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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

A Fo	rthe 2	2009 ca <u>lendar yea</u>	ır, or tax year beginning 01-0:	1-2009 and ending 12-31-20	09			
3 Che	eck if ap	pplicable Please	C Name of organization FEDERATION OF AMERICAN SOC	ZIETIES FOR		D Employer ide	entification number	
Add	lress cha	ange use IRS label or	EXPERIMENTAL BIOLOGY Doing Business As			52-070049 E Telephone nu		
Nan	ne chan		FASEB			•		
_ Initi	ıal retur			ıf maıl ıs not delivered to street addı	ress) Room/suite	(301) 634-7		
Ten	mınated		9650 ROCKVILLE PIKE			G Gross receipts	\$ 40,613,834	
- Ame	ended r	eturn	City or town, state or country, a	nd ZIP + 4				
— App	lication	pending	BETHESDA, MD 208143998					
			me and address of principal o	ficer	H(a) Is th	■ ıs a group returr	n for	
			Y c FOGLEMAN ROCKVILLE PIKE		affilia		ΓYes Γ Nο	
			SDA, MD 208143998		H(b) Are a	II affiliates includ	ed?	
					1 ' '		(see instructions)	
Tax	x-exem	pt status 🔽 501(c	() (3) ◀ (insert no)	(1) or 527	H(c) Grou	up exemption nu	mber 🟲	
W	ebsit e	: WWW FASEB	ORG					
(Forn	n of org	anization 🔽 Corporat	tion Trust Association Oth	 er ►	L Year of fo	ormation 1912 M	State of legal domicile DC	
Pai	rt I	Summary						
		,	ie organization's mission or m	2				
		TO ADVANCE HE SCIENCES	ALTH AND WELFARE BY PR	OMOTING PROGRESS AND	EDUCATION I	N BIOLOGICA	L/BIOMEDICAL	
Governance		SCIENCES						
<u> </u>								
ř								
5	2	Check this box 🚩	if the organization discontii	nued its operations or dispose	d of more than	25% of its net a	assets	
	3	Number of voting i	members of the governing boo	dy (Part VI, line 1a)		3	25	
ACIIVIIIES &	4	Number of indeper	ndent voting members of the q	governing body (Part VI, line 1	Lb)	. 4	25	
Ž	5	Total number of er	mployees (Part V, line 2a) .			5	85	
3	6	Total number of vo	olunteers (estimate if necess	ary)		6	25	
•	7a	Total gross unrela	ted business revenue from P	art VIII, column (C), line 12		7 a	702,046	
	ь	Net unrelated bus	iness taxable income from Fo	rm 990-T, line 34		7 t	-141,132	
				Pric	or Year	Current Year		
_	8	Contributions and	d grants (Part VIII, line 1h)			2,366,292	2,291,413	
nte	9	Program service	revenue (Part VIII, line 2g)			13,963,792	12,993,538	
Ravenue	10	Investment incor	me (Part VIII, column (A), lır		-1,931,164	209,504		
ď	11	Other revenue (P	art VIII, column (A), lines 5	, 6d, 8c, 9c, 10c, and 11e)		1,432,431	1,292,963	
	12			equal Part VIII, column (A), lı	ne	15,831,351	16 707 410	
	13		ar amounts paid (Part IV colu	umn (A), lines 1–3)		15,831,351	16,787,418	
	14		or for members (Part IX, colu			+	32,330	
	15	•		fits (Part IX, column (A), lines	5_			
8	13	10)	ompensation, employee bene	its (Part IX, Column (A), mes	5-	7,180,579	7,424,056	
Expenses	16a	Professional fund	draising fees (Part IX, column	(A), line 11e)			0	
ਤੌ	ь	Total fundraising exp	penses (Part IX, column (D), line 25) - 0				
	17	Other expenses	(Part IX, column (A), lines 11	.a-11d, 11f-24f)		10,862,517	9,885,920	
	18	Total expenses	Add lines 13–17 (must equa	l Part IX, column (A), line 25)		18,043,096	17,362,326	
	19	Revenue less exp	penses Subtract line 18 from	line 12		-2,211,745	-574,908	
Ç68						g of Current	End of Year	
net Assets of Fund Balances	20	T-1-1 /5	wh V June 4.63		Y	/ear		
A.S.	20		rt X, line 16)			37,849,792	39,417,913	
6 H	21	· ·	Part X, line 26)			23,205,047	22,453,685	
	22 (1.11)	Net assets or fur Signature Bl	nd balances Subtract line 21	rrom line 20		14,644,745	16,964,228	
ΓŒΙ				ed this return, including accompanyir	ng schedules and s	tatements and to t	he hest of my knowledge	
				of preparer (other than officer) is bas				
Sign Here		****** Signature of office	or.		2010- Date	-11-10		
1616	-				Date			
		DR GUY c FOGLEM	MAN EXECUTIVE DIRECTOR					
	ı	Type or print half	ic and the		T			
		Preparer's Subrin	na L Wood	Date	Check if self-	Preparer's identif		
Paid		signature P Submit		empolyed 🕨 🦵		,		
-	arer's	Firm's name (or your	rs Tate and Tryon			FIN •		
Jse C	Only	ıf self-employed), address, and ZIP + 4	805 15th Street NW Suite 900		_ EIN ▶			
			000 1000 0000 000 0000					
			Washington, DC 20005			Phone no 🕨 (2	02) 293-2200	

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

THE FEDERATION OF AMERICAN SOCIETIES FOR EXPERIMENTAL BIOLOGY (FASEB) ADVANCES HEALTH AND WELFARE BY PROMOTING PROGRESS AND EDUCATION IN BIOLOGICAL AND BIOMEDICAL SCIENCES THROUGH SERVICE TO ITS MEMBER SOCIETIES AND COLLABORATIVE ADVOCACY

						Form 990 (2009)
4e	Total program ser	vice expenses►\$	16,601,19	9		
	(Expenses \$	ınclı	ıdıng grants o	f \$) (Revenue \$)
4d	Other program se	rvices (Describe in Sche	edule O)			
4c	COMMITTEES THESE OF INVESTIGATORS IN	DEPARTMENT AND LEADERSHI	IP ACTIVITIES PR ED LIFE SCIENCE	IMARILY SUPPORT THE FE S THESE EFFORTS PROVI		
4-	(Codo	\ /Evnances d	1 464 750	including ampts of t	24.2E0.\/Dougnus.d	052.106.)
4b	FOUNDED, MANY OF		NANTS VALUE AN	D UTILIZE THESE SERVICE	0) (Revenue \$ MEMBER SOCIETIES WAS THE REAS S REGULARLY THE FEDERATION P H USER	
4a	MEMBERSHIP DIRECT CONFERENCES AND T	ORY, AND TWO NIH-FUNDED I	PROGRAMS TO FA AN IMPORTANT M	ACILITATE MINORITY ACCE	18,000) (Revenue \$ CAREER RESOURCE SERVICES, TH SS TO RESEARCH CAREERS (MARG RESEARCH RESULTS TO A BROAD	
		s, the total expenses, ar				
4				_	largest program services b are required to report the am	•
	If "Yes," describe t	hese changes on Schedu	le O			
3	Did the organizatio	n cease conducting, or m	nake sıgnıfıcar	•	onducts, any program	┌ Yes ┌ No
	If "Yes," describe t	hese new services on Sc	hedule O			
2	the prior Form 990		int program se	ervices during the yea	r which were not listed on	┌ Yes ┌ No

Part IV	Check	list of	Require	d Sche	dule

			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	Yes	
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		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? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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	Yes	
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			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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	Yes	
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? If "Yes," complete Schedule F, Part II	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> " <i>Yes,"</i> 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		Νο
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		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

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	Yes	
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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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		No
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		Νo
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
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 owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
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		No
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

		_
Part V	Statements Regarding Other IRS Filings and Tax Compliance	

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
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?	1 c		
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	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
l 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
b	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?	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?	5c		
ā	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		
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		N o
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	file Form 8282?	7c		Νo
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7g		
"	required?	7h		
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		
•	Sponsoring organizations maintaining donor advised funds.			
а	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		
LO	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	-		
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
L1	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			

9650 ROCKVILLE PIKE BETHESDA, MD 208143998

(301) 634-7082

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 25			
Ь	Enter the number of voting members that are independent 1b 25			
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	Yes	
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	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
		75	res	
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	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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	venue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing 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	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15a	1 63	Νο
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)	130		140
	Ti les to line a of b, describe the process in schedule of (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		Νο
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed►MD			
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 the	ne oras	יסולמלומי	n ▶ -
	DAVID I CRAVEN COMPTROLLER	o. y a		

Part VIII 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 i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	ched	ckal)	I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Institutional Trustee Individual trustee or director		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
See add'l data										

1b	Total .										Þ	1,162,861	0	157,85

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 10

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes," complete 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	Yes	
		_	103	
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		No

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A)	(B)	(C)
Name and business address	Description of services	Compensation
CAREFIRST BLUE CROSS PO BOX 79749 BALTIMORE, MD 212790749	INSURANCE PROVIDER	2,274,630
AMERICAN EXPRESS PO BOX 1270 NEWARK, NJ 071011270	CREDIT CARD ACTIVITY	642,669
CADMUS PSG PO BOX 822934 PHILADELPHIA, PA 191822934	PRINTING AND DISTRIBUTION SERVICES	577,455
PEPCO PO BOX 13608 PHILADELPHIA, PA 191013608	UTILITIES PROVIDER	520,460
VERMONT ACADEMY 10 LONG WALK SAXTONS RIVER, VT 05154	HOTEL/CONFERENCE CENTER LODGING	429,066
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►21) who received more than	

Page 8

Form 99								Page 9
Part	/	Statement of	or Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1a	Federated camp	paigns 1a					
g E E	ь	Membership du	es 1b					
ts, aπ	С	Fundraising eve						
<u> </u>	d		rations 1d	2 201 412				
Sign Sign	e	Government grants		2,291,413				
ig ig	f	similar amounts no	ons, gifts, grants, and 1f ot included above					
훈	g		butions included in					
Contributions, gifts, grants and other similar amounts	h	lines 1a-1f \$ _ Total. Add lines	s 1a-1f	▶	2,291,413			
				Business Code				
enu,	2a	SOCIETY SERVICES	6	561,000	5,343,464		590,699	4,752,765
æ Æ	ь	MEETINGS		900,099	4,377,554	4,377,554		
- 60 	c	PUBLICATIONS		541,800	2,320,414	2,209,067	111,347	
<u>.</u>	d	MEMBERSHIP DUES	5	900,099	952,106	952,106		
Ē	e							
Program Serwce Revenue	f	All other progra	im service revenue					
<u>~</u>	g	Total. Add lines	32a-2f		12,993,538			
	3		ome (including dividen	. F				
	۱,		ar amounts) tment of tax-exempt bond	⊢	378,941 3,755			378,941 3,755
	4 5			· · · · · · · · · · · · · · · · · · ·	41,679			41,679
		Noyuning .	(ı) Real	(II) Personal				
	6a	Gross Rents	2,510,000					
	ь	Less rental expenses	1,361,092					
	c	Rental income or (loss)	1,148,908					
	d	• •	me or (loss)		1,148,908			1,148,908
		(1) Securities Gross amount 22,276,435		(II) O ther				
	7a	Gross amount from sales of assets other than inventory		15,697				
	Ь	Less cost or other basis and	22,465,324					
	c c	sales expenses Gain or (loss)	-188,889	15,697				
	d	Net gaın or (los	s)		-173,192			-173,192
4	8a	Gross income f	_					
Other Revenue		sof contributions	reported on line 1c)					
40			а					
Ě	Ь .		penses b loss) from fundraising	avents 🕨				
•	c 9a		rom gaming activities	events				
		See Part IV , lin	e 19 a					
	р С		penses b loss) from gaming acti	vities				
		Gross sales of returns and allo	inventory, less owances .					
	ь	Less cost of a	a oods sold b					
	c		loss) from sales of inve	entory ►				
		Miscellaneous	s Revenue	Business Code				
	11a	CONFCENTER	RENTAL	900,099	49,317			49,317
	ь	MEAL/VENDIN		900,099	40,643			40,643
	С	MISCELLANEC		900,099	9,619			9,619
	d	All other revenu			2,797			2,797
	12	Total revenue	See Instructions .		102,376			
		iotai ievellue.	See matructions .	• • [16,787,418	7,538,727	702,046	6,255,232

Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) organizations must complete all columns.										
	l other organizations must complete column (A) but are not required to		ns (B), (C), and (B)	(D). (C)	(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	34,350	34,350]							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	18,000	18,000								
3	Grants and other assistance to governments, 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	786,983	620,215	166,768	_						
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$										
7	Other salaries and wages	5,191,592	4,084,159	1,107,433							
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	476,356	376,299	100,057							
9	Other employee benefits	547,222	440,781	106,441							
10	Payroll taxes	421,903	345,101	76,802							
11	Fees for services (non-employees)										
а	Management										
b	Legal	70,697		70,697							
c	Accounting	40,435		40,435							
d	Lobbying	63,571	63,571								
e	Professional fundraising See Part IV, line 17				_						
f	Investment management fees	56,809	107	56,702							
g	Other	951,749	918,951	32,798	_						
12	Advertising and promotion	92,700	62,087	30,613							
13	Office expenses	868,646	698,118	170,528	_						
14	Information technology	117,283	219,219	-101,936							
15	Royalties		-		_						
16	Occupancy	820,971	636,387	184,584	_						
17	Travel	2,464,979	2,460,496	4,483							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	2,776,817	2,749,148	27,669							
20	Interest	640,135	602,513	†							
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	644,154	606,535	37,619							
23	Insurance	155,039	126,273	28,766							
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	PUBLICATION PRODUCTION	765,866	765,866								
ь	BANK/CREDIT CARD FEES	231,252	211,039								
c	HONORARIA	110,000	110,000	 							
d	MISCELLANEOUS	98,574	130,955	 							
e	TEMPORARY HELP	89,129	80,424	· · · · · · · · · · · · · · · · · · ·							
f	All other expenses	-1,172,886	240,605	· · · · · · · · · · · · · · · · · · ·							
25	Total functional expenses. Add lines 1 through 24f	17,362,326	16,601,199	· · ·	0						
26	Joint costs. Check here ► ☐ If following SOP 98-2	17,302,320	10,001,199	, 51,127							
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation										

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			115,484	1	232,945
	2	Savings and temporary cash investments			3,224,312	2	3,331,674
	3	Pledges and grants receivable, net			244,003	3	181,152
	4	Accounts receivable, net			490,510	4	329,405
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under sepersons described in section $4958(c)(3)(B)$ Complete Part II of		4958(f)(1)) and			
76		Schedule L				6	
ete	7	Notes and loans receivable, net			150,000	7	150,000
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			344,416	9	320,071
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	29,337,138			
	b	Less accumulated depreciation	10b	11,240,015	17,927,919	10c	18,097,123
	11	Investments—publicly traded securities			12,742,823	11	14,357,049
	12	Investments—other securities See Part IV, line 11			295,311	12	320,937
	13	Investments—program-related See Part IV, line 11		13	_		
	14	Intangible assets		14	_		
	15	Other assets See Part IV, line 11			2,315,014	15	2,097,557
	16	Total assets. Add lines 1 through 15 (must equal line 34)	37,849,792	16	39,417,913		
	17	Accounts payable and accrued expenses .			863,785	17	851,429
	18	Grants payable				18	
	19	Deferred revenue		705,515	19	701,719	
	20	Tax-exempt bond liabilities			15,500,000	20	15,500,000
jes	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
217		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			2,300,000	23	2,300,000
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			3,835,747	25	3,100,537
	26	Total liabilities. Add lines 17 through 25			23,205,047	26	22,453,685
Balances		Organizations that follow SFAS 117, check here ► ✓ and comp through 29, and lines 33 and 34.	let e li	nes 27			
gu.	27	Unrestricted net assets			14,554,075	27	16,869,205
Ba	28	Temporarily restricted net assets	66,170	28	70,523		
F	29	Permanently restricted net assets	24,500	29	24,500		
or Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ an lines 30 through 34.	d com	plete			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
As	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
Net	33	Total net assets or fund balances			14,644,745	33	16,964,228
Z	34	Total liabilities and net assets/fund balances			37,849,792	34	39,417,913
	L				· · · · · · · · · · · · · · · · · · ·		

			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		Νo
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	Yes	
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			
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	Yes	
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	Yes	

Form **990** (2009)

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Employer identification number

FEDER	NOITA	OF AMERIO AL BIOLOGY	CAN SOCIETIES	FOR		Employer Identification number							
	rt I			olic Charity Stat	ue (All ora	anization	s must comr	olata this na	52-07004				
				e foundation because						Structions			
1				on of churches, or as					` /				
2	,			ın section 170(b)(1)			_	/(-/(-/(-/-					
3	,			perative hospital serv				n 170(b)(1)(A)(iii).				
4	Ĺ.	•	•	organization operate	_					I)(A)(iii) . En	ter the		
•	,			y, and state	za III conjun	ction with a	nospital uest	indea in Sect	170(2)(1	.,(A,)(III)I = II	ter the		
5	Γ	An orga	anızatıon ope	rated for the benefit	of a college	or universi	ty owned or o	perated by a	governmenta	al unıt descri	— bed in		
		section	ection 170(b)(1)(A)(iv). (Complete Part II)										
6	Γ	A feder	al, state, or	local government or	government	al unit desc	rıbed ın secti	on 170(b)(1)	(A)(v).				
7	Γ	describ	ed ın	t normally receives a		l part of its	support from	a governmer	ntal unit or fro	om the gener	al public		
	_			A)(vi) (Complete Pa		Muil (Co	malata Dart II	`					
8	 		•	described in section			•	•		h			
9	굣			t normally receives ties related to its ex									
		-		ss investment incom	•	-							
				anization after June 3						un,			
10	\vdash	•		anized and operated	•			•	•				
11	,	_	_	anized and operated	•		•			carry out th	e purposes of		
	,	one or i	more publicly	y supported organiza pes the type of suppo b Type II	tions descri orting organi	bed in sect zation and	ion 509(a)(1)	or section 5 s 11e throug	09(a)(2) Se h 11h	e section 50 9			
e	Γ	By chec	cking this bo	x, I certify that the con managers and other	rganızatıon	ıs not cont	rolled directly	or indirectly	by one or m	ore disqualifi	ed persons		
f			509(a)(2)	eceived a written de	termination	from the IR	S that it is a	Tyna I Tyna	II or Type I	II sunnortina	organization		
•		checkt		cccived a winterin de	cermination	mom the in	S that it is a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11 01 1 7 70 1	ii sapporting			
g			- ,	006, has the organiz	ation accep	ted any gift	or contribution	on from any o	of the				
			g persons?	ectly or indirectly co	ntrole outho	ralono ort	ogothor with	norsons doss	ribad in (ii)		Yes No		
				overning body of the	•		-	persons desc	. Hibea III (II)	11g(i	 		
			•	r of a person describ		_	ationi			11g(i			
			•	·	٠,		ahovo?						
L				ed entity of a person g information about t						11g(ii	<u>'/ </u>		
h		Flovide	the lonowin	g illioilliation about t	.ne supporte	u organizai	.1011(5)						
	(i) Name suppoi	e of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section	(iv) Is th organizat col (i) lis your gove docume	e lion in ted in erning	Did you no organiza col (i) c suppo	otify the tion in of your	(vi Is t organıza col (ı) or ın the l	he ation in ganized	(vii) A mount of support?		
				(see			<u> </u>		<u> </u>		4		
				ınstructıons))	Yes	No	Yes	No	Yes	No			
									+		+		
								+	+				
								+	+		+		
								+			+		
								+		+	+		

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) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(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) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(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 stop here						-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
_	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. 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						▶ ┌
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) 2006	(c) 2007	(d) 2008	(e) 2009	,	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,692,584	2,962,795	2,790,886	3,318,285	3,243	3,519	15,008,06
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	5,688,582	6,462,746	7,342,282	6,815,332	6,586	6,621	32,895,56
3	Gross receipts from activities that are not an unrelated trade or business under section 513	4,981,187	5,164,343	5,276,122	5,086,056	4,752	2,765	25,260,47
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	13,362,353	14,589,884	15,409,290	15,219,673	14,582	2,905	73,164,10
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons							
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							
8	Public Support (Subtract line 7c from line 6)							73,164,10
Se	ction B. Total Support							
Cale	ndar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
9	beginning in) A mounts from line 6	13,362,353	14,589,884	15,409,290	15,219,673	14,582	,905	73,164,10
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from	2,581,457	2,784,107	3,211,703	3,493,890	2,934		15,005,53
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b	2,581,457	2,784,107	3,211,703	3,493,890	2,934	,375	15,005,53
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	13,226						13,22
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	240,726	272,099	222,773	189,357	102	2,376	1,027,33
13	Total support (Add lines 9, 10c,	16,197,762	17,646,090	18,843,766	18,902,920	17,619	,656	89,210,19
14	11 and 12) First Five Years If the Form 990 is 1 check this box and stop here					<u> </u>		
Se	ction C. Computation of Pub	lic Support Pe	ercentage					
15	Public Support Percentage for 2009			13 column (f))		15		82 010 %
16	Public support percentage from 200	8 Schedule A , Pa	art III, line 15			16		80 080 %
								_

15	82 010 %
16	80.080 %

Section D. Computation of Investment Income Percentage

Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))

Investment income percentage from 2008 Schedule A, Part III, line 17

17	16 820	%
18	19 200	%

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

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

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

Explanation

Schedule A, Part II, Line 12, Explanation of Other Income CONFERENCE CENTER FUNCTIONS STAFF MEAL/VENDING SALES MAILING LIST SALES MISCELLANEOUS INCOME

Schedule A (Form 990 or 990-EZ) 2009

Software ID: Software Version:

EIN: 52-0700497

Name: FEDERATION OF AMERICAN SOCIETIES FOR

EXPERIMENTAL BIOLOGY

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours	Posi	(0	che	cka			(D) Reportable compensation	(E) 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
MARK O LIVELY PHD PRESIDENT	5 00	Х		Х				0	0	0
WILLIAM T TALMAN MD PRESIDENT-ELECT	5 00	Х		Χ				0	0	0
RICHARD B MARCHASE PHD IMMEDIATE PAST PRESIDENT	5 00	Х		Х				0	0	0
STANLEY COHEN MD TREASURER	5 00	Х		X				0	0	0
JOSEPH C LAMANNA PHD VP FOR SCIENCE POLICY	5 00	Χ		X				0	0	0
JR HAYWOOD PHD DIRECTOR	1 50	X						0	0	0
MARGARET K OFFERMANN M DIRECTOR	1 50	Х						0	0	0
JAMES E BARRETT PHD DIRECTOR	1 50	Х						0	0	0
PETER A WARD MD DIRECTOR	1 50	Х						0	0	0
THOMAS M BADGER PHD DIRECTOR	1 50	Х						0	0	0
MARK R BOOTHBY MD PHD DIRECTOR	1 50	Х						0	0	0
ARTHUR G PALMER PHD DIRECTOR	1 50	Х						0	0	0
PARKER BANTIN PHD DIRECTOR	1 50	Х						0	0	0
ELIZABETH SHANE MD DIRECTOR	1 50	Х						0	0	0
BEN M DUNN PHD DIRECTOR	1 50	Χ						0	0	0
ELIZABETH MCNALLY MD P DIRECTOR	1 50	Х						0	0	0
JAY W FOX PHD DIRECTOR	1 50	X						0	0	0
VIRENDRA B MAHESH PHD DIRECTOR	1 50	Х						0	0	0
ANTHONY R SCIALLI MD DIRECTOR	1 50	Х						0	0	0
HENRY M KRONENBERG MD DIRECTOR	1 50	Х						0	0	0
GARRY R CUTTING MD DIRECTOR	1 50	Χ						0	0	0
CAROLE LABONNE PHD DIRECTOR	1 50	Χ						0	0	0
LAURA NIEDERNHOFER MD DIRECTOR	1 50	Χ						0	0	0
JOHN WOOLEY PHD DIRECTOR	1 50	Χ						0	0	0
CARL FOSTER PHD FACSM DIRECTOR	1 50	Х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours	erage Position (check all urs that apply)		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation					
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
SHU CHIEN PHD DIRECTOR	1 50	Х						0	0	0	
GREGORY G GERMINO MD DIRECTOR (TIL JUNE)	1 50	X						0	0	0	
JOHN DESESSO PHD DIRECTOR (TIL JUNE)	1 50	X						0	0	0	
JAMES C ROSE PHD DIRECTOR (TIL JUNE)	1 50	Х						0	0	0	
PETER H MATHERS PHD DIRECTOR (TIL JUNE)	1 50	Х						0	0	0	
JEFFREY L SCHWARTZ PHD DIRECTOR (TIL JUNE)	1 50	X						0	0	0	
AVRUM I GOTLIEB MD VP FOR SCI POL (TIL JUNE	1 50	X		Х				0	0	0	
GUY C FOGLEMAN PHD EXEC DIRECTOR/SECRETARY	37 50			Х				332,180	0	24,500	
HOWARD H GARRISON PHD DEPUTY EXEC DIR, POLICY	37 50				Х			209,356	0	46,721	
DAVID L CRAVEN CPA COMPTROLLER	37 50					х		137,178	0	33,953	
CATERINA LUPPI PHD DIRECTOR-IT	37 50					X		122,591	0	12,450	
MAUREEN M WINEBRENNER DEPUTY EXEC DIR, ADMIN	37 50					X		123,877	0	15,479	
CARRIE WOLINETZ DIRECTOR-SCI AFRS & PR	37 50					x		118,026	0	12,838	
MARCELLA JACKSON DIRECTOR-SCI MTGS/CONFS	37 50					Χ		119,653	0	11,910	

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
PUBLICATION PRODUCTION	765,866	765,866		
BANK/CREDIT CARD FEES	231,252	211,039	20,213	
HONORARIA	110,000	110,000		
MISCELLANEOUS	98,574	130,955	-32,381	
TEMPORARY HELP	89,129	80,424	8,705	

DLN: 93493314032520

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

- ◆ 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) or Form 990-EZ, line 35a (regarding proxy tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization
FEDERATION OF AMERICAN SOCIETIES FOR
EXPERIMENTAL BIOLOGY

Employer identification number

52-0700497

Part I-A	Complete if the	<u>organization is</u>	exempt under s	section 501(c	 or is a section 	<u> 1 527 organization.</u>

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures
- Volunteer hours

Part I-B	Complete if the organization is exempt under section 501(c)(3).

- Enter the amount of any excise tax incurred by the organization under section 4955 1
 - Enter the amount of any excise tax incurred by organization managers under section 4955
 - If the organization incurred a section 4955 tax, did it file Form 4720 for this year? □ No
- 3 Was a correction made? Yes
- If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities 1
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year?

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter -0-

section 4911 tax for this year?

┌ Yes ┌ No

Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) ar	nd filed Form 5768	(election		
A	Check I if the filing organization belongs to a	an affiliated group				
В	Check If the filing organization checked bo	x A and "limited control" provisions apply				
	Limits on Lobbying E (The term "expenditures" means a		(a) Filing Organization's Totals	(b) Affiliated Group Totals		
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lobbying)	18,386			
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	349,323			
c	Total lobbying expenditures (add lines 1a and 1	b)	367,709			
d	Other exempt purpose expenditures		17,467,740			
е	Total exempt purpose expenditures (add lines 1	17,835,449				
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both	1,000,000			
	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				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000				
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1f)	250,000			
h	Subtract line 1g from line 1a If zero or less, ent	er -0-	0			
i	Subtract line 1f from line 1c If zero or less, ente	Subtract line 1f from line 1c If zero or less, enter -0-				

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.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period					
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount	999,255	1,000,000	1,000,000	1,000,000	3,999,255
b	Lobbying ceiling amount (150% of line 2a, column(e))					5,998,883
_c	Total lobbying expenditures	168,017	192,933	224,316	367,709	952,975
_d	Grassroots non-taxable amount	249,814	250,000	250,000	250,000	999,814
е 	Grassroots ceiling amount (150% of line 2d, column (e))					1,499,721
f	Grassroots lobbying expenditures	8,400	9,643	· · · · · · · · · · · · · · · · · · ·	18,386	47,645

che	dule C (Form 990 or 990-EZ) 200						Page 3
Pa	rt II-B Complete if the or (election under se	rganization is exempt under ection 501(h)).	section 501(c)(3) and has I				
			-	(;	(a))
				Yes	No	A mo	unt
1		anization attempt to influence foreign t to influence public opinion on a legis					
а	Volunteers?						
b	Paid staff or management (includ	e compensation in expenses reported	l on lines 1c through 1i)?				
c	Media advertisements?						
d	Mailings to members, legislators	, or the public?					
е	Publications, or published or broa	adcast statements?					
f	Grants to other organizations for	lobbying purposes?					
g	Direct contact with legislators, th	neır staffs, government officials, or a l	egislative body?				
h	Rallies, demonstrations, seminar	s, conventions, speeches, lectures, c	rany sımılar means?				
i	Other activities? If "Yes," descri	ibe in Part IV					
j	Total lines 1c through 1:						
2a	Did the activities in line 1 cause	the organization to be not described	n section 501(c)(3)?				
Ь	If "Yes," enter the amount of any	tax incurred under section 4912					
c	If "Yes," enter the amount of any	tax incurred by organization manage	rs under section 4912				
d	If the filing organization incurred	a section 4912 tax, did it file Form 4	720 for this year?				
Par	t III-A Complete if the or 501(c)(6).	ganization is exempt under	section 501(c)(4), section !	501(c)(5), o		
	W					Yes	s No
1		nore) dues received nondeductible by			-	2	
2	=	n-house lobbying expenditures of \$2,0			-	3	
3		ryover lobbying and political expendit		-01/-	\(\(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
26H	501(c)(6) if BOTH	rganization is exempt under Part III-A, lines 1 and 2 are					ion
	answered "Yes".						
1	Dues, assessments and similar a			1			
2	expenses for which the section 5	bbbying and political expenditures (do 27(f) tax was paid).	o not include amounts of political				
a	Current year	(. , para).		2a			
ь	Carryover from last year			2b			
c	Total			2c			
3	Aggregate amount reported in se	ction 6033(e)(1)(A) notices of nonde	ductible section 162(e) dues	3			
4	If notices were sent and the amo	unt on line 2c exceeds the amount or	line 3, what portion of the excess				
	does the organization agree to ca political expenditure next year?	arryover to the reasonable estimate o	f nondeductible lobbying and	4			
5	Taxable amount of lobbying and p	political expenditures (see instruction	ıs)	5			
Pä	rt IV Supplemental Info	ormation					
	mplete this part to provide the des o, complete this part for any addit	criptions required for Part I-A, line 1, ional information	Part I-B, line 4, Part I-C, line 5, an	d Part	II-B, lıne	11	
	Ident if ier	Return Reference	Explana	t ion			

DLN: 93493314032520

OMB No 1545-0047

Open to Public Inspection

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.

Name of the organization

Employer identification number

Organizations Maintaining Donor Advised Funds or Other Simila organization answered "Yes" to Form 990, Part IV, line 6.		700497			
	r Funds		ıts. Comple	ete ıf th	
			<u> </u>		
(a) Donor advised funds	(b) Funds an	d other accou	unts	
otal number at end of year					
ggregate contributions to (during year)					
ggregate grants from (during year)					
ggregate value at end of year					
ld the organization inform all donors and donor advisors in writing that the assets held in nds are the organization's property, subject to the organization's exclusive legal control		sed	☐ Yes	┌ N	
id the organization inform all grantees, donors, and donor advisors in writing that grant fu sed only for charitable purposes and not for the benefit of the donor or donor advisor, or f onferring impermissible private benefit	•		┌ Yes	┌ No	
Conservation Easements. Complete if the organization answered "Ye	s" to Form	n 990, Part	IV, line 7.		
urpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Protection of natural habitat Preservation of Preservation of open space omplete lines 2a-2d if the organization held a qualified conservation contribution in the	of a certified	d historic str		e a	
asement on the last day of the tax year		Held at t	he End of the	e Year	
otal number of conservation easements	2a				
otal acreage restricted by conservation easements	2b				
umber of conservation easements on a certified historic structure included in (a)	2c				
umber of conservation easements included in (c) acquired after 8/17/06	2d				
umber of conservation easements modified, transferred, released, extinguished, or termi ne taxable year 🛌 umber of states where property subject to conservation easement is located ►		3	-		
oes the organization have a written policy regarding the periodic monitoring, inspection, inforcement of the conservation easements it holds?	handling of	violations, a	and Yes	┌ N	
taff and volunteer hours devoted to monitoring, inspecting and enforcing conservation ea	sements d	uring the yea	ar ►		
mount of expenses incurred in monitoring, inspecting, and enforcing conservation easem	nents during	the year ►	\$		
oes each conservation easement reported on line 2(d) above satisfy the requirements of 70(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	fsection		☐ Yes	┌ N	
n Part XIV, describe how the organization reports conservation easements in its revenue alance sheet, and include, if applicable, the text of the footnote to the organization's finar he organization's accounting for conservation easements					
Organizations Maintaining Collections of Art, Historical Treasure Complete if the organization answered "Yes" to Form 990, Part IV, line 8		ner Simila	ır Assets.		
the organization elected, as permitted under SFAS 116, not to report in its revenue stat rt, historical treasures, or other similar assets held for public exhibition, education or res rovide, in Part XIV, the text of the footnote to its financial statements that describes the	earch in fu			- <u></u> -	
the organization elected, as permitted under SFAS 116, to report in its revenue stateme			•		
storical treasures, or other similar assets held for public exhibition, education, or resear	provide the following amounts relating to these items				
storical treasures, or other similar assets held for public exhibition, education, or resear		► \$			
storical treasures, or other similar assets held for public exhibition, education, or resear ovide the following amounts relating to these items		►\$ ►\$			

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

3	Using the organization's accession and other									continuea)
	items (check all that apply)	•	•		-	·				
а	Public exhibition		d	Г	oan or	exchange	program	S		
b	Scholarly research		e	Γ c	ther					
С	Preservation for future generations									
4	Provide a description of the organization's co Part XIV	llections and expla	ın hov	w they f	urther t	he organi:	zatıon's e	exempt purpose	ın	
5	During the year, did the organization solicit o	r receive donations	ofar	rt, histo	rical tre	easures or	othersi			_
	assets to be sold to raise funds rather than t								Yes	│ No
Pai	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						wered "	Yes" to Form 9	990, 	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					ns or othe	erassets		┌ Yes	☐ No
Ь	If "Yes," explain the arrangement in Part XI\	and complete the	follow	ving tab	e			Ar	nount	
С	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990. Part X. lin	e 21?	,				1	┌ Yes	
	If "Yes," explain the arrangement in Part XIV								,	,
	rt V Endowment Funds. Complete		n ans	swered	"Yes"	to Form	990. Pa	rt IV. line 10.		
		(a)Current Year		Prior Yea		(c) Two Year		I)Three Years Back	(e)Four	Years Back
1a	Beginning of year balance	27,094		2	7,251					
b	Contributions									
c	Investment earnings or losses	96			653					
d	Grants or scholarships	500			500					
e	Other expenditures for facilities and programs				221					
f	Administrative expenses	107			89					
g	End of year balance	26,583		2	7,094					
2	Provide the estimated percentage of the yea	r end balance held :	as				•			
а	Board designated or quasi-endowment	%								
ь	Permanent endowment ► 92 160 % %									
c	Term endowment ► 7840 % %									
3a	Are there endowment funds not in the posses	sion of the organiz	ation	that are	held a	nd admını	stered fo	r the		
	organization by								Yes	No
	(i) unrelated organizations							3a		Νo
	(ii) related organizations							3a(ii)	No
	If "Yes" to 3a(II), are the related organization	•						3	ь	
4	Describe in Part XIV the intended uses of th) Dt V	l 10			
Pal	rt VI Investments—Land, Buildings	s, and Equipme	nt. 5						Т	
	Description of investment				st or oth		st or other s (other)	(c) Accumulated depreciation	(d) B	ook value
1a	Land						25,457	7		25,457
	Buildings		•				25,684,196	8,291,67	6	17,392,520
С	Leasehold improvements									
d	Equipment									
	Other						3,627,485	2,948,33	9	679,146
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	rm 990, Part X, colui	nn (B)), line 10	O(c).)			▶		18,097,123
								Schedule I) (Form	990) 2009

Part VII Investments—Other Securities. See	Form 990, Part X, line 1.	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(B)Book value	Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
	<u> </u>	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. Se	Form 990 Part Y line	13
Parteviii investinents—Program Related. Se		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
		Cost of the of year market value
	+	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, lii	ne 15.	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, III (a) Descrip		(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	otion	
Part IX Other Assets. See Form 990, Part X, III (a) Description of the property of the part of the pa	IO N	570,026
Part IX Other Assets. See Form 990, Part X, III (a) Description of the property of the part of the pa	IO N	
Part IX Other Assets. See Form 990, Part X, III (a) Description of the property of the part of the pa	IO N	570,026
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Part IX Other Assets. See Form 990, Part X, III (a) Description of the property of the part of the pa	IO N	570,026
Part IX Other Assets. See Form 990, Part X, III (a) Descrip INVESTMENTS HELD TO FUND DEFERRED COMPENSAT AMOUNTS DUE FROM MEMBER SOCIETIES AND CUSTO	OTION ODIAL GRANTS	570,026
Part IX Other Assets. See Form 990, Part X, III (a) Descrip INVESTMENTS HELD TO FUND DEFERRED COMPENSAT AMOUNTS DUE FROM MEMBER SOCIETIES AND CUSTO Total. (Column (b) should equal Form 990, Part X, col.(B) line in	TION DIAL GRANTS 5.)	570,026
Part IX Other Assets. See Form 990, Part X, III (a) Descrip INVESTMENTS HELD TO FUND DEFERRED COMPENSAT AMOUNTS DUE FROM MEMBER SOCIETIES AND CUSTO	TION DIAL GRANTS 5.)	570,026
Part IX Other Assets. See Form 990, Part X, III (a) Descrip INVESTMENTS HELD TO FUND DEFERRED COMPENSAT AMOUNTS DUE FROM MEMBER SOCIETIES AND CUSTO Total. (Column (b) should equal Form 990, Part X, col.(B) line in	5.) S, line 25.	570,026
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	TION DIAL GRANTS 5.)	570,026
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.) S, line 25.	570,026
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes AMOUNTS HELD FOR MEMBER SOCIETIES AND	5.) (b) A mount	570,026
Total. (Column (b) should equal Form 990, Part X, col.(B) line 3 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes AMOUNTS HELD FOR MEMBER SOCIETIES AND CUSTO	5.) S, line 25.	570,026
Total. (Column (b) should equal Form 990, Part X, col.(B) line is Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes AMOUNTS HELD FOR MEMBER SOCIETIES AND CUSTO CUSTO DIAL ACCOUNTS AMOUNTS HELD FOR CUSTO DIAL FUNDS FROM	5.) (b) A mount 149,867	570,026
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes AMOUNTS HELD FOR MEMBER SOCIETIES AND CUSTODIAL ACCOUNTS AMOUNTS HELD FOR CUSTODIAL FUNDS FROM MANAGED MEETINGS	5.)	570,026
Total. (Column (b) should equal Form 990, Part X, col.(B) line 3 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes AMOUNTS HELD FOR MEMBER SOCIETIES AND CUSTO CUSTO DIAL ACCOUNTS AMOUNTS HELD FOR CUSTO DIAL FUNDS FROM MANAGED MEETINGS DEFERRED COMPENSATION	5.) (b) A mount 149,867 913,504 570,026	570,026
Total. (Column (b) should equal Form 990, Part X, col.(B) line 3 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes AMOUNTS HELD FOR MEMBER SOCIETIES AND CUSTO CUSTO DIAL ACCOUNTS AMOUNTS HELD FOR CUSTO DIAL FUNDS FROM MANAGED MEETINGS DEFERRED COMPENSATION	5.)	570,026
Total. (Column (b) should equal Form 990, Part X, col.(B) line 3 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes AMOUNTS HELD FOR MEMBER SOCIETIES AND CUSTO CUSTO DIAL ACCOUNTS AMOUNTS HELD FOR CUSTO DIAL FUNDS FROM MANAGED MEETINGS DEFERRED COMPENSATION	5.) (b) A mount 149,867 913,504 570,026	570,026
Total. (Column (b) should equal Form 990, Part X, col.(B) line 3 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes AMOUNTS HELD FOR MEMBER SOCIETIES AND CUSTO CUSTO DIAL ACCOUNTS AMOUNTS HELD FOR CUSTO DIAL FUNDS FROM MANAGED MEETINGS DEFERRED COMPENSATION	5.) (b) A mount 149,867 913,504 570,026	570,026
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Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.) (b) A mount 149,867 913,504 570,026	570,026
Total. (Column (b) should equal Form 990, Part X, col.(B) line 3 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes AMOUNTS HELD FOR MEMBER SOCIETIES AND CUSTO CUSTO DIAL ACCOUNTS AMOUNTS HELD FOR CUSTODIAL FUNDS FROM MANAGED MEETINGS DEFERRED COMPENSATION	5.) (b) A mount 149,867 913,504 570,026	570,026

Sche	dule D (Form 990) 2009		Page 4
Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	16,787,418
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	17,362,326
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-574,908
4	Net unrealized gains (losses) on investments	4	2,894,391
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	2,894,391
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,319,483
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	21,027,204
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	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		
е	Add lines 2a through 2d	2e	2,894,391
3	Subtract line 2e from line 1	3	18,132,813
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	-1,345,395
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	16,787,418
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	
1	Total expenses and losses per audited financial statements	1	18,707,721
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	1,345,395
3	Subtract line 2e from line 1	3	17,362,326
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	17,362,326
	rt XIV Supplemental Information		
Car	mplete this part to provide the descriptions required for Part II, lines 3, E, and 0, Part III, lines 1 a and 4, Pr	art 11/	lines 1 h and 2 h

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

Ident if ier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	THE FEDERATION'S ENDOWMENT CONSISTS OF TWO DONOR-RESTRICTED FUNDS TO BE HELD IN PERPETUITY (1) THE GREGORY PINCUS MEMORIAL FUND WAS ESTABLISHED IN 1976 TO PROVIDE FUNDS TO SUBSIDIZE THE COSTS OF TRAVEL, REGISTRATION, AND SUBSISTENCE FOR YOUNG GRADUATE STUDENTS PREPARING FOR CAREERS IN BIOLOGY AND MEDICINE TO ATTEND THE EXPERIMENTAL BIOLOGY ANNUAL MEETING OR OTHER SCIENTIFIC CONFERENCES (2) THE WELLS ENDOWED PROGRAM FOR INITIATIVES IN PUBLIC AFFAIRS WAS ESTABLISHED IN 2004 TO PROVIDE FUNDING FOR ANY AND ALL DISCRETIONARY PURPOSES SUPPORTING THE FEDERATION'S OFFICE OF PUBLIC AFFAIRS (OPA) THE EARNINGS FROM THIS ENDOWMENT ARE TO BE USED AT THE SOLE DISCRETION OF THE DIRECTOR OF THE OPA
Part X	Description of Uncertain Tax Positions Under FIN 48	DURING THE YEAR ENDED DECEMBER 31, 2009, FASEB ADOPTED THE ACCOUNTING STANDARD RELATED TO UNCERTAIN INCOME TAX POSITIONS THE STANDARD REQUIRES THAT AN UNCERTAIN INCOME TAX POSITION MUST BE MORE LIKELY THAN NOT (GREATER THAN 50% LIKELIHOOD) BEFORE IT IS RECOGNIZED IN THE FINANCIAL STATEMENTS FURTHERMORE, THE STANDARD REQUIRES THAT THE AMOUNT RECOGNIZED BE THE SAME AS THAT WHICH WOULD BE DETERMINED AS A RESULT OF A REVIEW BY TAX AUTHORITIES HAVING ALL RELEVANT INFORMATION DURING THE YEAR ENDED DECEMBER 31, 2009, MANAGEMENT DID NOT IDENTIFY ANY UNCERTAIN INCOME TAX POSITIONS AND BELIEVES FASEB IS NO LONGER SUBJECT TO US FEDERAL, STATE, AND LOCAL INCOME TAX EXAMINATIONS BY TAXING AUTHORITIES FOR YEARS BEFORE 2006
Part XII, Line 4b - Other Adjustments		RENTAL EXPENSES FOR TENANTS FROM LINE 6B - 1361092 GAIN FROM SALE OF FIXED ASSETS 15697
Part XIII, Line 2d - Other Adjustments		RENTAL EXPENSES FOR TENANTS FROM LINE 6B 1361092 GAIN FROM SALE OF FIXED ASSETS -15697

DLN: 93493314032520

OMB No 1545-0047

2009

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

Part I General Information on Activities Outside the United States. Complete if the organization answered

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

Open to Public

Name of the organization FEDERATION OF AMERICAN SOCIETIES FOR EXPERIMENTAL BIOLOGY

Employer identification number

52-0700497

	"Yes" to Form	990, Part IV, lir	ie 14b.			
1	assistance, the grant	ees' eligibility fo	or the grants or	assistance, and the se	the amount of the grant election criteria used to a	ward
2	For grant makers. Descr United States	ribe in Part IV the	organization's pr	ocedures for monitoring th	he use of grant funds outsıd	e the
3	Activites per Region (U	Jse Schedule F-1	(Form 990) if add	ditional space is needed)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services,		(f) Total expenditures for region
EUF	ROPE	0	0	PROGRAM SERVICES	FASEB HELD FOUR (4) OF ITS 31 SUMMER RESEARCH CONFERENCES IN ITALY DURING 2009 THE EMPHASIS OF THESE CONFERENCES IS ON CUTTING-EDGE RESEARCH, WITH PROMINENT SCIENTISTS IN EACH FIELD MAKING PRESENTATIONS TO ATTENDEES WHO ARE HEAVILY ENGAGED IN RESEARCH OR ARE IN ANCILLIARY FIELDS WHERE AN ACCURATE UNDERSTANDING OF ALLIED SCIENTIFIC ADVANCES IS IMPORTANT POSTDOCTORAL CANDIDATES ARE ALSO ENCOURAGED TO PARTICIPATE IN THE CONFERENCES ATTENDEES ARE SELECTED BY THE ORGANIZERS ON THE BASIS OF THEIR PROBABLE CONTRIBUTIONS TO SCIENCE FASEB HAS CONDUCTED THE SUMMER RESEARCH CONFERENCE PROGRAM SINCE 1982	186,864
		0	0			186,864

Part IV	, line 15, for an	sistance to Orgar y recipient who recensional	eived more than \$5	es Outside the Ur ,000. Check this box	nited States. Composite of the composite	plete if the organiza received more that	tion answered "Yes' n \$5,000	'to Form 990, ► 厂
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total n tax-exempt	number of recipions by the IRS, or f	ent organizations lis or which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3 Enter total n	umber of other	organizations or en	tities					: (Earm 990) 2009

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Identifier	ReturnReference	in Part I, line 2, and any additional information. Explanation
	+	

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990

OMB No 1545-0047

DLN: 93493314032520

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Name of the organization FEDERATION OF AMERICAN SOCIETIES FOR EXPERIMENTAL BIOLOGY

Employer identification number

52-0700497

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
COALITION TO SUPPORT MEDICAL RESEARCHPO BOX 5979 BETHESDA,MD 20824	263853667	501(C)(6)	20,000				RESEARCHMEANSHOPE ORG CAMPAIGN SUPPORT

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

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

Cat No 50055P

Schedule I (Form 990) 2009

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) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
POSTDOCTORAL PROFESSIONAL DEVELOPMENT AND ENRICHMENT AWARD	6	18,000			
See Additional Data Table					
			-	-	

Part IV Supplem										
Ident if ier	Return Reference	Explanation								
Procedure for Monitoring Grants in the US	Part I, Line 2	Schedule I, Part I, Line 2 THE FASEB POSTDOCTORAL PROFESSIONAL DEVELOPMENT AND ENRICHMENT AWARD RECOGNIZES HIGHLY PROMISING POSTDOCTORAL SCIENTISTS WHO HAVE DEMONSTRATED RESEARCH PRODUCTIVITY, INCLUDING HAVING PUBLISHED FIRST-AUTHOR PAPERS IN SCIENTIFIC PUBLICATIONS, MENTORING OF URM UNDERGRADUATE AND GRADUATE STUDENTS, AND SERVICE LEADING TO IMPROVING AND EXPANDING OPPORTUNITIES FOR MINORITIES IN THE SCIENTIFIC WORKFORCE AND ACADEMIA A TOTAL OF SIX INDIVIDUALS ARE RECOGNIZED EACH YEAR FOR THEIR CONTRIBUTIONS AND ARE SELECTED FROM AN EXTREMELY ACCOMPLISHED APPLICANT POOL OF DEDICATED SCIENTISTS THE DIRECTOR OF FASEB'S OFFICE OF MINORITY ACCESS TO RESEARCH CAREERS (MARC) NOTIFIES THE SELECTED RECIPIENTS AND COORDINATES WITH EACH RECIPIENT REGARDING PAYMENT OF THE AWARD AMOUNT AMOUNTS PAID FOR CONTRIBUTIONS AND SIMILAR SUPPORT TO VARIOUS ORGANIZATIONS ARE APPROVED BY THE RESPECTIVE DEPARTMENT HEADS IN CONFORMITY WITH FASEB'S NORMAL CASH DISBURSEMENT POLICIES AND PROCEDURES								

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DLN: 93493314032520

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization FEDERATION OF AMERICAN SOCIETIES FOR EXPERIMENTAL BIOLOGY

Employer identification number

52-0700497

Pa	Questions Regarding Compensation	on				
					Yes	Νo
1a	Check the appropiate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part I		ny of the following to or for a person listed in Form ride any relevant information regarding these items			
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the creimbursement orprovision of all the expenses des			1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2		
3	Indicate which, if any, of the following the organization's CEO/Executive Director Check all					
	Compensation committee	<u> </u>	Written employment contract			1
	Independent compensation consultant	굣	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 or a related organization	, Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	l paymen	nt?	4a		Νo
b	Participate in, or receive payment from, a supplem	ental non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-	based co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	nust comp	olete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a,	did the organization pay or accrue any			
а	The organization?			5a		Νo
Ь	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a,	did the organization pay or accrue any			
а	The organization?			6a		No
Ь	Any related organization?			6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section Appayments not described in lines 5 and 6? If "Yes,"			7		No.
8	Were any amounts reported in Form 990, Part VII,					
-	subject to the initial contract exception described					1
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	he rebutta	able presumption procedure described in Regulations	9		

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

	7(1) (111) 11	.a q.a approad		(= / = anto on 1 or				
(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & (iii) Other reportable compensation compensation		other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
GUY C FO GLEMAN PHD	(ı) (ıı)	313,500 0	0	18,680 0	24,500 0	3,095 0	359,775 0	0
HOWARD H GARRISON PHD	(ı) (ıı)	204,707	0	4,649 0	21,250 0	25,471 0	256,077 0	0
DAVID L CRAVEN CPA	(I) (II)	136,507 0	0	671 0	14,120 0	19,833 0	171,131 0	0
	•							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

]	Ident if ier	Ret urn Ref erence	Explanation
]	Ident if ier	Reference	Explanation

Schedule J (Form 990) 2009

DLN: 93493314032520

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule 0 (Form 990).

OMB No 1545-0047

2009

Open to Public ► Attach to Form 990. ► See separate instructions. Department of the Treasury **Inspection** Internal Revenue Service Employer identification number Name of the organization FEDERATION OF AMERICAN SOCIETIES FOR 52-0700497 EXPERIMENTAL BIOLOGY **Bond Issues** Part I (h) O n Behalf of (a) Defeased (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose Issuer Yes No Yes No ADVANCE REFUNDING OF 2002 MARYLAND ECONOMIC BONDS AND FUNDING FOR Х Х DEVELOPMENT CORPORATION 52-1376562 57420NAY7 06-11-2008 15,500,000 FASEB FACILITY **IMPROVEMENTS Proceeds** В C D Ε Total proceeds of issue 3,755 Gross proceeds in reserve funds Proceeds in refunding or defeasance escrows 3 Other unspent proceeds 1,312,221 Issuance costs from proceeds Working capital expenditures from proceeds Capital expenditures from proceeds 540,793 Year of substantial completion 2011 Yes No Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? Х Were the bonds issued as part of an advance refunding issue? Х 10 Has the final allocation of proceeds been made? Χ 11 Does the organization maintain adequate books and records to support 12 Х the final allocation of proceeds? Part IIII Private Business Use C D Ε Α В Yes No No Yes No Yes Yes Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? Are there any lease arrangements with respect to the financed property

which may result in private business use?

Schedule K (Form 990) 2009	
Part IIII Private Business Use	(Continued)

				\	В		С		D		E	Ē
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to financed property which may result in private business use?											
3 b	Are there any research agreements with respect to the finance which may result in private business use?	d property										
Зc	Does the organization routinely engage bond counsel or other counsel to review any management or service contracts or researchements relating to the financed property?											
1	Enter the percentage of financed property used in a private bus by entities other than a section 501(c)(3) organization or a sta government											
5	Enter the percentage of financed property used in a private bus as a result of unrelated trade or business activity carried on by organization, another section 501(c)(3) organization, or a state government Total of lines 4 and 5	your										
-	Has the organization adopted management practices and proce	durac to										
Dar	ensure the post-issuance compliance of its tax-exempt bond lit tiv Arbitrage											
Pai	Arbitrage		Α		В		С		D		E	
		Yes	 No	Yes	No	Yes		o .	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		x									
2	Is the bond issue a variable rate issue?	Χ										
За	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X										
b	Name of provider	WACHOVI	IA BANK NA									
c	Term of hedge	10 00	00000000	0								
1a	Were gross proceeds invested in a GIC?		X									
b	Name of provider											
c	Term of GIC											
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X									
5	Were any gross proceeds invested beyond an available temporary period?		X									
5	Did the bond issue qualify for an exception to rebate?		X									

OMB No 1545-0047

Inspection

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.

Open to Public

FEDERATION OF AMERICAN SOCIETIES FOR EXPERIMENTAL BIOLOGY 52-0700497	Name of the organization	Employer identification number
EXPERIMENTAL BIOLOGY 52-0700497	FEDERATION OF AMERICAN SOCIETIES FOR	
	EXPERIMENTAL BIOLOGY	52-0700497

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 1		THE FASEB EXECUTIVE COMMITTEE MAY EXERCISE THE MANAGEMENT AUTHORITY OF THE BOARD OF DIRECTORS IN BETWEEN MEETINGS OF THE BOARD OF DIRECTORS THE FASEB EXECUTIVE COMMITTEE CONSISTS OF THE PRESIDENT, PRESIDENT-ELECT, IMMEDIATE PAST PRESIDENT, TREASURER, VICE PRESIDENT FOR SCIENCE POLICY, AND THE SECRETARY/EXECUTIVE DIRECTOR
Form 990, Part VI, Section A, line 4		DURING ITS MAY 2009 MEETING, THE BOARD OF DIRECTORS UNANIMOUSLY APPROVED A MOTION TO AMEND THE FASEB BY LAWS CONCERNING THE COMPOSITION AND VOTING RIGHTS OF THE FINANCE COMMITTEE, WHICH IS A STANDING COMMITTEE OF FASEB THIS REVISION DELETED THE PROVISION THAT AT LEAST FOUR MEMBERS MUST BE NON-BOARD MEMBERS, AND ADDED THAT PRESIDENT, PRESIDENT-ELECT, AND IMMEDIATE PAST PRESIDENT WILL SERVE AS EX-OFFICIO, NON-VOTING MEMBERS OF THE FINANCE COMMITTEE
Form 990, Part VI, Section A, line 6		FASEB'S 21 MEMBER SOCIETIES ARE EACH 501(C)(3) PROFESSIONAL ASSOCIATIONS SOCIETIES IN THE FIELD OF BIOLOGICAL SCIENCE MAY APPLY FOR MEMBERSHIP, AND MAY BE ADMITTED BY A THREE-FOURTHS MAJORITY VOTE OF ALL THE DIRECTORS OF THE FASEB BOARD
Form 990, Part VI, Section A, line 7a		EACH FASEB MEMBER SOCIETY APPOINTS ONE DIRECTOR TO REPRESENT THEIR SOCIETY ON THE FASEB BOARD
Form 990, Part VI, Section A, line 7b		THE ONLY DECISION OF THE GOVERNING BODY THAT IS SUBJECT TO APPROVAL BY THE MEMBERS IS IF THE BOARD VOTES TO DISSOLVE FASEB
Form 990, Part VI, Section B, line 11		THE FASEB 990 IS POSTED ON AN INTERNAL WEBSITE "FASEB ARCHIVES" AND THE FASEB EXECUTIVE COMMITTEE IS INFORMED THAT THE 990 IS AVAILABLE FOR REVIEW PRIOR TO SUBMISSION OF THE 990
Form 990, Part VI, Section B, line 12c		BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES ARE PROVIDED THE CONFLICT OF INTEREST POLICY ANNUALLY THEY MUST SIGN AND DISCLOSE ANY POSSIBLE CONFLICTS OF INTEREST NEW BOARD MEMBERS ARE MADE AWARE OF THE CONFLICT OF INTEREST POLICY DURING AN ORIENTATION CONFERENCE CALL BY OUR LEGAL COUNSEL INSTANCES OF POTENTIAL CONFLICT ARE DISCLOSED, DISCUSSED, AND RECORDED
Form 990, Part VI, Section B, line 15a		THE COMPENSATION OF THE FASEB EXECUTIVE DIRECTOR IS REVIEWED AND APPROVED BY THE FASEB EXECUTIVE COMMITTEE OF THE BOARD. THE FASEB DEPUTY EXECUTIVE DIRECTOR FOR ADMINISTRATION PROVIDES COMPARABLE COMPENSATION DATA TO THE FASEB PRESIDENT. THE FASEB PRESIDENT PROVIDES THE DEPUTY EXECUTIVE DIRECTOR FOR ADMINISTRATION WITH DOCUMENTATION DETAILING THE COMPENSATION THAT WAS APPROVED AND WHO APPROVED THE NEW COMPENSATION.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		FASEB'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST

FORM 990, PART XI, LINE 2C THE AUDIT PROCESS HAS REMAINED UNCHANGED FROM THE PRIOR YEAR
For Paperwork Reduction Act Notice, see the Instructions for Form 990 Cat No 51056K

Schedule O (Form 990) 2009