0.
CURTIS C. HARRIS, MD TRUSTEE	5.00	X					0.	0.	0.
EDISON T. LIU, MD TRUSTEE	5.00	X					0.	0.	0.
MARGARET A. LIU, MD TRUSTEE	5.00	X					0.	0.	0.

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Individual trustee	Officer	Key employee	Highest compensated employee			
WALTER H. MOOS, PHD TRUSTEE	5.00	X					0.	0.	0.
TONY PAWSON, PHD TRUSTEE	5.00	X					0.	0.	0.
ALAN SHER, PHD TRUSTEE	5.00	X					0.	0.	0.
CRAIG B. THOMPSON, MD TRUSTEE	5.00	X					0.	0.	0.
IAN A. WILSON, PHD, SCD, TRUSTEE	5.00	X					0.	0.	0.
JULEEN R. ZIERATH, PHD TRUSTEE	5.00	X					0.	0.	0.
RALPH A. BRADSHAW, PHD EMERITUS BOARD MEMBER	1.00	X					0.	0.	0.
ROBERT W. CRAIG EMERITUS BOARD MEMBER	1.00	X					0.	0.	0.
EDWARD A. DENNIS, PHD EMERITUS BOARD MEMBER	1.00	X					0.	0.	0.
HEIDI DAETWYLER OPERATIONS MANAGER	40.00	X		X			67,600.	0.	13,975.
1b Total						►	1,152,948.	0.	144,361.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 4

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		
	3 X	
	4 X	
	5 X	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ► 0

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Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e 723,307.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,400,816.			
	g Noncash contributions included in lines 1a-1f				
	h Total. Add lines 1a-1f	► 2124123.			
Program Service Revenue	2 a REGISTRATION FEES	Business Code 541700	9158716.	9158716.	
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f	► 9158716.			
	3 Investment income (including dividends, interest, and other similar amounts)	► 277,995.			277,995.
4 Income from investment of tax-exempt bond proceeds	►				
5 Royalties	►				
6 a Gross Rents	(i) Real	(ii) Personal			
b Less: rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)	►				
7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less: cost or other basis and sales expenses	3,129.				
c Gain or (loss)	344294.				
d Net gain or (loss)	<341,165.>	► <341,165.>	<341,165.>		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
b Less: direct expenses	b				
c Net income or (loss) from fundraising events	►				
9 a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses	b				
c Net income or (loss) from gaming activities	►				
10 a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory	►				
Miscellaneous Revenue		Business Code			
11 a HOUSING COMMISSION	812900	603,582.	603,582.		
b					
c					
d All other revenue					
e Total. Add lines 11a-11d	► 603,582.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c and 11e	► 11,823,251.	8817551.	603,582.	277,995.	

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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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	1,947,096.	1,947,096.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, 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)				
7 Other salaries and wages	1,928,019.		1,641,575.	286,444.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	305,416.		250,931.	54,485.
10 Payroll taxes	147,474.		122,480.	24,994.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	4,812.			4,812.
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	32,563.		29,587.	2,976.
14 Information technology				
15 Royalties				
16 Occupancy	146,553.		134,829.	11,724.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	143,372.	106,804.	9,898.	26,670.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	60,435.		60,435.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a FOOD & BEVERAGE	3,288,564.	3,288,564.		
b SPEAKER SUBSIDY	2,566,277.	2,566,277.		
c MARKETING	985,682.	985,682.		
d STUDENT STIPENDS	372,030.	372,030.		
e CREDIT CARD MERCHANT FE	299,287.	299,287.		
f All other expenses	1,729,644.	1,227,931.	452,821.	48,892.
25 Total functional expenses. Add lines 1 through 24f	13,957,224.	10,793,671.	2,702,556.	460,997.
26 Joint Costs. Check here ► <input type="checkbox"/> 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				

**KEYSTONE SYMPOSIA ON MOLECULAR AND
CELLULAR BIOLOGY**

Form 990 (2008)

84-1326605 Page 11

Part X Balance Sheet

		(A) Beginning of year	(B) End of year
Assets	1 Cash - non-interest-bearing	1	
	2 Savings and temporary cash investments	1,700,214.	2 140,189.
	3 Pledges and grants receivable, net	2,453,708.	3 1,189,442.
	4 Accounts receivable, net	61,435.	4 118,536.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6
	7 Notes and loans receivable, net		7
	8 Inventories for sale or use		8
	9 Prepaid expenses and deferred charges	393,768.	9 366,275.
	10a Land, buildings, and equipment: cost basis	10a 457,818.	
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 297,228.	10c 160,590.
	11 Investments - publicly traded securities		11
	12 Investments - other securities. See Part IV, line 11	5,793,009.	12 6,649,951.
	13 Investments - program-related. See Part IV, line 11		13
	14 Intangible assets		14
	15 Other assets. See Part IV, line 11	86,777.	15 88,933.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	10,668,186.	16 8,713,916.
Liabilities	17 Accounts payable and accrued expenses	695,860.	17 661,101.
	18 Grants payable		18
	19 Deferred revenue	189,150.	19 73,505.
	20 Tax-exempt bond liabilities		20
	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	67,534.	25 69,690.
	26 Total liabilities. Add lines 17 through 25	952,544.	26 804,296.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	7,196,080.	27 6,619,928.
	28 Temporarily restricted net assets	2,519,562.	28 1,289,692.
	29 Permanently restricted net assets		29
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds		30
	31 Paid-in or capital surplus, or land, building, or equipment fund		31
	32 Retained earnings, endowment, accumulated income, or other funds		32
	33 Total net assets or fund balances	9,715,642.	33 7,909,620.
	34 Total liabilities and net assets/fund balances	10,668,186.	34 8,713,916.

Part XI Financial Statements and Reporting

Yes	No	
2a	X	
2b	X	
2c	X	
3a	X	
3b		

1 Accounting method used to prepare the Form 990: Cash Accrual Other

2a Were the organization's financial statements compiled or reviewed 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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits?

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

**KEYSTONE SYMPOSIA ON MOLECULAR AND
CELLULAR BIOLOGY** 84-1326605

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

1	<input type="checkbox"/> A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	<input type="checkbox"/> A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
3	<input type="checkbox"/> A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
4	<input type="checkbox"/> A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
5	<input type="checkbox"/> An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6	<input type="checkbox"/> A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	<input checked="" type="checkbox"/> An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8	<input type="checkbox"/> A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9	<input type="checkbox"/> An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete the Part III.)
10	<input type="checkbox"/> An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
11	<input type="checkbox"/> An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
	a <input type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally integrated d <input type="checkbox"/> Type III - Other
e	<input type="checkbox"/> By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
f	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____
g	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
	(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____
	(ii) A family member of a person described in (i) above? _____
	(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____
h	Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

Total

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

Schedule A (Form 990 or 990-EZ) 2008

**KEYSTONE SYMPOSIA ON MOLECULAR AND
CELLULAR BIOLOGY**

84-1326605 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar 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 include any "unusual grants.")	1,611,577.	1,735,515.	4,327,670.	3,028,535.	2,124,123.	12,827,420.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3	1,611,577.	1,735,515.	4,327,670.	3,028,535.	2,124,123.	12,827,420.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						12,827,420.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	1,611,577.	1,735,515.	4,327,670.	3,028,535.	2,124,123.	12,827,420.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	147,871.	201,500.	310,171.	295,055.	<63,170.	891,427.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						603,582. 603,582.
12 Gross receipts from related activities, etc. (see instructions)					12	39,299,587.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	89.56	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	92.13	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			► <input checked="" type="checkbox"/>
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
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			► <input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2008

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**

Calendar 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 include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
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

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 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 D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization **KEYSTONE SYMPOSIA ON MOLECULAR AND CELLULAR BIOLOGY** Employer identification number **84-1326605**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	Held at the End of the Year
2a	
2b	
2c	
2d	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 8/17/06	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- 1b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
 - (i) 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
 - a Revenues included in Form 990, Part VIII, line 1 ► \$ _____
 - b Assets included in Form 990, Part X ► \$ _____

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

Schedule D (Form 990) 2008

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other _____
c <input type="checkbox"/> Preservation for future generations	

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV **Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V **Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6276060.				
b Contributions	388,671.				
c Investment earnings or losses	<584,984.>				
d Grants or scholarships	92,085.				
e Other expenditures for facilities and programs	253,349.				
f Administrative expenses	44,061.				
g End of year balance	5690252.				

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► 100.00 %
 b Permanent endowment ► _____ %
 c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations
 (ii) related organizations
 b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

	Yes	No
3a(i)		X
3a(ii)		X
3b		

Part VI **Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		457,818.	297,228.	160,590.

Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ► 160,590.

Schedule D (Form 990) 2008

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
EQUITY SECURITIES	4,339,861.	COST
FIXED INCOME SECURITIES	1,756,410.	COST
FIXED INCOME SECURITIES		
TEMPORARILY RESTRICTED	553,680.	COST
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ►	6,649,951.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Part IX Other Assets. See Form 990, Part X, Col (B), line 15.

Total. (Column (b) should equal Form 990, Part X, col (B) line 15)

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount	
Federal income taxes		
CASH HELD FOR OTHERS	14,025.	
LONG-TERM DEFERRED COMPENSATION	55,665.	

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.

KEYSTONE SYMPOSIA ON MOLECULAR AND
CELLULAR BIOLOGY

Schedule D (Form 990) 2008

84-1326605 Page 4

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	11,823,251.
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	13,957,224.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	3	<2,133,973. >
4 Net unrealized gains (losses) on investments	4	<504,561. >
5 Donated services and use of facilities	5	832,511.
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV)	8	
9 Total adjustments (net). Add lines 4-8	9	327,950.
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<1,806,023. >

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1 Total revenue, gains, and other support per audited financial statements	1	13,381,071.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2a	<504,561. >
b Donated services and use of facilities	2b	832,511.
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV)	2d	1,229,870.
e Add lines 2a through 2d	2e	1,557,820.
3 Subtract line 2e from line 1	3	11,823,251.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV)	4b	
c Add lines 4a and 4b	4c	0.
5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	11,823,251.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1 Total expenses and losses per audited financial statements	1	13,957,223.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Losses reported on Form 990, Part IX, line 25	2c	
d Other (Describe in Part XIV)	2d	
e Add lines 2a through 2d	2e	0.
3 Subtract line 2e from line 1	3	13,957,223.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV)	4b	
c Add lines 4a and 4b	4c	0.
5 Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	13,957,223.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b

PART V, LINE 4: THE FUND CAN BE USED IN TIMES OF ADVERSE CASH FLOW

**CONDITIONS, PROVIDE SCHOLARSHIPS FOR STUDENTS WHO REPRESENT THE NEXT
GENERATION OF ACADEMIC AND INDUSTRIAL LEADERS, AND TO PROVIDE SUPPORT FOR
NEW INITIATIVES THAT COULD NOT BE ACCOMPLISHED USING CURRENT OPERATING
FUNDS.**

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN TEMPORARILY RESTRICTED NET ASSETS

Schedule D (Form 990) 2008

832054
12-23-08

04B.001

Part XIV Supplemental Information (continued)

CHANGE IN TEMPORARILY RESTRICTED CORP., FOUNDATION AND GOV'T

CONTRIBUTIONS

Schedule F
(Form 990)**Statement of Activities Outside the United States**

OMB No. 1545-0047

2008Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service► 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

**KEYSTONE SYMPOSIA ON MOLECULAR AND
CELLULAR BIOLOGY**

Employer identification number

84-1326605**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. 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 criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
CHINA	0	0	PROGRAM SERVICES	CONDUCTED CONFERENCE	180,284.
UNITED KINGDOM	0	0	FUNDRAISING & PROGRAM SERVICES	CONDUCTED CONFERENCE	132,196.
SINGAPORE	0	0	FUNDRAISING & PROGRAM SERVICES	CONDUCTED CONFERENCE	387,692.
THAILAND	0	0	PROGRAM SERVICES	CONDUCTED CONFERENCE	590,076.
IRELAND	0	0	PROGRAM SERVICES	CONDUCTED CONFERENCE	177,952.
CANADA	0	0	PROGRAM SERVICES	CONDUCTED CONFERENCE	2,666,905.
AUSTRALIA	0	0	FUND RAISING/ PROGRAM DEVELOPMENT	IDENTIFY AREAS OF HIGH SCIENTIFIC RESEARCH	16,044.
Totals					4,151,149.

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

Schedule F (Form 990) 2008

KEYSTONE SYMPOSIA ON MOLECULAR AND
CELLULAR BIOLOGY

84-1326605

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 890, 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.

See Schedule E-1 (Form 890) if additional space is needed.

22) 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) confirmation letter

For more information, visit www.earth911.org.

Enter total number of other organizations

四
12-10-08
2012

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
TRAVEL STIPENDS	CENTRAL AMERICA AND THE CARIBBEAN	1	2,010	CHECK	0		
TRAVEL STIPENDS	EAST ASIA AND THE PACIFIC	152	29911	CHECKS AND WIRES	0		
TRAVEL STIPENDS	EUROPE	477	887395	CHECKS AND WIRES	0		
TRAVEL STIPENDS	MIDDLE EAST AND NORTH AFRICA	16	30,380	CHECKS AND WIRES	0		
TRAVEL STIPENDS	NORTH AMERICA (OUTSIDE USA)	85	133055	CHECKS AND WIRES	0		
TRAVEL STIPENDS	RUSSIA AND THE NEWLY INDEPENDENT STATES	3	3,159	CHECKS AND WIRES	0		
TRAVEL STIPENDS	SOUTH AMERICA	46	122543	CHECKS AND WIRES	0		
TRAVEL STIPENDS	SOUTH ASIA	39	83,790	CHECKS AND WIRES	0		
TRAVEL STIPENDS	SUB-SAHARAN AFRICA	133	385644	CHECKS AND WIRES	0		

**SCHEDULE J
(Form 990)****Compensation Information**

OMB No. 1545-0047

2008Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceFor certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees► Attach to Form 990. To be completed by organizations that
answered "Yes" to Form 990, Part IV, line 23.

Name of the organization

**KEYSTONE SYMPOSIA ON MOLECULAR AND
CELLULAR BIOLOGY**Employer identification number
84-1326605**Part I Questions Regarding Compensation**

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.

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

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

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?

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.

<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

a Receive a severance payment or change of control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

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:

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

Schedule J (Form 990) 2008

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.

**KEYSTONE SYMPOSIA ON MOLECULAR AND
 CELLULAR BIOLOGY**

84-1326605

Page 2

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ANDREW ROBERTSON, PHD	(i) 151,999.	0.	0.	(i) 0.	0.	13,105.	165,104.
	(ii) 0.	0.	0.	(ii) 0.	0.	0.	0.
JAMES AIKEN, PHD	(i) 200,001.	0.	0.	(i) 0.	0.	11,280.	211,281.
	(ii) 0.	0.	0.	(ii) 0.	0.	0.	0.
	(iii) 0.	0.	0.	(iii) 0.	0.	0.	0.
	(iv) 0.	0.	0.	(iv) 0.	0.	0.	0.
	(v) 0.	0.	0.	(v) 0.	0.	0.	0.
	(vi) 0.	0.	0.	(vi) 0.	0.	0.	0.
	(vii) 0.	0.	0.	(vii) 0.	0.	0.	0.
	(viii) 0.	0.	0.	(viii) 0.	0.	0.	0.
	(ix) 0.	0.	0.	(ix) 0.	0.	0.	0.
	(x) 0.	0.	0.	(x) 0.	0.	0.	0.
	(xi) 0.	0.	0.	(xi) 0.	0.	0.	0.
	(xii) 0.	0.	0.	(xii) 0.	0.	0.	0.
	(xiii) 0.	0.	0.	(xiii) 0.	0.	0.	0.
	(xiv) 0.	0.	0.	(xiv) 0.	0.	0.	0.
	(xv) 0.	0.	0.	(xv) 0.	0.	0.	0.
	(xvi) 0.	0.	0.	(xvi) 0.	0.	0.	0.
	(xvii) 0.	0.	0.	(xvii) 0.	0.	0.	0.
	(xviii) 0.	0.	0.	(xviii) 0.	0.	0.	0.
	(xix) 0.	0.	0.	(xix) 0.	0.	0.	0.
	(xx) 0.	0.	0.	(xx) 0.	0.	0.	0.
	(xxi) 0.	0.	0.	(xxi) 0.	0.	0.	0.
	(xxii) 0.	0.	0.	(xxii) 0.	0.	0.	0.
	(xxiii) 0.	0.	0.	(xxiii) 0.	0.	0.	0.
	(xxiv) 0.	0.	0.	(xxiv) 0.	0.	0.	0.
	(xxv) 0.	0.	0.	(xxv) 0.	0.	0.	0.
	(xxvi) 0.	0.	0.	(xxvi) 0.	0.	0.	0.
	(xxvii) 0.	0.	0.	(xxvii) 0.	0.	0.	0.
	(xxviii) 0.	0.	0.	(xxviii) 0.	0.	0.	0.
	(xxix) 0.	0.	0.	(xxix) 0.	0.	0.	0.
	(xxx) 0.	0.	0.	(xxx) 0.	0.	0.	0.
	(xxxi) 0.	0.	0.	(xxxi) 0.	0.	0.	0.
	(xxxii) 0.	0.	0.	(xxxii) 0.	0.	0.	0.
	(xxxiii) 0.	0.	0.	(xxxiii) 0.	0.	0.	0.
	(xxxiv) 0.	0.	0.	(xxxiv) 0.	0.	0.	0.
	(xxxv) 0.	0.	0.	(xxxv) 0.	0.	0.	0.
	(xxxvi) 0.	0.	0.	(xxxvi) 0.	0.	0.	0.
	(xxxvii) 0.	0.	0.	(xxxvii) 0.	0.	0.	0.
	(xxxviii) 0.	0.	0.	(xxxviii) 0.	0.	0.	0.
	(xxxix) 0.	0.	0.	(xxxix) 0.	0.	0.	0.
	(xxxxi) 0.	0.	0.	(xxxxi) 0.	0.	0.	0.
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	(xxxiii) 0.	0.	0.	(xxxiii) 0.	0.	0.	0.
	(xxxiv) 0.	0.	0.	(xxxiv) 0.	0.	0.	0.
	(xxxv) 0.	0.	0.	(xxxv) 0.	0.	0.	0.
	(xxxvi) 0.	0.	0.	(xxxvi) 0.	0.	0.	0.
	(xxxvii) 0.	0.	0.	(xxxvii) 0.	0.	0.	0.
	(xxxviii) 0.	0.	0.	(xxxviii) 0.	0.	0.	0.
	(xxxix) 0.	0.	0.	(xxxix) 0.	0.	0.	0.
	(xxxxi) 0.	0.	0.	(xxxxi) 0.	0.	0.	0.
	(xxxii) 0.	0.	0.	(xxxii) 0.	0.	0.	0.
	(xxxiii) 0.	0.	0.	(xxxiii) 0.	0.	0.	0.
	(xxxiv) 0.	0.	0.	(xxxiv) 0.	0.	0.	0.
	(xxxv) 0.	0.	0.	(xxxv) 0.	0.	0.	0.
	(xxxvi) 0.	0.	0.	(xxxvi) 0.	0.	0.	0.
	(xxxvii) 0.	0.	0.	(xxxvii) 0.	0.	0.	0.
	(xxxviii) 0.	0.	0.	(xxxviii) 0.	0.	0.	0.
	(xxxix) 0.	0.	0.	(xxxix) 0.	0.	0.	0.
	(xxxxi) 0.	0.	0.	(xxxxi) 0.	0.	0.	0.
	(xxxii) 0.	0.	0.	(xxxii) 0.	0.	0.	0.
	(xxxiii) 0.	0.	0.	(xxxiii) 0.	0.	0.	0.
	(xxxiv) 0.	0.	0.	(xxxiv) 0.	0.	0.	0.
	(xxxv) 0.	0.	0.	(xxxv) 0.	0.	0.	0.
	(xxxvi) 0.	0.	0.	(xxxvi) 0.	0.	0.	0.
	(xxxvii) 0.	0.	0.	(xxxvii) 0.	0.	0.	0.
	(xxxviii) 0.	0.	0.	(xxxviii) 0.	0.	0.	0.
	(xxxix) 0.	0.	0.	(xxxix) 0.	0.	0.	0.
	(xxxxi) 0.	0.	0.	(xxxxi) 0.	0.	0.	0.
	(xxxii) 0.	0.	0.	(xxxii) 0.	0.	0.	0.
	(xxxiii) 0.	0.	0.	(xxxiii) 0.	0.	0.	0.
	(xxxiv) 0.	0.	0.	(xxxiv) 0.	0.	0.	0.
	(xxxv) 0.	0.	0.	(xxxv) 0.	0.	0.	0.
	(xxxvi) 0.	0.	0.	(xxxvi) 0.	0.	0.	0.
	(xxxvii) 0.	0.	0.	(xxxvii) 0.	0.	0.	0.
	(xxxviii) 0.	0.	0.	(xxxviii) 0.	0.	0.	0.
	(xxxix) 0.	0.	0.	(xxxix) 0.	0.	0.	0.
	(xxxxi) 0.	0.	0.	(xxxxi) 0.	0.	0.	0.
	(xxxii) 0.	0.	0.	(xxxii) 0.	0.	0.	0.
	(xxxiii) 0.	0.	0.	(xxxiii) 0.	0.	0.	0.
	(xxxiv) 0.	0.	0.	(xxxiv) 0.	0.	0.	0.
	(xxxv) 0.	0.	0.	(xxxv) 0.	0.	0.	0.
	(xxxvi) 0.	0.	0.	(xxxvi) 0.	0.	0.	0.
	(xxxvii) 0.	0.	0.	(xxxvii) 0.	0.	0.	0.
	(xxxviii) 0.	0.	0.	(xxxviii) 0.	0.	0.	0.
	(xxxix) 0.	0.	0.	(xxxix) 0.	0.	0.	0.
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	(xxxvi) 0.	0.	0.	(xxxvi) 0.	0.	0.	0.
	(xxxvii) 0.	0.	0.	(xxxvii) 0.	0.	0.	0.
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	(xxxviii) 0.	0.	0.	(xxxviii) 0.	0.	0.	0.
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	(xxxviii) 0.	0.	0.	(xxxviii) 0.	0.	0.	0.
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	(xxxvi) 0.	0.	0.	(xxxvi) 0.	0.	0.	0.
	(xxxvii) 0.	0.	0.	(xxxvii) 0.	0.	0.	0.
	(xxxviii) 0.	0.	0.	(xxxviii) 0.	0.	0.	0.
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	(xxxiv) 0.	0.	0.	(xxxiv) 0.	0.	0.	0.
	(xxxv) 0.	0.	0.	(xxxv) 0.	0.	0.	0.
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	(xxxvii) 0.	0.	0.	(xxxvii) 0.	0.	0.	0.
	(xxxviii) 0.	0.	0.	(xxxviii) 0.	0.	0.	0.
	(xxxix) 0.	0.	0.	(xxxix) 0.	0.	0.	0.
	(xxxxi) 0.	0.	0.	(xxxxi) 0.	0.	0.	0.
	(xxxii) 0.	0.	0.	(xxxii) 0.	0.	0.	0.
	(xxxiii) 0.	0.	0.	(xxxiii) 0.	0.	0.	0.
	(xxxiv) 0.	0.	0.	(xxxiv) 0.	0.	0.	0.
	(xxxv) 0.	0.	0.	(xxxv) 0.	0.	0.	0.
	(xxxvi) 0.	0.	0.	(xxxvi) 0.	0.	0.	0.
	(xxxvii) 0.	0.	0.	(xxxvii) 0.	0.	0.	0.
	(xxxviii) 0.	0.	0.	(xxxviii) 0.	0.	0.	0.
	(xxxix) 0.	0.	0.	(xxxix) 0.	0.	0.	0.
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	(xxxii) 0.	0.	0.	(xxxii) 0.	0.	0.	0.
	(xxxiii) 0.	0.	0.	(xxxiii) 0.	0.	0.	0.
	(xxxiv) 0.	0.	0.	(xxxiv) 0.	0.	0.	0.
	(xxxv) 0.	0.	0.	(xxxv) 0.	0.	0.	0.
	(xxxvi) 0.	0.	0.	(xxxvi) 0.	0.	0.	0.
	(xxxvii) 0.	0.	0.	(xxxvii) 0.	0.	0.	0.
	(xxxviii) 0.	0.	0.	(xxxviii) 0.	0.	0.	0.
	(xxxix) 0.	0.	0.	(xxxix) 0.	0.	0.	0.
	(xxxxi) 0.	0.	0.	(xxxxi) 0.	0.	0.	0.
	(xxxii) 0.	0.	0.	(xxxii) 0.	0.	0.	0.
	(xxxiii) 0.	0.	0.	(xxxiii) 0.	0.	0.	0.
	(xxxiv) 0.	0.	0.	(xxxiv) 0.	0.	0.	0.
	(xxxv) 0.	0.	0.	(xxxv) 0.	0.	0.	0.
	(xxxvi) 0.	0.	0.	(xxxvi) 0.	0.	0.	0.
	(xxxvii) 0.	0.	0.	(xxxvii) 0.	0.	0.	0.
	(xxxviii) 0.	0.	0.	(xxxviii) 0.	0.	0.	0.
	(xxxix) 0.	0.	0.	(xxxix) 0.	0.	0.	0.
	(xxxxi) 0.	0.	0.	(xxxxi) 0.	0.	0.	0.
	(xxxii) 0.	0.	0.	(xxxii) 0.	0.	0.	0.
	(xxxiii) 0.	0.	0.	(xxxiii) 0.	0.	0.	0.
	(xxxiv) 0.	0.	0.	(xxxiv) 0.	0.	0.	0.
	(xxxv) 0.	0.	0.	(xxxv) 0.	0.	0.	0.
	(xxxvi) 0.	0.	0.	(xxxvi) 0.	0.	0.	0.
	(xxxvii) 0.	0.	0.	(xxxvii) 0.	0.	0.	0.
	(xxxviii) 0.	0.	0.	(xxxviii) 0.	0.	0.	0.
	(xxxix) 0.	0.	0.	(xxxix) 0.	0.	0.	0.
	(xxxxi) 0.	0.	0.	(xxxxi) 0.	0.	0.	0.
	(xxxii) 0.	0.	0.	(xxxii) 0.	0.	0.	0.
	(xxxiii) 0.	0.	0.	(xxxiii) 0.	0.	0.	0.
	(xxxiv) 0.	0.	0.	(xxxiv) 0.	0.	0.	0.
	(xxxv) 0.	0.	0.	(xxxv) 0.	0.	0.	0.
	(xxxvi) 0.	0.	0.	(xxxvi) 0.	0.	0.	0.
	(xxxvii) 0.	0.	0.	(xxxvii) 0.	0.	0.	0.
	(xxxviii) 0.	0.	0.	(xxxviii) 0.	0.	0.</	

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

2008

Open to Public
Inspection

Name of the organization

**KEYSTONE SYMPOSIA ON MOLECULAR AND
CELLULAR BIOLOGY**

Employer identification number
84-1326605

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IDEAS, AND ACCELERATION OF APPLICATIONS THAT BENEFIT SOCIETY.

**FORM 990, PART VI, SECTION A, LINE 10: A COPY OF FORM 990 WAS PROVIDED TO
THE BOARD OF DIRECTORS PRIOR TO FILING.**

**FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REGULARLY AND
CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST
POLICY.**

**FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS FOR DETERMINING
COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIALS, OFFICERS AND
KEY EMPLOYEES INCLUDES A REVIEW AND APPROVAL BY INDEPENDENT PERSONS,
COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION
AND DECISION.**

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

**AL, AK, AR, CO, CA, CT, FL, GA, KS, KY, LA, IL, MD, ME, MA, MI, MN, MS, MO, NJ, NH, NM, NC, ND, NY
OH, OK, OR, PA, RI, TN, SC, DC, WA, UT, VA, WV, WI**

**FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION MAKES THE FORM
1023, FORM 990, AND FORM 990-T AVAILABLE UPON REQUEST.**

**FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.**

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

2008

Open to Public
Inspection

Name of the organization

**KEYSTONE SYMPOSIA ON MOLECULAR AND
CELLULAR BIOLOGY**

Employer identification number
84-1326605

THE AUDIT COMMITTEE IS RESPONSIBLE FOR OVERSIGHT OF THE AUDIT.

FORM 990, PAGE 1, ITEM B, AMENDED RETURN

**SCHEDULE F PART III HAS BEEN AMENDED TO REFLECT GRANTS AND OTHER
ASSISTANCE TO INDIVIDUALS OUTSIDE THE UNITED STATES THAT WERE
ORIGINALLY FILED AS OTHER TYPES OF EXPENSES. AS A RESULT OF THIS
AMENDMENT, THE FOLLOWING AREAS OF THE TAX RETURN HAVE ALSO CHANGED:**

**FORM 990 PART IV QUESTION NUMBER 16 AND FORM 990 PART IX - STATEMENT OF
FUNCTIONAL EXPENSES.**

2008 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE

866

928102
04-26-08

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone