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# Form **990**

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

2009

Open to Public Inspection

			yea	C Name of organization	is and ending 12-31-200	19	D Employer ide	ntification number				
_	eck if ap fress cha	oplicable Please		American Society for Mass Spectromet		23-7050068						
_		label	or	Doing Business As			E Telephone nu					
_	me char	type.	See									
_	ial retur minated	Instru	1C-	Number and street (or P O box if mai 2019 Galisteo Street Bldg I	l is not delivered to street addre	ess) Room/suite	<b>G</b> Gross receipts	\$ 4,113,519				
_	ended r		•	City or town, state or country, and ZIF	2 + 4							
_				Santa Fe, NM 87505	7 + 4							
App	nication	pending	N =									
		'	war	ne and address of principal officer		<b>H(a)</b> Is the affilia	ıs a group return ıtes?	rfor				
						1 ' '	l affiliates include	·				
Ta	x-exem	pt status 🔽 g	501(c	) ( 3 ) ◀ (insert no )	□ 527		o, attach a list ip exemption nui	(see instructions) mber <b>►</b>				
w	ebsit e	: • www as ms	s org			''(')						
				tion Trust Association Other ►		Voor of fo	rmation 1969 M	State of legal domicile PA				
	rt I	Summary		tion   Trust   Association   Other		L Year or to	rmation 1969 M	State or legal domicile PA				
		•		e organization's mission or most s	significant activities							
				G EDUCATION AND DISSEMINA								
aovellialite		SPECTROMETRY and allied topics Over 7,500 scientist MEMBERS are involved in research and development										
<u> </u>												
<u> </u>	١,	Chack this ha			its aparations or disposar	l of more than	25% of its not a	us s a t a				
			,	members of the governing body (P				ssets				
<b>5</b> 2			_	ndent voting members of the gover				9				
				mployees (Part V, line 2a)								
Acumules a				olunteers (estimate if necessary)				150				
τ				ted business revenue from Part V								
	b	Net unrelated	busi	iness taxable income from Form 9		7b	1					
					Prio	r Year	Current Year					
a.	8	Contribution	san	d grants (Part VIII, line 1h)		101,500	85,500					
Revenue	9	Program serv	vice	revenue (Part VIII, line 2g) .		2,729,428	2,642,469					
396	10			me (Part VIII, column (A), lines 3		106,065	80,536					
_	11			art VIII, column (A), lines 5, 6d,			0					
	12			dd lines 8 through 11 (must equal		ie	2,936,993	2,808,505				
	13			ar amounts paıd (Part IX, column (			147,080	127,305				
	14	Benefits paid	l to c	or for members (Part IX, column (A	( ), line 4 )			0				
ø	15		erco	ompensation, employee benefits (F	Part IX, column (A), lines	5 –		0				
Expenses	16a	10)	fund	Iraising fees (Part IX, column (A),	line 11e)							
⊕	ь			penses (Part IX, column (D), line 25) $\blacktriangleright 0$								
Ш	17			(Part IX, column (A), lines 11a-1:	1d. 11f-24f)		2,684,944	2,589,837				
	18	-		Add lines 13–17 (must equal Part			2,832,024	2,717,142				
	19			penses Subtract line 18 from line			104,969	91,363				
5 % 2							g of Current	End of Year				
ner Assector Fund Balances		T - 1 - 1	<b>(5</b>	why have dely		Y	'ear					
38	20			rt X, line 16)			3,907,264	4,490,239				
F 4 4 4	21 22			Part X, line 26)			638,147 3,269,117	502,432 3,987,807				
	22 13 0 1	Signature			mie 20 1 1 1 1 1		5,205,117	5,307,007				
		Under penalties	of pe	erjury, I declare that I have examined this								
		and belief, it is	true,	correct, and complete Declaration of prep	parer (other than officer) is base	ed on all informat	on of which prepare	er has any knowledge				
Sign	ì	*****				2010-	10-22					
lere		Signature of	office	er		Date						
		Lucinda Coh										
		Type or prin	t nam	ne and title								
		Preparer's signature	Barbar	ra A Borrego P C CPA		Check If self-	Preparer's identif (see instructions)					
Paid		Signature		-		empolyed 🕨 🦵	, , , , , , , , , , , , , , , , , , , ,					
•	arer's	Firm's name (or if self-employed		Barbara A Borrego PC CPA			EIN Þ					
se (	Only	address, and ZIF		3056 Agua Fria Street			DI.	05) 474 (05)				
				Santa Fe, NM 87507			Phone no 🕨 (5					
								EVac ENa				

#### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

THE CONTINUING EDUCATION AND DISSEMINATION OF RESEARCH AND INFORMATION IN THE FIELD OF MASS SPECTROMETRY and allied topics Over 7,500 scientist MEMBERS are involved in research and development

2	Did the organization i the prior Form 990 oi	, ,	nt program serv	ices during the ye	ar which were not listed on	┌ Yes ┌ No
	If "Yes," describe the	se new services on Scl	nedule O			
3	Did the organization of services?	cease conducting, or m	ake sıgnıfıcant o	changes in how it o	onducts, any program	「Yes ▽ No
	If "Yes," describe the	se changes on Schedu	le O			
4	Section 501(c)(3) an		ons and section	4947(a)(1) trusts	e largest program services by are required to report the amo n service reported	•
4a	(Code	) (Expenses \$	1,853,286 II	ncluding grants of \$	112,305 ) (Revenue \$	1,736,252 )
	NEW APPLICATIONS IN N	MASS SPECTROMETRY INCL	JDES APPROXIMATE	LY 6,500 MEMBER AN	ESENTATION OF SCIENTIFIC RESEARC D NON-MEMBER PARTICIPANTS AND C AS OF MASS SPECTROMETRY, 60-100	over 3,500 RESEARCH paper
	(Code	) (Expenses \$	218,306 II	ncluding grants of \$	) (Revenue \$	)
					D MONTHLY, SENT TO ALL MEMBERS, SPECTROMETRY FOR HISTORICAL AND	
4c	(Code	) (Expenses \$	,	ncluding grants of \$	5,600 ) (Revenue \$	69,405)
	SANIBEL CONFERENCE - PARTICIPANTS	CONDUCTED ANNUALLY IN	JANUARY, FORUM F	FOR THE EXCHANGE O	F HIGHLY SPECIALIZED RESEARCH, AI	PPROXIMATELY 100
	Other program com	ıces (Describe in Sche	dula O )			
4u	(Expenses \$	•	dule O ) uding grants of \$	5	9,400 ) (Revenue \$	93,965)
	Total program servi	ce expenses +\$	2,278,678			<u> </u>

Part IV	Check	list 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or 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		No
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Į		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
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 U S? <i>If "Yes," complete Schedule F, Part II</i>	15		No
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 U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Νo
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 line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
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?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
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 $I$	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νo
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		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Νο
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		Νο
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? <i>If</i> "Yes," complete Schedule R, Part I	33		Νο
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		Νο
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		Νο
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		Νο
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	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

rt V	Statements	Regarding	Other	TRS F	ilinas	and '	Tax	Comi	oliance
	ota to illoiles	itegai aiiig	•					~~	J.:

			Yes	No
la	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  1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
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			
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		Νο
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		No
<del>l</del> a	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		Νο
Ь	If "Yes," enter the name of the foreign country ▶			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с		Νo
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		Νo
7	Organizations that may receive deductible contributions under section 170(c).	_		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Νο
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
	· · · · · · · · · · · · · · · · · · ·			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νo
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Νo
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	_		
•		8		Νο
	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a		Νο
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
LO	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
l <b>1</b>	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νo
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year   12b			

Santa Fe, NM 87505 (505) 989-4735

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body   1a   9			
b	Enter the number of voting members that are independent 1b 9			
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		Νο
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		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Νo
9	Is there any officer, director, 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	9		Νο
	ction B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)		Yes	No
102	Does the organization have local chapters, branches, or affiliates?	10a	res	N o
	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?	10a		No
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	100		110
	Thus the organization provided a copy of this Form 550 to an intempers of its governing body before ining the form	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line a or b, 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		No
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	200		
	organization's exempt status with respect to such arrangements?	16b		Νο
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ►NM			
18	Section 6104 requires an organization to make its Form 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. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of th	ie orga	nızatıor	ı <b>F</b>
	Scientific Assoc Mgmt 2019 GALISTEO STREET BLDG I			

## 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. Report compensation for the calendar year ending with or within the organization's tax year. 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 all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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 r	not compens	ate any	curr	ent	or fo	rmer o	ffıc e	r, dırector, trustee o	or key employee		
<b>(A)</b> Name and Title	(B) Average hours	<b>(C)</b> Position (check all that apply)						(D) Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
Susan Weintraub TX Health Sci VP for Programs	2 00	х		х				0	0	0	
Scott A McLuckey Purdue Univ President	5 00	х		х				0	0	0	
Robert Cody JOEL USA Inc VP Arrangements	2 00	х		х				0	0	0	
Richard Vachet Univ Mass MEMBER AT LARGE	2 00	х						0	0	0	
Lucinda Cohen Merck Research Treasurer	2 00	х		Х				0	0	0	
Kristina Hakansson Secretary	2 00	х		х				0	0	0	
Judith A Sjoberg Exec Director	40 00	х						0	0	0	
John Engen Northeastern Univ Member at Large	2 00	х						0	0	0	
Gary L Glish Past President	2 00	х		х				0	0	0	
David Goodlett Univ Washing MEMBER AT LARGE	2 00	х						0	0	0	

Forr	n 990 (2009)			Page <b>8</b>
1b	Total			
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶0			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete <i>Schedule J for such individual</i>	3		No
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	4		No
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	5		Νο
S	ection 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			
	(A) Name and business address  (B) Description of services		<b>(C</b> Comper	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization \( \mathbb{P} \)0			
		F	orm <b>99</b> 0	(2009)

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
<u>\$</u> \$	1a	Federated cam	paigns 1a					
Contributions, gifts, grants and other similar amounts	b	Membership du	es <b>1b</b>					
ొ≝	c	Fundraising eve	ents 1c					
≝∺	d	Related organiz	rations 1d					
<u>~</u>	e	Government grants						
음·놀	f	All other contribution	ons, gifts, grants, and <b>1f</b>	85,500				
重量	'	sımılar amounts no	ot included above					
皇吉	g		butions included in					
<u> </u>	h			▶	85,500			
O m	⊢"-	Total: Add filles	5 Id-11		,			
e E	_			Business Code				
Æ	2a	SANIBEL/ASILOMAF	CONF		97,445	97,445		
Program Service Revenue	Ь	PUBLICATIONS			293	293		
956	C	Membership Dues	& Assessments		1,177,442	1,177,442		
泵	d	FALL WORKSHOP			47,845	47,845		
É	e	ANNUAL CONFEREI	NCE		1,319,444	1,319,444		
Ž G	f	All other progra	am service revenue					
ξ	g	Total. Add lines	s 2a-2f		2,642,469			
	3		ome (including dividen		2,012,103			
			ar amounts)	·	98,889			98,889
	4		stment of tax-exempt bond		0			
	5	Royalties			0			
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	Ь	Less rental expenses						
	c	Rental income						
	d	or (loss)	me or (loss)	▶	0			
	<u> </u>	Net rental incol	(i) Securities	(II) O ther	-			
	7a	Gross amount	1,286,661	(ii) o thei				
		from sales of assets other						
	١.	than inventory Less cost or	1,305,014					
	Ь	other basis and	1,303,014					
	<sub>c</sub>	sales expenses Gain or (loss)	-18,353					
	d		s)		-18,353			-18,353
	8a		rom fundraising					
<u> </u>		events (not ınc						
Other Revenue		\$	 s reported on line 1c)					
<u>~</u>		See Part IV, lin						
<u>.</u>			а					
ŧ	Ь		penses b					
0	С	Net income or (	(loss) from fundraising	events 🛌	0			
	9a	Gross income f See Part IV, lin	rom gaming activities					
		See Fait IV, IIII	a					
	ь	Less directex	penses b					
	c		(loss) from gaming acti	vities	0			
	10a	Gross sales of						
		returns and allo						
			а					
	b		oods sold b		_			
	С		(loss) from sales of inve		0			
		Miscellaneous	s Kevenue	Business Code				
	11a							
	b							
	C							
	d		ue					
	e	Total. Add lines	s 11a-11d		О			
	13	Take I ::	Can Inches	· ·				<del>                                     </del>
	12	iotal revenue.	See Instructions .		2,808,505	2,642,469		80,536

### 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).									
			(B), (C), and	(D).	(D)				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to governments and organizations								
	in the U.S. See Part IV, line 21	50,000	50,000						
2	Grants and other assistance to individuals in the								
	U S See Part IV, line 22	77,305	77,305						
3	Grants and other assistance to governments,	·	,						
	organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0							
4	Benefits paid to or for members	0							
5	Compensation of current officers, directors, trustees, and key employees	0							
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0							
7	Other salaries and wages	0							
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0							
9	Other employee benefits	0							
		0							
10	Payroll taxes								
11	Fees for services (non-employees)								
a	Management	434,017	226,008	208,009					
Ь	Legal	0							
c	Accounting	6,565		6,565					
d	Lobbying	0							
е	Professional fundraising See Part IV, line 17	0							
f	Investment management fees	19,871		19,871					
g	Other	54,820	54,820						
12	Advertising and promotion	0							
13	Office expenses	30,547	29,269	1,278					
14	Information technology	244,334	153,843	90,491					
15	Royalties	0							
16	Occupancy	77,729	76,414	1,315					
17	Travel	45,448	45,448						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0							
19	Conferences, conventions, and meetings	113,594	37,903	75,691					
20	Interest	0							
21	Payments to affiliates	0							
22	Depreciation, depletion, and amortization	16,820	16,820						
23	Insurance	6,358		6,358					
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)								
а	Printing and Publications	261,733	261,234	499					
b	DECORATING & History Exhibit	203,810	203,810						
С	Credit Card Processing Fees	90,941	69,098	21,843					
d	CATERING AND SOCIAL	609,188	609,188						
е	Audio Visual	303,326	303,326						
f	All other expenses	70,736	64,192	6,544					
25	Total functional expenses. Add lines 1 through 24f	2,717,142	2,278,678	438,464	0				
26	Joint costs. Check here F 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								

Part X Balance Sheet (A) (B) Beginning of year End of year 862.562 911.039 1 1 Cash—non-interest-bearing . . . . . . . . . . . . 2 0 2 3 0 3 4 4 0 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 0 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 0 6 0 Notes and loans receivable, net . . . . . 7 8 0 Inventories for sale or use . . . . . . 3.000 9 3,000 Land, buildings, and equipment cost or other basis Complete 220.483 10a 10a Part VI of Schedule D 10b 116,677 103.806 b Less accumulated depreciation . . . . 120,626 **10c** 2,802,887 11 3.394.831 11 12 0 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 13 0 13 Investments—program-related See Part IV, line 11 . . 14 14 0 118.189 77.563 15 15 16 3,907,264 16 4,490,239 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 10.638 17 8.950 17 Accounts payable and accrued expenses . 18 18 627,509 19 493,482 19 20 20 Liabilities 21 Escrow or custodial 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 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 25 Other liabilities Complete Part X of Schedule D . . . . . 25 26 **Total liabilities.** Add lines 17 through 25 . . . . . 638,147 26 502,432 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 3.208.871 3.928.728 27 Unrestricted net assets . . . . 27 28 18.000 28 22.000 Temporarily restricted net assets . . . . . Fund 42.246 37.079 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ Total net assets or fund balances . . . . . 33 3,269,117 33 3,987,807 34 Total liabilities and net assets/fund balances . . . . . 3.907.264 4,490,239 34

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		No
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		No

Form **990** (2009)

OMB No 1545-0047

Inspection

#### **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

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

**Public Charity Status and Public Support** 

American Society for Mass Spectrometry

Attach to Form 990 or Form 990-EZ. See separate instructions. **Employer identification number** 

23-7050068

Pai	rt I	Reas	on for Pul	olic Charity Stat	us (All orga	anızatıons r	nust comple	ete this par	t.) See ınst	ructions	
The c	rganı			foundation because							
1	$\Gamma$	A churc	h, conventio	on of churches, or as	sociation of d	hurches <b>se</b>	ction 170(b)(	1)(A)(i).			
2	$\Gamma$	A schoo	ol described	ın section 170(b)(1)	)( <b>A</b> )(ii). (Atta	ach Schedule	∍ E )				
3	Γ	A hospi	tal or a coop	erative hospital serv	vice organiza	ition describ	ed in <b>section</b>	170(b)(1)(A	)(iii).		
4	Γ			organization operate y, and state	ed in conjunc	tion with a h	ospital descri	bed in <b>sectio</b>	on 170(b)(1)(	( <b>A)(iii).</b> Ente	r the
5 6 7 8 9		A n orga describ section A n orga A n orga	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)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)  A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)  An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross								
10 11	Г Г	its suppacture An orga An orga one or r the box	oort from gro d by the organization organization organization organization	ties related to its ex ss investment incom anization after June 3 anized and operated anized and operated y supported organiza bes the type of supported	ne and unrela 30, 1975 Se exclusively t exclusively f tions describ orting organiz	ted business e section 50 to test for pu for the benefi oed in section eation and co	s taxable inco <b>9(a)(2).</b> (Cor blic safety S it of, to perfor in 509(a)(1) o	ome (less semplete Part I ee <b>section 50</b> om the function or section 50 11e through	ction 511 tax II ) <b>09(a)(4).</b> ons of, or to c 9(a)(2) See	() from busin	esses purposes of a)(3). Check
e f g	Γ	other th section If the o check t Since A followin	nan foundation 509(a)(2) rganization r his box ugust 17, 2 g persons?	x, I certify that the con managers and other eceived a written decoder, has the organized	organization i er than one o termination fi zation accept	s not control or more public from the IRS ed any gift o	lled directly o cly supported that it is a Ty r contribution	or indirectly be lorganization or ganization or ganization or ganization of the control of the c	ns described I or Type III the	in section 50	09(a)(1) or
		and (III)	below, the g	overning body of the	the support	ed organizati	ion?			11g(i)	
		(ii) a fa	mily membe	r of a person describ	ed ın (ı) abov	/e?				11g(ii)	
		(iii) a 3	5% controll	ed entity of a person	described in	ı (ı) or (ıı) abı	ove?			11g(iii)	
h		Provide	the followin	g information about t	the supported	d organizatio	n(s)				
9	(i) Name Suppo Ganiz	e of (ii) (described on rted EIN lines 1-9 above ation or IRC section		organızatı col (ı) lıst your gove	(iv)  Is the organization in col (i) listed in your governing document?		ify the on in your t?	(vi) Is the organizati col (i) orga	on in anized	(vii) A mount of support?	
				(see instructions))	Yes	No	Yes	No	Yes	No	
Total											

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b)</b> 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) <b>Dublic Support</b> Subtract line F from						
6	<b>Public Support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b</b> ) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV ) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and <b>stop here</b>						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
<b>_</b>	and <b>stop here.</b> The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	<b>▶</b> □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and <b>stop here.</b> The organization				,		▶
17a	10%-facts-and-circumstances test-	<b>-2009.</b> If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						<b>▶</b> ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

**▶**□

#### Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,110,747	1,151,232	1,179,192	1,255,740	1,262,942	5,959,85
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	1,436,316	1,369,490	1,451,686	1,575,188	1,465,027	7,297,70
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	<b>Total.</b> Add lines 1 through 5	2,547,063	2,520,722	2,630,878	2,830,928	2,727,969	13,257,56
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons	153,500	116,000	111,000	75,000	72,500	528,00
b	A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b	153,500	116,000	111,000	75,000	72,500	528,00
8	Public Support (Subtract line 7c from line 6)						12,729,56
	ction B. Total Support						
	in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
9	A mounts from line 6	2,547,063	2,520,722	2,630,878	2,830,928	2,727,969	13,257,56
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	107,693	134,469	161,626	129,347	98,889	632,02
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	107,693	134,469	161,626	129,347	98,889	632,02
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,						13,889,58
14	11 and 12)  First Five Years If the Form 990 is check this box and stop here	for the organizatio	n's first, second,	thırd, fourth, or f	ifth tax year as a	501(c)(3) organ	ization,
6-	ction C Computation of Dub	lic Sunnert De	rcantage				
<u>5e</u>	ction C. Computation of Pub Public Support Percentage for 2009			13 column (f))		15	91 650 %
16	Public support percentage from 200		-	(1)		16	91 230 %
Se	ction D. Computation of Inv						
17	Investment income percentage for	•			(f))	17	4 550 %
18	Investment income percentage from	n <b>2008</b> Schedule A	Part III, line 1	7		10	4 800 W

19a 33 1/3% support tests—2009. 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

33 1/3% support tests—2008. 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

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

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

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DLN: 93493300016800

OMB No 1545-0047

**Supplemental Financial Statements** 

Department of the Treasury Internal Revenue Service

**SCHEDULE D** (Form 990)

> ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	of the organization an Society for Mass Spectrometry		Emp	loyer identificat	tion numbe	er
THETTE	an society for Plass spectrometry		23-7	050068		
Part	Organizations Maintaining Donor Acorganization answered "Yes" to Form 99		unds	or Accounts.	. Comple	te ıf the
		(a) Donor advised funds	(	<b>b)</b> Funds and ot	ther accou	nts
Т	otal number at end of year					
Α	ggregate contributions to (during year)					
Α	ggregate grants from (durıng year)					
Α	ggregate value at end of year					
	old the organization inform all donors and donor advi unds are the organization's property, subject to the		or advı	sed	☐ Yes	┌ No
u c	old the organization inform all grantees, donors, and sed only for charitable purposes and not for the ben onferring impermissible private benefit	efit of the donor or donor advisor, or for ar	ny othe	r purpose	☐ Yes	∏ No
art	<b>III</b> Conservation Easements. Complete	<u>if the organization answered "Yes" t</u>	o Forn	n 990, Part IV	<u>, lıne 7.</u>	
Г Г С	urpose(s) of conservation easements held by the oi Preservation of land for public use (e g , recreati Protection of natural habitat Preservation of open space complete lines 2a-2d if the organization held a qualication to the last day of the tax year	on or pleasure) Preservation of an Preservation of a c	certified	d historic struct		a
٠	asement on the last day of the tax year			Held at the	End of the	Vear
a ⊺	otal number of conservation easements		2a	ricid at the	Liid Oi tiid	ICai
_	otal acreage restricted by conservation easements		2b			
	umber of conservation easements on a certified his		2c			
_	umber of conservation easements included in (c) a	, ,	2d			
		· · · · · · · · · · · · · · · · · · ·				
	umber of conservation easements modified, transfenter taxable year -	rrea, releasea, extinguisnea, or terminate	a by th	e organization o	auring	
N	umber of states where property subject to conserva	ation easement is located 🟲				
	oes the organization have a written policy regarding nforcement of the conservation easements it holds?	· · · · · · · · · · · · · · · · · · ·	dling of	violations, and	☐ Yes	┌ No
S	taff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	nents du	uring the year 🕨	-	
А	mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	s during	the year ► \$ _		
	oes each conservation easement reported on line 2 70(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion		☐ Yes	┌ No
b	n Part XIV, describe how the organization reports co alance sheet, and include, if applicable, the text of t he organization's accounting for conservation easen	he footnote to the organization's financial				
art I		ns of Art, Historical Treasures,	or Otl	ner Similar A	Assets.	
— а	f the organization elected, as permitted under SFAS rt, historical treasures, or other similar assets held rovide, in Part XIV, the text of the footnote to its fin	116, not to report in its revenue stateme for public exhibition, education or research	ch in fu			е,
_ h	f the organization elected, as permitted under SFAS istorical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research i				
(	i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
(	ii) Assets included in Form 990, Part X			<b>F</b> \$_		
I	f the organization received or held works of art, histo ollowing amounts required to be reported under SFA		or finan	cial gain, provid	e the	
a <sub>R</sub>	evenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
	, , – –					

**b** Assets included in Form 990, Part X

3	Using the organization's accession and othe						•				(COITEII	<u>rueu)</u>
_	items (check all that apply)		a	_	Loon	orayah	ange prog	ra me				
а	Public exhibition		u	<u>'</u> _			alige prog	Iaiiis				
b	Scholarly research		e	ı	Othe	-						
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and expla	aın hov	v the	y furthe	er the o	rganızatıoı	n's ex	empt purpose	ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ılar	┌ Yes	<b>.</b> Г	No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	<b>ements.</b> Compl	ete ıf	the	organ	ızatıon			es" to Form	990,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						r other ass	sets r	not	┌ Yes	. Г	No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ing t	able		Г		A	mount		
c	Beginning balance						-	1c				
d	Additions during the year					ŀ	1d					
	,						ŀ					
e f	Distributions during the year						}	1e				
.'	Ending balance						L	<b>1</b> f				
2a	Did the organization include an amount on Fo		ie 217							☐ Yes	<b>5</b>	No
	If "Yes," explain the arrangement in Part XIV				1 113/-	-"		D	t T) / lune 10			
Рa	rt V Endowment Funds. Complete	(a)Current Year		were Prior			Years Back		<u>t IV, IINE 10</u> Three Years Back		ır Years	Back
1a	Beginning of year balance	(a)carrent rear	(5)	11101	rcar	(C)IWC	7 Tears back	1(4)	THICE TEATS BACK	(6)	ii icais	Dack
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities											
_	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨	%										
ь	Permanent endowment > %											
c	Term endowment ► %											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation 1	hat a	are held	d and a	dministere	d for	the			
	organization by									Y	es N	lo
	(i) unrelated organizations								3a	(i)		
	(ii) related organizations								3a	(ii)		
b	If "Yes" to 3a(II), are the related organizatio									ВЬ		
4	Describe in Part XIV the intended uses of th											
Par	t VI Investments—Land, Buildings	s, and Equipme	ent. S	<u>ee F</u>	orm 9	90, Pa	<u>rt X, lıne</u> I	10.	Ι			
	Description of investment				) Cost o		(b)Cost or basis (oth		(c) Accumulate depreciation		) Book	value
1a	Land											
b	Buildings											
c	Leasehold improvements											
d	Equipment											
	Other						22	0,483	116,	677	10	03,806

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	<b>*</b>	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,  (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part	Ine 15.  Iption  15.)  X, line 25.	
Part IX Other Assets. See Form 990, Part X,  (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	15.)  X, line 25.  (b) A mount	

Schedule D (Form 990) 2009

Total revenue (Form 990, Part VIII, column (A), line 12)  Total expenses (Form 990, Part IX, column (A), line 25)  Excess or (deficit) for the year Subtract line 2 from line 1	2	2,808,505
	2	
3 Excess or (deficit) for the year Subtract line 2 from line 1		2,717,142
F	3	91,363
4 Net unrealized gains (losses) on investments	4	627,327
5 Donated services and use of facilities	5	
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	627,327
	10	718,690
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Ret	 turn
1 Total revenue, gains, and other support per audited financial statements	1	3,435,832
A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIV) 2d		
e Add lines <b>2a</b> through <b>2d</b>	2e	627,327
3 Subtract line <b>2e</b> from line <b>1</b>	3	2,808,505
4 A mounts 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 <b>4a</b> and <b>4b</b>	4с	
	5	2,808,505
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p	per R	
Total expenses and losses per audited financial statements	1	2,717,142
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	-	
a Donated services and use of facilities		
b Prior year adjustments 2b		
c Other losses		
d Other (Describe in Part XIV) 2d		
	2e	
	3	2,717,142
4 A mounts 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		
	4c	
	5	2,717,142

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 XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I (Form 990)

Garcia1 Nassau Hall

Princeton, NJ 08544

Grants and Other Assistance to Organizations, Governments and Individuals in the United States OMB No 1545-0047

A ward

2009

DLN: 93493300016800

	•	over illicites ai	ia iriaiviaaais ii	ii tiic Oilitea O	tates			
Department of the Treasury Internal Revenue Service  Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.  Attach to Form 990							Open to Public Inspection	
Name of the organization						Employer identifi	cation number	
American Society for Mass Spe	ctrometry					23-7050068		
Part I General Infor	mation on Grants	and Assistance				·		
<ul><li>Does the organization mathe selection criteria use</li><li>Describe in Part IV the organization</li></ul>	d to award the grants o	rassistance?		·	-	•	∀Yes ୮ı	
Form 990, Part i	IV, line 21 for any re	Governments and ecipient that received ) if additional space i	l more than \$5,000.	Check this box if n		ved more than \$5,0	00. Use	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
Purdue University-Zheng Ouyang101 N Grant Street West Lafayette, IN 47906	356002041		25,000	0			Scientific Research Award	
Princeton Univ. Reniamin a	210634501		35,000	0			Scientific Becarren	

Enter total	number	ofsectio	n 501(	(c)(3)	and	gov	ernr	nent	or	ganı	zat	ions
Enter total	number	of other o	organiz	ations								

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

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Undergraduate Poster A wards	3	525			
Student Assistance Awards	183	59,780			
Ron Hites Award	1	2,000			
Distinguished Contribution Award	2	10,000			
Biemann Award	1	5,000			

Ident if ier	Return Reference	Explanation				
Grantmaker's Description of How Grants are Used		ASMS research award grants are payable to the grantee's college or university on behalf of the grantee ASMS requires a statement from the institution waiving any overhead charges against the grant. The grant is disbursed by the grantee within one year for the purposes provided in the grantee's proposal. Any change in the proposed use of funds must be approved by ASMS.				

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493300016800

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** American Society for Mass Spectrometry 23-7050068 **Excess Benefit Transactions** (section 501(c)(3) and section 501 (c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person (b) Description of transaction 1 Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . . . . Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) (b) Loan to (e) In Approved (g)Written or from the (a) Name of interested person and (c)Original (d)Balance due default? by board or agreement? organization? principal amount purpose committee? From Yes Tο Yes No Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization **Business Transactions Involving Interested Persons.** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(b) Relationship

between interested

person and the

organization

Exec Dir ASMS

(a) Name of interested person

Scientific Association Mgmt

(c) A mount of

transaction

(d) Description of transaction

434,017 Management Services

(e) Sharing of

organization's

revenues?

No

Νo

#### CESS

**SCHEDULE 0** 

Department of the Treasury Internal Revenue Service

(Form 990)

### **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization American Society for Mass Spectrometry **Employer identification number** 

23-7050068

ldentifier	Return Reference	Explanation					
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	ASMS makes its governing documents, conflict of interest policy, and financial statements availabe to the public by email or fax upon request					
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	ASMS contracts a management company to provide administrative services under the direction of the Board of Directors. The management contract is subject to renew all every five years. The renew all is reviewed and approved by vote of the ASMS Board of Directors. A representative of the management company holds the title of Executive Director, however, this person receives no direct compensation from ASMS. The salary and benefits for the Executive Director are paid by the management company. Line 15 B is not applicable.					
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	ASMS avoids even the appearance of impropriety with regard to conflict of interest. If a situation arises in which an ASMS Board member is affiliated with individuals and businesses that provide goods and services to ASMS or is involved some other potential conflict of interest, the following procedures apply it is the responsibility of the Board Member to 1 Identify the potential conflict of interest 2 Not participate in discussion of the program or motion being considered 3 Not vote on the issue it is the responsibility of the Board to 1 Only decide to hire or contract with the Board member if they are the best qualified individuals available, and willing to provide the goods or services needed at the best price 2 Record in the minutes of the Board Meeting the potential conflict of interest, and the use of the procedures and criteria of this policy					
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	The ASMS 990 documents are completed by a CPA at the conclusion of a detailed annual audit of the organization's financial records. The full audit is circulated to the ASMS Board of Directors and it is reviewed at their August meeting. The Form 990 is reviewed by the President, Treasurer, Executive Director and the organization's bookkeeper. It is signed by the Treasurer. The organization also has an independent audit committee of three people who have previously served as Treasurer of the organization. They meet every even numbered year to review the past two year's audits.					
Form 990, Part VI, Line 8	Form 990, Part VI, Line 8 Explanation of No Contemporaneously Documentation of Meetings	Line 8b There are no committee's with authority to act on behalf of the governing body					
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 PUBLICATIONS - JOURNAL OF THE AMERICAN SOCIETY FOR MASS SPECTROMETRY, PUBLISHED MONTHLY, SENT TO ALL MEMBERS, PEER-REVIEWED SCIENTIFIC RESEARCH PAPERS PUBLICATION OF CLASSIC OUT OF PRINT BOOKS IN THE AREA OF MASS SPECTROMETRY FOR HISTORICAL AND EDUCATIONAL PURPOSES OTHER PROGRAM SERVICES 5 SANIBEL CONFERENCE - CONDUCTED ANNUALLY IN JANUARY, FORUM FOR THE EXCHANGE OF HIGHLY SPECIALIZED RESEARCH, APPROXIMATELY 100 PARTICIPANTS					
	Client Note1	FORM 990, PAGE 10, PART IX, STATEMENT OF FUNCTIONAL EXPENSES, LINE 24F, ALL OTHER EXPENSESMISCELLANEOUS \$20,382ONSITE TRANSPORTATION 25,203POSTAGE AND SHIPPING 23,232TELEPHONE AND FACSIMILE 1,919TOTAL \$70,736 =======					

#### **Additional Data**

Software ID: Software Version:

**EIN:** 23-7050068

Name: American Society for Mass Spectrometry

#### Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
SANIBEL/ASILOMAR CONF		97,445	97,445		
PUBLICATIONS		293	293		
Membership Dues & Assessments		1,177,442	1,177,442		
FALL WORKSHOP		47,845	47,845		
ANNUAL CONFERENCE		1,319,444	1,319,444		

#### Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Printing and Publications	261,733	261,234	499	
DECORATING & History Exhibit	203,810	203,810		
Credit Card Processing Fees	90,941	69,098	21,843	
CATERING AND SOCIAL	609,188	609,188		
Audio Visual	303,326	303,326		