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# Form **990**

ENVELOPE NOV 1 5 2010

**Return of Organization Exempt From Income Tax** 

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Form **990** (2009)

Α	For the	e 2009 calendar year, or tax year beginning and ending	<u> </u>						
В	Check if applicable	Please Use IRS C Name of organization	D Employer identifi	cation number					
	Addre	ss label or many AMEDICANI GOGILIMINI DOD CRITI DIOLOGI							
	Name chang	Doing Business As	39-6	054285					
	Initial return		Suite E Telephone numbe	r					
	Termir			347-9300					
	Ameno	ded tions	G Gross receipts \$	21,796,586.					
	Applic	BETHESDA, MD 20814-2762	H(a) Is this a group re	eturn					
	pendir	F Name and address of principal officer JOAN GOLDBERG	for affiliates?	1					
		8120 WOODMONT AVE, BETHESDA, MD 20814	H(b) Are all affiliates ind	luded? Yes No					
ī	Tax-exe	empt status X 501(c) ( 3	If "No," attach a	list. (see instructions)					
J	Websit	te: ► WWW.ASCB.ORG	H(c) Group exemptio						
K	Form of	organization: X Corporation	Year of formation 1961 N	A State of legal domicile MD					
P	art I	Summary							
	1	Briefly describe the organization's mission or most significant activities THE SOCI	ETY'S PURPOSE	IS TO					
Governance		PROMOTE AND DEVELOP THE FIELD OF CELL BIOLOG	SY.						
ř	2	Check this box  if the organization discontinued its operations or disposed of	more than 25% of its net as	ssets.					
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3	17					
ပ «ဗ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17					
es	5	Total number of employees (Part V, line 2a)	5	28					
ξ	6	Total number of volunteers (estimate if necessary)	6	200					
Activities &	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	127,966.					
_		Net unrelated business taxable income from Form 990-T, line 34	7b	-68,364.					
			Prior Year	Current Year					
<u>a</u>	8	Contributions and grants (Part VIII, line 1h)	1,236,216.	1,264,419.					
enc	9	Program service revenue (Part VIII, line 2g)	4,550,704.	4,395,158.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-981,765.	-571,769.					
g u	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	493,157.	256,314.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,298,312.	5,344,122.					
,	13	Grants and similar amounts p <del>aid (Part IX, column (</del> A), lines 1-3)	420,376.	275,452.					
	14	Benefits paid to or for members (Part R. Country A), Inc. 4							
es	15	Salaries, other compensation employee benefits (Par-1), column (A), lines 5-10)	2,212,442.	2,238,014.					
Expenses	16a	Professional fundraising fees (At IX, column (A), line 11e)							
jě	b	Total fundraising expenses (Pat IX, William 1) 9 in Pro 31,563.							
<u>ź</u> ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,895,013.	3,495,742.					
,		Total expenses. Add lines 18-17 (must equal Part IX, column (4) line 25)	6,527,831.	6,009,208.					
	19	Revenue less expenses Subtract line 18 from 112	-1,229,519.	-665,086.					
	<u> </u>		Beginning of Current Year	End of Year					
sset	20	Total assets (Part X, line 16)	7,241,060.						
Net Assets	21	Total liabilities (Part X, line 26)	1,779,062.	1,937,396.					
칠	22	Net assets or fund balances Subtract line 21 from line 20	5,461,998.	5,872,261.					
L	art II	Signature Block							
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statem and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any know	ledge	ge and belief, it is true, correct,					
		NAM Maldhe.	برارين ا	<u>.</u>					
Sig		Signature of officer	Date Date	<u>.                                    </u>					
He	re	1' "()	Date	•					
		JOAN GOLDBERG, EXECUTIVE DIRECTOR Type or print name and title	<del> </del>	<del></del>					
_		I Data	Check if Prepar	er's identifying number					
Pa	id	Preparer's signature Color CAA 1/1/11/10	self- (see in:	structions)					
Pro	eparer's	Firm's name (or LARSONALLEN LLP	employed > []	<del></del>					
Us	e Only	yours if self-employed). 2900 SOUTH QUINCY_ST,—SU-TE-1-50—	EIN ►	<u> </u>					
		ZIP +4  ARLINGTON, VA 22206	Dhana na 🕨 7	03-998-5100					
-	+b = 11		Priorie no.						
IVI	ıy me li	RS discuss this return with the preparer shown above? (see instructions)		X Yes No					

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Par	Till Statement of Program Service Accomplishments
1	Briefly describe the organization's mission SEE SCHEDULE O FOR CONTINUATION -ASCB IS AN INCLUSIVE, INTERNATIONAL COMMUNITY OF BIOLOGISTS STUDYING
	THE CELL, THE FUNDAMENTAL UNIT OF LIFE. WE ARE DEDICATED TO ADVANCING
	SCIENTIFIC DISCOVERY, ADVOCATING SOUND RESEARCH POLICIES, IMPROVING
	EDUCATION, PROMOTING PROFESSIONAL DEVELOPMENT, AND INCREASING
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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 X No
Ū	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
7	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.
	SEE SCHEDULE O FOR CONTINUATION(S)
4a	. 1 751 245
-	ANNUAL AND SUMMER MEETINGS: THE ANNUAL SCIENTIFIC MEETING TRADITIONALLY
	IS HELD FOR SEVERAL DAYS IN THE LATE FALL/EARLY WINTER AND IS ATTENDED
	BY ABOUT 10,000 PEOPLE. IT INCLUDES SCIENTIFIC SYMPOSIA SUMMARIZING
	RECENT ADVANCES IN CELL BIOLOGY, AND PRESENTATION OF OVER 3,000
-	SCIENTIFIC RESEARCH FINDINGS. THE ABSTRACTS OF SCIENTIFIC PRESENTATIONS
	FROM THE ANNUAL MEETING ARE PUBLISHED ANNUALLY BY THE SOCIETY. THE
	MEETING ALSO FEATURES COMMERCIAL EXHIBITS OF PRODUCTS AND SERVICES FOR
	SCIENTISTS WORKING IN THE FIELD OF EXPERIMENTAL BIOLOGY. THE EXHIBITS
	INCLUDE SCIENTIFIC INSTRUMENTS, LABORATORY EQUIPMENT, CHEMICALS, AND
	PUBLICATIONS. THE ANNUAL MEETING ALSO FEATURES EXTENSIVE EDUCATION,
	CAREER, PUBLIC POLICY, AND SESSIONS OF SPECIAL INTEREST TO
	UNDERREPRESENTED MINORITIES AND WOMEN. THE ASCB ALSO HOSTED SMALL
4b	277 011
710	MEMBERSHIP SERVICES: SINCE ITS FOUNDING IN 1960, THE ASCB HAS GROWN TO
	APPROXIMATELY 10,000 MEMBERS IN THE UNITED STATES AND MORE THAN 65
	COUNTRIES AROUND THE WORLD. ABOUT 25% OF ACSB MEMBERS ARE
	INTERNATIONAL. CURRENT MEMBERS COME FROM UNIVERSITIES, COLLEGES,
	MEDICAL SCHOOLS, GOVERNMENT, INDUSTRY, AND PUBLIC AND PRIVATE RESEARCH
	INSTITUTIONS.
	MEMBERSHIP IN THE ASCB IS OPEN TO ALL RESEARCH SCIENTISTS, STUDENTS,
	EDUCATORS (HIGH SCHOOL, UNDERGRADUATE, AND GRADUATE LEVEL), AND
	TECHNICIANS WHO HAVE EDUCATION OR RESEARCH EXPERIENCE IN CELL BIOLOGY
	OR AN ALLIED FIELD.
4c	(Code ) (Expenses \$ 811,560. including grants of \$ 152,081.) (Revenue \$
	COMMITTEES: THE SOCIETY ORGANIZES COMMITTEES TO BRING INDIVIDUALS
	TOGETHER TO DISCUSS GOALS AND PROGRAMS, AND IMPLEMENT PROGRAMS TO
	BENEFIT THE CELL BIOLOGY COMMUNITY AND THE PUBLIC. THE SOCIETY'S ACTIVE
	COMMITTEES ARE AS FOLLOWS: EDUCATION, FINANCE & AUDIT, INTERNATIONAL
	AFFAIRS, MINORITY AFFAIRS, PROGRAM, PUBLIC INFORMATION, PUBLIC POLICY,
	AND WOMEN IN CELL BIOLOGY. FOR MORE DETAILS ON THESE COMMITTEES PLEASE
	SEE THE ASCB WEBSITE: WWW.ASCB.ORG/COMMITTEES/COMMITTEES.HTML.
4d	Other program services (Describe in Schedule O)
	(Expenses \$ 1,879,159. including grants of \$ 119-,-402) (Revenue \$ 1,219,190-)
4e	Total program service expenses ▶ \$ 4,818,975.

Part IV Checklist of Required Schedules

			res	NO
1	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Х	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any 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		_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	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			,,,
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?		3.7	
	If "Yes," complete Schedule D, Part V	10	X	<u> </u>
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		v	
_	as applicable	11	Х	<u> </u>
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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	Х	L
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			<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			х
45	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<del>  ^</del> _
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	45		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		<del>                                     </del>
10	located outside the United States? If "Yes," complete Schedule F, Part III	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	''		<del></del>
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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	L-	X
20_	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	000	Х
		Form	990 (	2009)

Part IV Checklist of Required Schedules (continued)

			163	140
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	] ,	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	21	Λ	
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	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 lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			7.7
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	230		
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			<del></del>
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		Х
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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			1,7
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			х
20	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
-	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 (	2009)

			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 35								
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1							
	(gambling) winnings to prize winners?	1c	X						
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 28	ŀ							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	За	Х						
b	b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O								
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		Х					
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	İ							
	Financial Accounts								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited								
	Tax Shelter Transaction?	5c							
6a	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		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			37					
	provided to the payor?	7a		X					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v					
	to file Form 8282?	7c		X					
	If "Yes," indicate the number of Forms 8282 filed during the year	-							
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	٦.		Х					
	benefit contract?	7e 7f		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			X					
g h		7g 7h		X					
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the	<del>/"</del>							
J	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings								
	at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>							
a	Did the organization make any taxable distributions under section 4966?	9a		,					
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1							
11	Section 501(c)(12) organizations. Enter	1							
а	Gross income from members or shareholders	1							
b	Gross income from other sources (Do not net amounts due or paid to other sources against	]							
	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		L					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b								
		Form	990	(2009)					

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

360	tion A. Governing Body and Management		r	
		,	Yes	No
_	Enter the number of voting members of the governing body  1a 17			
b	Enter the number of voting members that are independent  1b 17	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			7.7
_	officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v
	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	37	
6	Does the organization have members or stockholders?	6	Х	<u> </u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	l _	\ <b>.</b>	
	governing body?	7a	X	
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Λ	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following		v	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Α.	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			3.7
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
40	Described and the standard of	<u> </u>	Yes	No X
	Does the organization have local chapters, branches, or affiliates?	10a	<b></b> -	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	401		
	and branches to ensure their operations are consistent with those of the organization?	10b	Х	<u> </u>
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		Х	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	^	
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	120	х	
12		12c	X	
13	Does the organization have a written document retention and doctrication policy?	14	X	
14	Does the organization have a written document retention and destruction policy?	14		
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?	450	х	
a L	The organization's CEO, Executive Director, or top management official	15a	X	
D	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	15b	47	_
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
···a	taxable entity during the year?	16a		Х
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	100		-
U	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		
Sec	tion C. Disclosure	1 100	L	
17	List the states with which a copy of this Form 990 is required to be filed ►MD , NY		_	
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	e for		
.5	public inspection. Indicate how you make these available. Check all that apply	. 101		
	Own website $X$ Another's website $X$ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ıncıal	
	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	ation 🕨	<b>_</b>	
	THE ORGANIZATION - 301-347-9300			
	8120 WOODMONT AVE, NO. 750, BETHESDA, MD 20814-2762			
		Lorm	000	20000

# 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. 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, 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 an	у си	ırren	t off	icer	, dire	ecto	r, or trustee		
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average		Position			Reportable	Reportable	Estimated		
	hours	(cl	(check all that ap		at apply)		compensation	compensation	amount of	
	per	ĕ						from	from related	other
	week	drec				2		the	organizations	compensation
		tee or	ustee			ensat	<u>'</u>	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		l trus	nal tr		loyee	E a		(***2/1033*****130)		and related
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
		ם	SE.	JJ0	Χe	포통	Ē			
PASCALE COSSART	1 00	,,							_	
DIRECTOR	1.00	Х	<u> </u>		_	$\vdash$	_	0.	0.	0.
THORU PEDERSON	1 4 00	١,,			l				0	
TREASURER	4.00	Х	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
ELIZABETH SZTUL	1 00	,,								
DIRECTOR	1.00	X	ļ	-	<u> </u>	<u> </u>	ļ	0.	0.	0.
FIONA M. WATT	1 00	v				•		0.	0.	_
DIRECTOR TIMOTHY J. MITCHISON	1.00	Х	_			<u> </u>	ļ	0.	0.	0.
PRESIDENT-ELECT	4.00	x	l					0.	0.	0.
SUSAN M. WICK	4.00	^	$\vdash$		-	├-		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	0.
DIRECTOR	1.00	X					l	0.	0.	0.
VIRGINIA A. ZAKIAN	1.00	<u> </u>	$\vdash$	$\vdash$	$\vdash$	╁╌	┢─		· · ·	
DIRECTOR	1.00	X			İ			0.	0.	0.
JEAN E. SCHWARZBAUER		Ť	H			$\vdash$				
SECRETARY	1.00	Х					l	0.	0.	0.
SUSAN K. DUTCHER										
DIRECTOR	1.00	X			ŀ			0.	0.	0.
SCOTT D. EMR										
DIRECTOR	1.00	X	l					0.	0.	0.
ROBERT D. GOLDMAN										
DIRECTOR	1.00	X			_			0.	0.	0.
SUSAN RAE WENTE		1			Ì				ļ	
DIRECTOR	1.00	X					<u> </u>	0.	0.	0.
HOLLY V. GOODSON		l	l					_	_	_
DIRECTOR	1.00	X	igspace					0.	0.	0.
KATHLEEN J. GREEN	1	l								
DIRECTOR	1.00	X	<u> </u>	L	<u> </u>	<u> </u>		0.	0.	0.
BRIGID HOGAN										
PRESIDENT	8.00	Х	↓_	_		↓_	L	0.	0.	0.
PAUL W. STERNBERG	1 00	,,								
DIRECTOR WATERWAY	10-0-	-X		二		丰	$\vdash$	0-	0.	0.
CLARE M. WATERMAN	1 1 00			1						_
DIRECTOR	1.00	X		1		1	<u> </u>	0.	0.	0.

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Part VII   Section A. Officers, Directors, Tru		nple	oyee			Hıgh	est		ees (continued) (E)	<del></del>			
(A)	(B) (C)							(D)			F)		
Name and title	Average hours	(c		Posi all t			lv)	Reportable Reportable compensation compensation				nate unt c	
	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee	<u> </u>	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC		ot compe	her ensat n the ization	ion e on ed
JOAN GOLDBERG EXECUTIVE DIRECTOR	37.50			х				259,490.		0.	18	, 37	70.
WILLIAM LEADER DIRECTOR OF PUBLICATIONS	37.50	_	_			х		101,070.		0.			0.
EDWARD NEWMAN DIRECTOR OF EXHIBITS AND	37.50		_			х		102,064.		0.			0.
1b Total						<b>&gt;</b>		462,624.	<del> </del>	0.	18	, 37	70.
<ul> <li>Total number of individuals (including but n</li> <li>compensation from the organization</li> </ul>	ot limited to th	iose	e liste	ed al	bov	e) wi	no r	eceived more than \$100	,000 in reportable				3
compensation from the organization											Y	es	No
3 Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s			e, ke	у еп	olqr	yee,	or h	nighest compensated ei	nployee on		3		Х
4 For any individual listed on line 1a, is the su and related organizations greater than \$15	•							•	the organization		4	x	
5 Did any person listed on line 1a receive or a	accrue compe	nsat	tion						ices rendered to				
the organization? If "Yes," complete Sched Section B. Independent Contractors	ule J for such	pers	son								5		X
Complete this table for your five highest contained the organization	mpensated in	dep	ende	ent c	ont	racto	ors 1	that received more than	\$100,000 of comp	ensa	ition fro	m	
(A) Name and business	address					·		(B) Description of s	ervices	Cc	(C) empens	atıor	
					_								
			_										
					••								-
2 Total number of independent contractors ( \$100,000 in compensation from the organi	_	not-l	ımıte	ed-to		se-li 3	sted	d'above) who received r	nore than				
Crosposo in compensation from the Organi		_						<del> </del>	<u> </u>	F	orm <b>9</b>	<b>90</b> (2	(009)

D--+1V/201

#### 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).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> 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	275,452.	275,452.		
3	Grants and other assistance to governments,				<u> </u>
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				-
4	Benefits paid to or for members		·		
5	Compensation of current officers, directors,				
	trustees, and key employees	300,552.	166,096.	125,634.	8,822
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			ł	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,449,348.	1,165,378.	270,651.	13,319
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	144,385.	117,674.	26,711.	
9	Other employee benefits	228,131.	185,927.	42,204.	
0	Payroll taxes	115,598.	94,213.	21,385.	
1	Fees for services (non-employees)				·
а	Management				
b	Legal	12,713.	10,350.	2,363.	
С	Accounting	140,516.	1,240.	139,276.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	38,040.	-52.	38,092.	
9	Other				
12	Advertising and promotion	107,820.	104,854.		2,966. 2,283.
13	Office expenses	228,604.	147,849.	78,472.	2,283
14	Information technology	101,688.	5,464.	95,361.	863
15	Royalties	0.64 0.14	40.050		
16	Occupancy	261,341.	13,253.	244,778.	3,310.
17	Travel	406,159.	405,272.	887.	<del> </del>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1 404 000	1 40 4 000		
9	Conferences, conventions, and meetings	1,494,282.	1,494,282.		
20	interest	4,278.		4,278.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	54,986.	20 606	54,986.	
23	Insurance	51,192.	37,600.	13,592.	
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	JOURNALS AND NEWSLETTER	594,123.	594,123.		
b					
С					
d					
e		<del></del>			
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	6,009,208.	4,818,975.	1,158,670.	31,563
26	Joint costs. Check here   If following	·			
-	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation			1	

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Pai	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		644,914.	1	1,040,636.
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net	277,162.	3	319,393	
	4	Accounts receivable, net		534,456.	4	403,214
	5	Receivables from current and former officers, di	rectors, trustees, key			
		employees, and highest compensated employee	es. Complete Part II	i		
		of Schedule L			5	
	6	Receivables from other disqualified persons (as	defined under section			
	<b> </b>	4958(f)(1)) and persons described in section 495				
		Part II of Schedule L			6	
s	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ϋ́	9	Prepaid expenses and deferred charges	ſ	264,183.	9	64,866
	10a	Land, buildings, and equipment cost or other	1 1			
		basis Complete Part VI of Schedule D	10a 603,427.			
	ь	Less accumulated depreciation	10b 489,595.	88,843.	10c	113,832
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line	11	5,382,450.	12	5,835,957
	13	Investments - program-related See Part IV, line	11		13	
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11	49,052.	15	31,759	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	7,241,060.	16	7,809,657
	17	Accounts payable and accrued expenses	794,435.	17	679,442	
	18	Grants payable	[		18	
	19	Deferred revenue	[	971,849.	19	1,186,903
	20	Tax-exempt bond liabilities	[		20	
S	21	Escrow or custodial account liability Complete	Part IV of Schedule D		21	
Ĭ	22	Payables to current and former officers, director	rs, trustees, key employees,			
Liabilıties		highest compensated employees, and disqualifi	ed persons Complete Part II			
		of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate	d third parties		24	
	25	Other liabilities Complete Part X of Schedule D	Į	12,778.	25	71,051
	26	Total liabilities. Add lines 17 through 25		1,779,062.	26	1,937,396
		Organizations that follow SFAS 117, check he	ere 🕨 🔼 and complete 🕴			
ë		lines 27 through 29, and lines 33 and 34.				
anc	27	Unrestricted net assets		5,248,764.	27	5,650,511
Bai	28	Temporarily restricted net assets	18,738.	28	27,254	
g	29	Permanently restricted net assets	194,496.	29	194,496	
3		Organizations that do not follow SFAS 117, c	heck here 🕨 📖 and			
ō		complete lines 30 through 34.				
šets	30	Capital stock or trust principal, or current funds	ì	•	30	
Ass	31	Paid-in or capital surplus, or land, building, or ed	*		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or other funds	F 464 005	32	E 080 051
~	33	Total net assets or fund balances	ļ	5,461,998.	33	5,872,261
	34	Total liabilities and net assets/fund balances		7,241,060.	34	7,809,657.

Pai	rt XI Financial Statements and Reporting			-
			Yes	No
1 .	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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			
	X Separate basis Consolidated basis Both consolidated and separate basis			
За	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	X	
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	X	

#### **SCHEDULE A**

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

2009

OMB No 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

			RICAN SOCIET						3 9	9-6054285
Part I	Reason	for Public Chari	ty Status (All organiz	ations mu	st complet	e this part	) See inst	ructions		
The organ	ization is not a	private foundation t	pecause it is (For lines 1	through 1	11, check o	only one b	ox)			
1 🖳	A church, co	nvention of churches	s, or association of churc	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(ı)	•		
2 🔲	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)									
з 🗔	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4 🔲	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	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 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7 📖	An organizati	on that normally reco	eives a substantial part o	of its supp	ort from a	governme	ntal unit d	r from the	general į	public described in
	section 170(	b)(1)(A)(vi). (Comple	te Part II)							
8 🖳	•		ection 170(b)(1)(A)(vi). (		-					
9 X	An organizat	on that normally reco	eives (1) more than 33 1	1/3% of its	support fi	rom contri	butions, m	nembershij	p fees, ar	nd gross receipts from
	activities rela	ted to its exempt fur	nctions - subject to certa	ıın exceptı	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross investment
	income and t	inrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nızatıon	after June 30, 1975
		<b>509(a)(2).</b> (Complete	•							
10	-		perated exclusively to tes							
11 🗀	-	•	perated exclusively for the						-	
			itions described in section				). See <b>se</b> c	tion 509(a	a)(3). Che	eck the box that
		· · · · ·	organization and comple		_					T
	a L Type		· · ·	Typ		•	•		ـــا d	Type III - Other
e 🗀			t the organization is not							
		_	han one or more publicly ten determination from t						o(a)(T) OF	Section 509(a)(2)
f	J			ine ino ini	atitis a 1y	pe i, Type	ii, or Type	<del>2</del> 111		
~		rganization, check th	iis box organization accepted ar	ay aift or c	ontribution	from any	of the follo	owing ner	eone?	
g	•		rectly controls, either al			-				Yes No
			upported organization?	one or tog	, C. (10)	persons		() αα (	, 50.011	11g(i)
	ŭ		n described in (i) above?							11g(ii)
		•	person described in (i) of		e <sup>7</sup>					11g(III)
h		•	about the supported or							<u> </u>
		<b>3</b>								
(i) Name	of supported	(ii) EIN	(III) Type of	(iv) is the c	organization	(v) Did you	notify the	(vi) ls	the	(vii) Amount of
	anization	(11)2.11	organization (described on lines 1-9		sted in your		ion in col.	organizátio (i) organiz U.S	ed in the	support
_			above or IRC section	governing	document?	(i) of youi	support?	U.S	.?	
			(see instructions))	Yes	No	Yes	No	Yes	No	
	-									
						<u> </u>				
				Ļ						
		ļ		ļ		<u> </u>	<u> </u>		<u> </u>	
				<b>ļ</b>		<b></b>	-		<del> </del>	
						1	1			
Total			<u> </u>	<del></del>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		
LHA For	Privacy <u>Act ai</u>	<u>nd Paperw</u> ork Redu	ction_Act Notice,-see-ti	ne Instruc	ctions-for-			Schedul	e A (Fori	n 990 or 990-EZ) 2009

Form 990 or 990-EZ.

	edule A (Form 990 or 990-EZ) 2009		<u> </u>	<u> </u>	W. W. W. W. W.	Lawaii Vayay	Page 2
Ра	rt II Support Schedule for	-		Sections 1/0	)(b)(1)(A)(iv) an	d 170(b)(1)(A)(\	/1)
<u> </u>	(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I)				<del></del>
	ction A. Public Support	<del> </del> -	<del> </del>	1		r ·	<del> :: </del>
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	fumished by a governmental unit to			ļ			
	the organization without charge						
4	Total. Add lines 1 through 3						<u> </u>
5	The portion of total contributions				1		
	by each person (other than a				1		
	governmental unit or publicly						
	supported organization) included				1		
	on line 1 that exceeds 2% of the		1				
	amount shown on line 11,					]	
_	column (f)				<del> </del>		
	Public support. Subtract line 5 from line 4				<u> </u>	l	<del></del>
	tion B. Total Support	4 ) 2225	# \ <b>=</b>		1 ( 0 0000	4 ) 2222	
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 4			<del> </del>	<del> </del>		
8	Gross income from interest,				ļ		
	dividends, payments received on						
	secunties loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	Other pages. Do not political appr						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part IV)  Total support, Add lines 7 through 10						
	• •	etc. /see instructi	CDS)			12	<del></del>
12	Gross receipts from related activities. First five years. If the Form 990 is fo	•	•	rd fourth or fifth t	tay year as a section	<del></del>	·
13	organization, check this box and stop		s iirst, second, tiii	ra, rourar, or marra	iax year as a section	11 30 1(0)(3)	ightharpoonup
Sec	ction C. Computation of Pub	ic Support Pe	rcentage		<del> </del>		
	Public support percentage for 2009 (		<del>-</del>	column (fl)		14	%
15	Public support percentage from 2008		-	00.0 (1)		15	<u>%</u>
	33 1/3% support test - 2009.If the o			n line 13, and line	14 is 33 1/3% or n		
	stop here. The organization qualifies	-				<b>,</b>	▶□
b	33 1/3% support test - 2008.if the o		_		d line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua	•		•			▶□
17a	10% -facts-and-circumstances tes				e 13, 16a, or 16b, a	and line 14 is 10%	or more.
	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"						▶□
b	10% -facts-and-circumstances tes	•	•		J	17a, and line 15 is	10% or
_	more, and if the organization meets t	_					
	organization meets the "facts-and-cir						
18	Private foundation. If the organization		-				s 🕨
			,			edule A (Form 990	
						-	•

Schedule A (Form 990 or 990-EZ) 2009 THE AMERICAN SOCIETY FOR CELL BIOLOGY 39-6054285 Page 3

[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.)

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,853,010.	1,522,169.	1,600,563.	1,236,216.	1,264,419.	7,476,377.
2	Gross receipts from admissions,		-				
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	4,118,807.	4,128,524.	3,445,382.	4,550,704.	4,395,158.	20,638,575.
3	Gross receipts from activities that						
_	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to					ĺ	
	or expended on its behalf						
5	The value of services or facilities						
-	fumished by a governmental unit to			į			
	the organization without charge						
6	Total. Add lines 1 through 5	5,971,817.	5,650,693.	5,045,945.	5,786,920.	5,659,577.	28,114,952.
	Amounts included on lines 1, 2, and	-,-,-,,-		-,,,	.,,	,,	, -,
,,	3 received from disqualified persons						0.
ŀ	Amounts included on lines 2 and 3 received						
_	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					į	0.
	Add lines 7a and 7b						0.
							28,114,952.
	Public support (Subliact line 7c from line 6)						20,111,555.
	endar vear (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	5,971,817.	5,650,693.	5,045,945.	5,786,920.	5,659,577.	28,114,952.
	Gross income from interest,	0,512,0211	0,000,000.	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,	-,,	
100	dividends, payments received on						
	securities loans, rents, royalties	312,242.	353,374.	292 103	354 413	152,353.	1,464,485.
L	and income from similar sources Unrelated business taxable income	312,242.	333,3741	252,103.	331,113.	132,333.	1,101,103.
K	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	•	312,242.	353,374.	292,103.	354,413.	152,353.	1,464,485.
	Add lines 10a and 10b  Net income from unrelated business	312,242.	333,374.	272,103.	334,413.	132,333.	1,101,103.
• •	activities not included in line 10b,						
	whether or not the business is	223,070.	222 893		222 053	127,966.	795,982.
12	regularly carned on Other income Do not include gain	223,070.	222,055.		222,033.	127,500.	755,502.
12	or loss from the sale of capital	94,884.	95,838.	248,757.	271,104.	128,348.	838,931.
40	assets (Explain in Part IV)	6,602,013,	6,322,798.	5,586,805.	6,634,490.	6,068,244.	31,214,350.
	Total support (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	r the organization's	s tirst, second, thir	a, tourth, or titth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
50	check this box and stop here	io Support Do	roontago				<b></b>
_			·· -	-1 (6)		45	90.07 %
15	Public support percentage for 2009 (		•	olumin (I))		15	00 10
16	Public support percentage from 2008					16	89.48 %
_	ction D. Computation of Inve			- 101 (0)		47	4.69 %
	Investment income percentage for 20			ie 13, column (t))		17	<u> </u>
18	Investment income percentage from				45	18	<u></u>
19:	a 33 1/3% support tests - 2009. If the						
	more than 33 1/3%, check this box a	•	-	•	•		. <b>•</b> X
ı	33 1/3% support tests - 2008. If the	•					and
	line 18 is not more than 33 1/3%, che		•	· ·			
20	Private foundation. If the organization	n.did.not.check a-	box-on-line-14,-19	a, or 19b, check th	nis box and see ins	structions	

#### **SCHEDULE C** (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.

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

Open to Public Inspection

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

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

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

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

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

<ul> <li>Section 501(c)(4), (5), or (6) organiza</li> </ul>	tions Complete Part III			
Name of organization			E	mployer identification number
	RICAN SOCIETY FO			39-6054285
Part I-A Complete if the org	janization is exempt und	er section 501(c	or is a section 52	7 organization.
1 Provide a description of the organiz	ation's direct and indirect politic	al campaign activities	in Part IV	
2 Political expenditures			1	<b>&gt;</b> \$
3 Volunteer hours				
Part I-B Complete if the org	janization is exempt und	er section 501(c	)(3).	
1 Enter the amount of any excise tax	incurred by the organization und	ler section 4955		<b>\$</b>
2 Enter the amount of any excise tax	incurred by organization manage	ers under section 495	5	<b>\$</b>
3 If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a correction made?				└ Yes
b If "Yes," describe in Part IV		ov ocalion E01/a	\"avaant aaatian E	(04/5)/2)
	anization is exempt und			<del></del>
Enter the amount directly expended	, ,	•		<b>&gt;</b> \$
2 Enter the amount of the filing organ	ization's funds contributed to ot	her organizations for s		
exempt function activities				<b>&gt;</b> \$
3 Total exempt function expenditures	. Add lines 1 and 2 Enter here a	nd on Form 1120-PO		
line 17b				► \$ Yes
4 Did the filing organization file Form	<u>-</u>	NN -4 - II	-141	
5 Enter the names, addresses and er For each organization listed, enter to	• •		~	• •
that were promptly and directly del	, ,	•		
(PAC). If additional space is needed		ariization, such as a si	cparate segregated fund	To a political action committee
	<del>r –</del>	(a) FIN	(d) Amount paid fro	(a) Amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid fro	1 1 1
			funds. If none, enter	-0- promptly and directly
				delivered to a separate political organization.
				If none, enter -0
		+		
-		1		
				1
For Privacy Act and Panerwork Reduc	tion Act Notice see the Instru	ctions for Form 990	or 990-F7 Schedu	le C (Form 990 or 990-FZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 THE AMERICAN SOCIETY FOR CELL BIOLOGY 39-6054285 Page 2 Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). A Check ► if the filing organization belongs to an affiliated group. if the filing organization checked box A and "limited control" provisions apply. (b) Affiliated group (a) Filing Limits on Lobbying Expenditures organization's totals (The term "expenditures" means amounts paid or incurred.) totals 0. 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) 3,076. b Total lobbying expenditures to influence a legislative body (direct lobbying) 3,076. c Total lobbying expenditures (add lines 1a and 1b) 5,974,569. d Other exempt purpose expenditures 5,977,645. e Total exempt purpose expenditures (add lines 1c and 1d) 448,882. f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 \$1,000,000. 112,221. g Grassroots nontaxable amount (enter 25% of line 1f) 0. h Subtract line 1g from line 1a. If zero or less, enter -0-0. I Subtract line 1f from line 1c. If zero or less, enter -0-If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? └─ Yes No 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) Total (or fiscal year beginning in) 474,773. 455,732 448,882. 1,379,387. 2a Lobbying nontaxable amount b Lobbying ceiling amount 2,069,081. (150% of line 2a, column(e)) 990 711. 3,076. 4,777. c Total lobbying expenditures 113,933. 118,693. 112,221 344,847. d Grassroots nontaxable amount e Grassroots ceiling amount 517,271. (150% of line 2d, column (e))

Schedule C (Form 990 or 990-EZ) 2009

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2009 THE AMERICAN SOCIETY FOR CELL BIOLOGY 39-6054285 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter.	1		+	b)
local legislation, including any attempt to influence public opinion on a legislative matter	Yes	No	Am	ount
		1	1	•
or referendum, through the use of				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)	?			
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?		ļ		
f Grants to other organizations for lobbying purposes?			<u> </u>	
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities? If "Yes," describe in Part IV				
j Total Add lines 1c through 1i		<u> </u>	<u> </u>	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			ļ <u>.</u>	
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			<u> </u>	
Part III-A Complete if the organization is exempt under section 501(c)(4), s 501(c)(6).	section 501(c	;)(5), or s	ection	
00 1(0)(0).			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1	1	1
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	+	<del> </del>
3 Did the organization agree to carryover lobbying and political expenditures from the prior year	2	3		<del>                                     </del>
Part III-B Complete if the organization is exempt under section 501(c)(4), s 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR				<del>1</del>
Part III-B Complete if the organization is exempt under section 501(c)(4), s 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR "Yes."		line 3 is		3
Part III-B Complete if the organization is exempt under section 501(c)(4), s 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR "Yes."  1 Dues, assessments and similar amounts from members	if Part III-A, I			3
Part III-B Complete if the organization is exempt under section 501(c)(4), s 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR "Yes."  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	if Part III-A, I	line 3 is		3
Part III-B Complete if the organization is exempt under section 501(c)(4), s 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR "Yes."  1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid).	if Part III-A, I	line 3 is		3
Part III-B Complete if the organization is exempt under section 501(c)(4), s 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR "Yes."  1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid).  a Current year	if Part III-A, I	1 2a		3
Part III-B Complete if the organization is exempt under section 501(c)(4), s 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR "Yes."  1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid).  a Current year b Carryover from last year	if Part III-A, I	1 2a 2b		3
Part III-B Complete if the organization is exempt under section 501(c)(4), s 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR "Yes."  1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total	if Part III-A, I	2a 2b 2c		d
Part III-B Complete if the organization is exempt under section 501(c)(4), s 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR "Yes."  1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) did	if Part III-A, I	1 2a 2b		3
Part III-B Complete if the organization is exempt under section 501(c)(4), s 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR "Yes."  1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) do 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the section 162(e) do 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR "Yes."  502(d) if BOTH Part III-A, lines 1 and 2 are answered "No" OR "Yes."	if Part III-A, I	2a 2b 2c		d
Part III-B Complete if the organization is exempt under section 501(c)(4), s 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR "Yes."  1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) do 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying	if Part III-A, I	2a 2b 2c 3		3
Part III-B Complete if the organization is exempt under section 501(c)(4), s 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR "Yes."  1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) do 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the section 162(e) do 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR "Yes."  502(d) if BOTH Part III-A, lines 1 and 2 are answered "No" OR "Yes."	if Part III-A, I	2a 2b 2c		

: .

#### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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.

OMB No 1545-0047

2009
Open to Public Inspection

Name of the organization

THE AMERICAN SOCIETY FOR CELL BIOLOGY

Employer identification number 39-6054285

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 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 advi	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for chantable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	pleasure) Preservation of an hi	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d
3	Number of conservation easements modified, transferred, re		ne organization during the tax
	year <b>▶</b>		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	ıt holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year <b>▶</b> \$
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		└ Yes
9	In Part XIV, describe how the organization reports conservation	tion easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	s the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections o		Other Similar Assets.
	Complete if the organization answered "Yes" to Form	1 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116, no	•	
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pe	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	items.	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bala	nce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education,	or research in furtherance of public service	e, provide the following amounts relating to
	these items		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financi	
	the following amounts required to be reported under SFAS	116 relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
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) 2009

Schedule D (Form 990) 2009

113,832.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)

Part VII Investments - Other Securities. Se	e Form 990, Part X, line 1	2		
(a) Description of security or category	(L) Darlingha	(c)	Method of valua	ition
(including name of security)	(b) Book value	Cost or	end-of-year mar	ket value
Financial denvatives				
Closely-held equity interests		-		
Other				
CORPORATE BONDS	650,775	END-OF-YEA	R MARKET	VALUE
EQUITY MUTUAL FUNDS	281,139			
COMMON STOCKS	2,892,459			
US TREASURY NOTES AND BONDS				
	1,736,349			
CASH EQUIVALENTS	1,303	END-OF-YEA	R MARKET	VALUE
MORTGAGE AND ASSET BACKED				
SECURITIES	223,265			
INTERNATIONAL BONDS	50,667	END-OF-YEA	R MARKET	VALUE
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	5,835,957			
Part VIII Investments - Program Related. S	ee Form 990, Part X, line	13		
			Method of valua	ition
(a) Description of investment type	(b) Book value	Cost or	end-of-year mar	ket value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	<u> </u>			
Part IX Other Assets. See Form 990, Part X, line	15			
(a)	Description			(b) Book value
				· ·-
	<del></del>			
Total. (Column (b) must equal Form 990, Part X, col (B) line				
Part X Other Liabilities. See Form 990, Part X,	line 25.			<del></del>
1 (a) Description of liability		(b) Amount		
Federal income taxes				
CAPITAL LEASE PAYABLE		46,010.		
DEFERRED RENT		25,041.		
		· · · · · · · · · · · · · · · · · · ·		
	95)	71 051		
Total. (Column (b) must equal Form 990, Part X, col (B) line	<b>2</b> 5) ▶	71,051.		

<sup>2.</sup> FIN 48 Footnote 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 932053 02-01-10

932054 02-01-10

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047

Open to Public Inspection

Employer identification number 39-6054285 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. THE AMERICAN SOCIETY FOR CELL BIOLOGY Name of the organization

Part	Part I General Information on Grants and Assistance	nd Assistance							
1 Does	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	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	/ for the grants or ass	istance, and the selectio	(	
criter	criteria used to award the grants or assistance?	tance?						Yes X No	ž
2 Desci	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	cedures for monite	oring the use of grant	funds in the United	d States				
Part II	Grants and Other Assistance to Governments and Orga	Governments and	Organizations in the	United States. C	omplete if the orga	Inization answered "Y	inizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	, line 21, for any	
	recipient that received more than \$	55,000 Check this	box if no one recipier	it received more th	an \$5,000. Use Pa	irt IV and Schedule I-1	(Form 990) if additional	space is needed	
1 (a) N	1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of or government (a) Description of if applicable cash grant or government (b) EIN (c) IRC section (d) Amount of valuation (book, non-cash assistance other)	( <b>a</b> ) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
PAUL QUINN COLLE 3837 SIMPSON STU DALLAS, TX 75241	PAUL QUINN COLLEGE 3837 SIMPSON STUART ROAD DALLAS, TX 75241	74-1238438		7,000.	0				
CLAYTON S	CLAYTON STATE UNIVERSITY								
200 CLAYTON STAT MORROW, GA 30260	200 CLAYTON STATE BLVD MORROW, GA 30260	23-7419285		7,200.	0.0				
LAGUARDIA	LAGUARDIA COMMUNITY COLLEGE								
31-10 THC	31-10 THOMSON AVENUE LONG ISLAND CITY NY 11101	11-3623769		8 000.	0				
FLORIDA A&M	1&M								
COLLEGE	COLLEGE OF PHARMACY &								
PHARMACEL	PHARMACEUTICAL SCIENCES -								
TALLAHASSEE,	SEE, FL 32307	59-0977035		6,000.	0.				
MARINE B1	MARINE BIOLOGICAL LABORATORY								
7 MBL STREET	RET								
WOODS HOI	WOODS HOLE, MA 02543	04-2104690		15,000.	.0				

Enter total number of section 501(c)(3) and government organizations 0

38-1616141

AMERICAN SOCIETY FOR MICROBIOLOGY ABRCMS - 1752 N STREET NW -WASHINGTON, DC 20006

ö

7,000

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations

Schedule I (Form 990) 2009

(Form 990) 2009 THE AMERICAN SOCIETY FOR CELL BIOLOGY

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Schedule 1 (Form 990) 2009 Part III

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Page 2

39-6054285

.,;

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information . (d) Amount of non-cash assistance · 0 . 1,000. 16,547. 3,874. 2,755. 11,228. (c) Amount of cash grant (b) Number of recipients 22 15 70 (a) Type of grant or assistance POST-DOCTORAL TRAVEL AWARDS UNDERGRADUATE TRAVEL AWARDS PRE-DOCTORAL TRAVEL AWARDS WICB CHILDCARE AWARDS CELLDANCE AWARDS

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Schedule I (Form 990) 2009

SCHEDULE I-1

Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047 2009

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(Form 990) Department of the Treasury			Attach to For	h to Form 990 to list additional informati Schedule I (Form 990), Part II or Part III.	Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.	n for			2009 Open to Public Inspection
Name of the organization	NACTORNA GUM	VHOTOOD IN	000	VOCTOTE TIES			Em	Son dentif	Employer identification number 39-6054285
Part 1 Continuation o		sistance to Gov	rernments and Organ	izations in the Ur	nited States (Sche	edule I (Form 990), Pa			
(a) Name and address of organization or government	address of government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance		(h) Purpose of grant or assistance
SACNAS PO BOX 8526 SANTA CRUZ, CA 95061		52-1443811		6,000.	0.				
LHA For Privacy Act	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	tion Act Notice,	see the Instructions	for Form 990.				Sche	Schedule I-1 (Form 990) 2009

Schedule 1-1 (Form 990) 2009 THE AMERICAN SOCIETY FOR CELL BIOLOGY	CIETY FOR	R CELL BIOLOGY	LOGY		39-6054285 Page 2
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
MBOC PAPER OF THE YEAR	3.	1,038.	0		
2009 AM AWARDS	9.	3,986.	0.		
CARNEGIE GRANT HONORARIA	ri	1,500.	o		
PATHWAYS HONORARIA (MARC)	.2	2,350.	.0		
MAC KEYNOTE TRAVEL AWARDS (MARC)	12.	2,400.	0		
FRIDAY HARBOR LABS	1	.0000	0		
LINKAGE PELLOWS	14.	36,458.	.0		
VISITING PROFESSORS	10.	130,000.	.0		
					Schedule I-1 (Form 990) 2009

#### SCHEDULE J (Form 990)

Department of the Treasury

# **Compensation Information**

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

2009

Open to Public Inspection

Name of the organization

Part I | Questions Regarding Compensation

► Attach to Form 990.
► See separate instructions.

THE AMERICAN SOCIETY FOR CELL BIOLOGY

Employer identification number 39-6054285

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply			
	Compensation committee X Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section F04(a)(2) and F04(a)(4) examinations must complete lines F 0			
5	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
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			
а	The organization?	5a		х
	Any related organization?	5b		Х
_	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			
а	The organization?	6a		Х
	Any related organization?	6b		X
	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 69 If "Yes," describe in Part III	7		Х
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	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2009

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Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	(Q)	(E)	(F)
( <b>A</b> ) Name	. 1.	(I) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	lotal of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	ε	258,800.	0	.069	15,000.	3,370.	277,860.	0.
JOAN GOLDBERG	Ξ	0	0	0	0	0	0	0.
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	(ii)							
	(Ξ)							
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#### **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

# **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.

2009
Open to Public Inspection

Name of the organization

THE AMERICAN SOCIETY FOR CELL BIOLOGY

Employer identification number 39-6054285

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DIVERSITY IN THE SCIENTIFIC WORKFORCE.
FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:
THE GO GRANT IS USED FOR "THE CELL: AN IMAGE LIBRARY" TO ADVANCE
RESEARCH, EDUCATION, AND TRAINING WITH THE ULTIMATE GOAL OF IMPROVING
HUMAN HEALTH.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
SUMMER MEETINGS ON SPECIALIZED RESEARCH TOPICS, CHOSEN FROM AMONG
MEMBER APPLICATIONS.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
SOME MEMBER BENEFITS INCLUDE FREE SUSCRIPTIONS TO: MOLECULAR BIOLOGY OF
THE CELL, CBE-LIFE SCIENCES EDUCATION, THE ACSB NEWSLETTER, AND LISTING
IN AND ACCESS TO THE ACSB MEMBER DIRECTORY. MEMBERS RECEIVE REDUCED
RATES FOR PURCHASE OF OTHER SCIENTIFIC PUBLICATIONS. DISCOUNTS ARE
GIVEN TO MEMBERS FOR PUBLISHING PAGE CHARGES IN MOLECULAR BIOLOGY OF
THE CELL AND REGISTRATION FOR THE ASCB ANNUAL MEETING AND ASCB SUMMER
MEETINGS. BENFITS ALSO INCLUDE SPONSORSHIP PRIVILEGES FOR ABSTRACTS,
AND FREE CV POSTING AND DISCOUNTED JOB POSTING ON THE ASCB JOB BOARD.
FOR A COMPLETE LIST OF MEMBER BENEFITS SEE:
WWW.ASCB.ORG/MEMBERSHIP/MEMBERSHIP-BENEFITS.HTML
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009

THE ASCB OWNS AND PUBLISHES THE

932211

JOURNAL AND OTHER PUBLICATIONS:

# SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

# 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.

2009
Open to Public Inspection

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Name of the organization

THE AMERICAN SOCIETY FOR CELL BIOLOGY

Employer identification number 39-6054285

SCIENTIFIC JOURNAL MOLECULAR BIOLOGY OF THE CELL. THE OUARTERLY JOURNAL CBE - LIFE SCIENCES EDUCATION, AND THE ASCB NEWSLETTER, PUBLISHED 11 TIMES A YEAR. IT ALSO PUBLISHES SPECIALTY BOOKS AND PAMPHLETS ON CAREERS. **REVENUE \$ 1050823. EXPENSES \$ 854483.** INCLUDING GRANTS OF \$ 1124. MARC GRANT: THE NIH NIGMS MINORITY ACCESS TO RESEARCH CAREERS (MARC) GRANT FUNDS MOST OF THE PROGRAMS OF THE ASCB MINORIIES AFFAIRS COMMITTEE (MAC). THE MAC'S GOAL IS TO SIGNIFICANTLY INCREASE THE INVOLVEMENT OF UNDERREPRESENTED MINORITY SCIENTISTS IN ALL ASPECTS OF THE ASCB AND CELL BIOLOGY. TO ACHIEVE THIS GOAL, THE MAC OFFERS MANY PROGRAMS THROUGHOUT THE YEAR TO PROMOTE THE RECRUITMENT AND PROFESSIONAL DEVELOPMENT OF MINORITY SCIENTISTS. THE RELATIVELY SMALL POOL OF MINORITY SCIENTISTS WITH AN INTEREST IN CELL BIOLOGY REQUIRES THAT MAC ALSO DEVELOP PROGRAMS FOR UNDERGRADUATE AND PRE-DOCTORAL STUDENTS TO ASSIST THEM IN ACHIEVING CAREERS IN BIOMEDICAL RESEARCH. A LONG RANGE GOAL OF THE MAC IS TO CONTRIBUTE TO THE NATION'S EFFORT TO INCREASE THE NUMBER OF UNDERREPRESENTED MINORITY SCIENTISTS. EXPENSES \$ 590284. INCLUDING GRANTS OF \$ 118278. REVENUE \$ 0. GO GRANT: THE CELL: AN IMAGE LIBRARY IS A FREELY ACCESSIBLE, EASY TO SEARCH, PUBLIC REPOSITORY OF VETTED AND ANNOTATED IMAGES, VIDEOS, AND ANIMATIONS OF CELLS FROM A VARIEY OF ORGANISMS, SHOWCASING CELL ARCHITECTURE, INTRACELLULAR FUNCTIONALITIES, AND OTHER NORMAL AND ABNORMAL PROCESSS. THE PURPOSE OF THIS DATABASE IS TO ADVANCE RESEARCH. AND TRAINING WITH THE ULTIMATE GOAL OF IMPROVING HUMAN LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009

932211 02-03-10

# SCHEDULE O

(Form 990)

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Department of the Treasury Internal Revenue Service

# **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.

2009
Open to Public Inspection

Name of the organization

Employer identification number 39-6054285

THE AMERICAN SOCIETY FOR CELL BIOLOGY 39-6054285 HEALTH. **EXPENSES \$ 176977.** INCLUDING GRANTS OF \$ 0. REVENUE S 270. COALITION FOR LIFE SCIENCES: THE ASCB IS A MEMBER OF THE COALITION FOR THE LIFE SCIENCES, (CLS). THE CLS IS AN ALLIANCE OF SIX NON-PROFIT PROFESSIONAL ORGANIZATIONS WORKING TOGETHER TO FOSTER PUBLIC POLICIES THAT ADVANCE BASIC BIOLOGICAL RESEARCH AND ITS APPLICATIONS IN MEDICINE AND OTHER FIELDS. THE ISSUES ADDRESSED BY THE CLS INCLUDE SCIENCE EDUCATION, PROFESSIONAL TRAINING, AND THE FUNDING, MANAGEMENT, AND OVERSIGHT OF SCIENTIFIC WORK, ESPECIALLY BY THE FEDERAL GOVERNMENT. EXPENSES \$ 239838. INCLUDING GRANTS OF \$ 0. REVENUE \$ 164568. MERCHANDISE: ASCB PRODUCTS FOR SALE INCLUDING GRANTS OF \$ 0. EXPENSES \$ 6347. REVENUE \$ 3529. HALF CENTURY: SUPPORT OF ASCB PROGRAMS REVENUE \$ 0. EXPENSES \$ 11230. INCLUDING GRANTS OF \$ 0. SECTION A, LINE 6: REG, POST-DOC, PRE-DOC, UNDERGRAD, FORM 990, PART VI, CITIZEN, AND EMERITUS FORM 990, PART VI, SECTION A, LINE 7A: VOTING MEMBERS INCLUDE ALL BUT CITIZEN AND UNDERGRAD, PRE-DOC

FORM 990, PART VI, SECTION A, LINE 7B: MEMBERSHIP APPROVAL IS REQUIRED FOR CHANGES TO THE BYLAWS.

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

Schedule O (Form 990) 2009

#### **SCHEDULE 0**

(Form 990)

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Department of the Treasury Internal Revenue Service

# **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.

2009
Open to Public Inspection

Name of the organization

THE AMERICAN SOCIETY FOR CELL BIOLOGY

Employer identification number 39-6054285

FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS REVIEWED BY THE FINANCE

AND AUDIT COMMITTEE, WHICH INCLUDES THE PRESIDENT, PRESIDENT-ELECT AND

TREASURER, BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY COUNCIL MEMBERS ARE ASKED

TO SIGN THEIR AGREEMENT TO COMPLY WITH THE ASCB'S CONFLICT OF INTEREST

POLICY. MANAGEMENT FOLLOWS-UP TO INSURE RECEIPT. EMPLOYEES ARE REQUIRED TO

FOLLOW THE PLAN INCLUDED IN THE STAFF MANUAL PROVIDED UPON JOINING THE

ASCB.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE DIRECTOR SUBMITS A

SELF EVALUATION TO THE EXECUTIVE COMMITTEE WHICH MEETS WITH THE EXECUTIVE

DIRECTOR. THE EXECUTIVE COMMITTEE MEETS WITH THE EXECUTIVE DIRECTOR TO

REVIEW AND DISCUSS PERFORMANCE AND SET TARGETS. THEY MAY ALSO MEET WITH

STAFF AND COLLEAGUES TO EVALUATE THE EXECUTIVE DIRECTOR'S PERFORMANCE. THE

EXECUTIVE COMMITTEE THEN REVIEWS SALARY SURVEYS FOR OTHER POSITIONS AT THIS

LEVEL TO DETERMINE THE APPROPRIATE COMPENSATION FOR THE COMING YEAR.

FORM 990, PART VI, SECTION C, LINE 19: BOTH THE CONFLICT OF INTEREST

POLICY AND THE ASCB BYLAWS ARE POSTED ON THE ASCB WEBSITE. FINANCIAL

STATEMENTS ARE PUBLISHED ANNUALLY IN THE ASCB NEWSLETTER.