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## Form **990**

### **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)

2009

OMB No 1545-0047

Open to Public

Department of the Treasury

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

	the 2	2009 calendar ve	ar, or tax year beginning 07-	01-2009 and ending 06-30-2010	<u> </u>		
		oplicable <b>Please</b>	C Name of organization	•		D Employer i	dentification number
— Nan		· · · · · · · · · ·	ASSOCIATION OF PUBLIC HEA	LITH LABORATORIES INC		52-18004	
	ne char	nge print or	Doing Business As			E Telephone	number
Initia	al retur			ox if mail is not delivered to street addres	ss) Room/suite	(240) 485	
Tem			8515 GEORGIA AVE No 700			<b>G</b> Gross receip	ts \$ 36,072,831
_	ended r	pending	City or town, state or country SILVER SPRING, MD 20910	, and ZIP + 4			
			 ime and address of principal	officer	H/a) In th	■ is a group reti	um for
		Carol	Clark			is a group rett ates?	⊤Yes <b>▼</b> No
			GEORGIA AVE No 700 ER SPRING, MD 20910		H/b) Are a	II affiliates incli	uded?
							st (see instructions)
			c) (3) <b>4</b> (insert no)	a)(1) or 527		up exemption i	
		∷ ► WWW APHL					
Form Par		ganization 🔽 Corpora	ation Trust Association O	ther 🕨	L Year of fo	ormation 1991	<b>M</b> State of legal domicile D
sovemance sovemance	1	Briefly describe t To promote the ro	•	most significant activities les in shaping national and global itinuous improvement in the quali	-		
OYC!	2	Check this hox	f the organization discon	tinued its operations or disposed	of more than	25% of its ne	t assets
			,	ody (Part VI, line 1a)			3
Houmines &				e governing body (Part VI, line 1b			4
	5	Total number of e	mployees (Part V, line 2a)				5
	6	Total number of v	olunteers (estimate if neces	sary)			630
`	7a	Total gross unrel	ated business revenue from	Part VIII, column (C), line 12 .			<b>7a</b> 51,20
	ь	Net unrelated bus	siness taxable income from I	Form 990-T, line 34			<b>7b</b> 25,52
					Pric	or Year	Current Year
<u>.</u>	8		nd grants (Part VIII, line 1h		23,206,121	32,833,931	
Havenue	9			)		1,843,278	2,015,619
Ž	10 11			lines 3, 4, and 7d) 5, 6d, 8c, 9c, 10c, and 11e)		33,174	-103,692 1,307
	12	,	, , , , ,	t equal Part VIII, column (A), line	=		1,307
		12)	<u> </u>	<u> </u>		25,082,573	
	13			olumn (A), lines 1-3)		2,670,073	
	14			umn (A), line 4)			
8	15	10)	compensation, employee ber	ients (Part IX, column (A), lines 5	, –	6,748,256	7,892,733
Expenses 	16a	Professional fun	draising fees (Part IX, colun	nn (A), line 11e)			(
ਲੂੰ ∣	b	Total fundraising ex	penses (Part IX, column (D), line	25) <b>▶</b> 0			
_	17	Other expenses	(Part IX, column (A), lines	11a-11d, 11f-24f)		15,362,825	23,981,443
	18			ial Part IX, column (A), line 25)		24,781,154	34,641,382
_ qp	19	Revenue less ex	openses Subtract line 18 fro	om line 12	Reginnin	301,419 g of Current	105,779
Net Assets of Fund Balances					_	ear	End of Year
200	20		art X, line 16)			4,888,081	5,852,248
2 P	21		(Part X, line 26)			3,527,308	, ,
	22			1 from line 20		1,360,773	1,716,578
	. 11	Signature B		ined this return, including accompanying	schedules and s	tatements, and to	o the best of my knowledge
Par				n of preparer (other than officer) is based	d on all informat		
Sign		Signature of office Carol Clark Chie	of Operating Officer				
Sign		Signature of office	of Operating Officer				
Sign Here		Signature of office Signature of office Signature of Office Signature of Signature	of Operating Officer	s	Check if self-	Preparer's idei (see instructio	ntıfyıng number ns)
Sign Here Paid Prepa	rer's	Signature of office Signature of office Type or print nair Preparer's signature Andre Firm's name (or you	of Operating Officer me and title new Smith	s	self-	(see instructio	, ,
Sign Here Paid	rer's	Signature of office Signature of office Signature Signat	ef Operating Officer me and title ew Smith LARSONALLEN LLP	S	self-	(see instructio	, ,

#### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

To promote the role of public health laboratories in shaping national and global health objectives, and to promote policies, programs, and technologies which assure continuous improvement in the quality of laboratory practice and health outcomes

	(Expenses \$  Total program service expenses▶\$	including grants of 31,458,84	•	) (Revenue \$	)
4d	Other program services (Describe		£ #	) /D	\ \
	Other programsAPHL has programs design laboratories, supporting the Food Emerger laboratories APHL also received funding the accurate identification and contol of vaccir	ncy Response Network (FEF nrough the American Reinve	RN), and sponsoring confe	rences and symposia on topics of i	nterest to public health
4c	(Code ) (Expenses		ıncludıng grants of \$	312,339 ) (Revenue \$	636,184 )
	Global HealthAPHL's Global Health Progran managing renovation projects, implement training for senior laboratory professionals for AIDS Relief (PEPFAR)	ing laboratory managemen	t information systems, pro	curing equipment and supplies, an	d providing US-based advanced
4b	(Code ) (Expenses	s \$ 9,675,764	ıncludıng grants of \$	10,017,018 ) (Revenue \$	10,065,218 )
	Public Health Laboratory Technical Assistant communicate with all appropriate and integrality public health practice, improving the workforce Additionally, APHL works to additionally and the program ensures that APHL can serve as the Centers for Disease Control and Prevention	nded users of public health te public health infrastructui dress leadership and "pipeli the clearinghouse of informa	laboratory information AF re, and strengthening the p ne" issues as it relates to s	PHL strengthens the public health laboratory system in a staffing in the highest levels of pub	aboratory system by promoting developing a well-trained blic health laboratories Finally, this
4a	(Code ) (Expenses	\$ \$ 20,172,985	ıncludıng grants of \$	22,354,064 ) (Revenue \$	22,487,347 )
4	Describe the exempt purpose achie Section 501(c)(3) and 501(c)(4) or allocations to others, the total expe	ganizations and section	on 4947(a)(1) trusts	are required to report the am	•
	If "Yes," describe these changes or	Schedule O			
3	Did the organization cease conduct services?	ing, or make significan	t changes in how it co	onducts, any program	┌ Yes ┌ No
	If "Yes," describe these new service	es on Schedule O			
2	Did the organization undertake any the prior Form 990 or 990-EZ? .	significant program se	rvices during the yea	r which were not listed on	┌ Yes ┌ No

Part TV	Check	list of	Peguired	Schedules
	CHECK	IISL UI	Reduired	Julieuules

			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		No
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		N o
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		Νο
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If</i> " <i>Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		N o
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? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο

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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "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		No
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			
		28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		Νο
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		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> " <i>Yes,"</i> complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
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		No
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νo
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note, All Form 990 filers are required to complete Schedule O	38	Yes	

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1

			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?	1c	Yes			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes			
3a	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			
<del>l</del> a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νο		
b	If "Yes," enter the name of the foreign country   See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
ā	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .	5a		Νo		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo		
С	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?					
ia	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?					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).	_				
	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		Νο		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
	file Form 8282?	7c		Νο		
u	The rest, indicate the number of Forms 8282 med during the year					
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νo		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h		Νo		
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			110		
•	Sponsoring organizations maintaining donor advised funds.	8				
	Did the organization make any taxable distributions under section 4966?	9a				
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b				
.0	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12 10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
.1	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 )					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					

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(240) 485-2745

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.

Section A. Governing Body and Management

56	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	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
	ection B. Policies (This Section B requests information about policies not required by the Internal			
ке	evenue Code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	163	No
	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		NO
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11		Νo
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
_	organization's exempt status with respect to such arrangements?	16b		
	Let the States with which a copy of this Form 990 is required to be filed. IN LA CA MA CO			
17 18	List the States with which a copy of this Form 990 is required to be filed IL, TN, LA, CA, MA, CO  Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
10	(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 orga	ınızatıor	n 🕨
	Association of Public Health Labora			

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any current or former officer, director, trustee or key employee										
<b>(A)</b> Name and Title	(B) Average hours		(C tion ( hat a	che	<del>_</del>			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other
	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)	compensation from the organization and related organizations
Susan Neill President	4 00	х						О	0	0
Patrick Luedtke President-Elect	4 00	х						0	0	0
Frances Downes Past President	4 00	х						0	0	0
David A Butcher Secretary Treasurer	4 00	х						О	0	0
Jack DeBoy II Member-At-Large	4 00	х						0	0	0
Mary Celotti Member-At-Large	4 00	х						О	0	0
Charles Brokopp Member-At-Large	4 00	х						0	0	0
Yvonne Hale Associate Institutional Director	4 00	х						0	0	0
Sally Liska Local Institutional Director	4 00	х						0	0	0
Scott Becker Ex-Officio	44 00			Х				238,932	0	80,393
Carol Clark Chief Operating Officer	44 00			х				145,510	0	44,555
Ralph Timpieri Senior Advisor of Laboratory Practi	40 00					х		122,316	0	48,030
Eva Perlman Senior Director of Professional Dev	40 00					х		130,242	0	34,785
Rosemary Humes Senior Advisor of Scientific Affair	40 00					Х		107,990	0	54,321
Mary Shaffran Senior Director, Public Health Prog	40 00					х		111,512	0	58,010
Lisa Chilcote Director of Human Resources	40 00					х		103,603	0	43,077

## Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
	ot include amounts reported on lines 6b,		(B)	(C)	(D)			
	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	559,339	559,339					
2	Grants and other assistance to individuals in the							
	U S See Part IV, line 22	2,207,867	2,207,867					
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	546,760	143,856	402,904				
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	5,603,710	4,819,846	783,864				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	526,700	456,007	70,693				
9	Other employee benefits	791,410	679,032	112,378	_			
10	Payroll taxes	424,153	346,759	77,394				
11	Fees for services (non-employees)	727,133	340,739	,,,,,+				
	Management							
a	-	12.550	12.000	FF2				
b	Legal	13,559	13,006	553				
٠.	Accounting	83,071	79,686	3,385				
d	Lobbying							
e	Professional fundraising See Part IV, line 17							
f	Investment management fees	12.000.056	12 207 061	524.005				
g	Other	12,809,856	12,287,861	521,995				
12	Advertising and promotion	000.070	054.433	45.654				
13	Office expenses	900,073	854,422	45,651				
14	Information technology							
15	Royalties							
16	Occupancy	688,171		688,171				
17	Travel	3,995,890	3,983,927	11,963				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	1,249,294	1,240,874	8,420				
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	141,453		141,453				
23	Insurance	64,784		64,784				
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	Equipment Purchase/Main	2,407,383	2,351,195	56,188				
b	Laboratory	677,392	676,108	1,284				
с	Office	568,672	493,600	75,072				
d	Other	350,285	242,284	108,001				
e	Dues & Memberships	31,560	23,180	8,380				
f	All other expenses				-			
25	Total functional expenses. Add lines 1 through 24f	34,641,382	31,458,849	3,182,533	0			
26	Joint costs. Check here ► ☐ If following SOP 98-2		,,	_,	<u>-</u> _			
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation							

Pa	irt X	Balance Sheet					
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments	628,852	2	633,715		
	3	Pledges and grants receivable, net			2,275,523	3	889,112
	4	Accounts receivable, net			27,620	4	1,350,275
	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 o		4958(f)(1)) and			
		Schedule L				6	
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			78,989	9	107,108
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	1,377,172			
	ь			769,316	718,976	10c	607,856
	11	Investments—publicly traded securities			1,158,121	11	2,264,182
	12	Investments—other securities See Part IV, line 11		12			
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,888,081	16	5,852,248		
	17	Accounts payable and accrued expenses .			2,166,405	17	2,714,212
	18	Grants payable		18			
	19	Deferred revenue		808,348	19	905,427	
	20	Tax-exempt bond liabilities		20			
ē	21	Escrow or custodial account liability Complete Part IV of Schedule			21		
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ä		persons Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities Complete Part X of Schedule D			552,555	25	516,031
	26	Total liabilities. Add lines 17 through 25	3,527,308	26	4,135,670		
φ		Organizations that follow SFAS 117, check here ▶ $\sqrt{}$ and comp through 29, and lines 33 and 34.	lete li	nes 27			
anc	27	Unrestricted net assets			1,356,037	27	1,711,842
Balance	28	Temporarily restricted net assets			4,736	28	4,736
	29	Permanently restricted net assets			29	· · · · · · · · · · · · · · · · · · ·	
Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ an	d com	plete			
or F		lines 30 through 34.					
	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			1,360,773	33	1,716,578
2	34	Total liabilities and net assets/fund balances			4.888.081	34	5.852.248

Part XI	Financial	Statements	and I	Reporting
	i illaliciai	Statements	unu i	

			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)

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

S	ection A. Public Support		,	,				
Cal	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	<b>(d)</b> 2008	(e) 20	009	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do no include any "unusual grants")	13,160,375	17,601,682	2 21,819,636	23,721,488	8 33,429,976		109,733,157
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	13,160,375	17,601,682	21,819,636	23,721,488	33	,429,976	109,733,157
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public Support. Subtract line 5 from line 4							109,733,157
	ection B. Total Support		ı					
	endar year (or fiscal year	(-) 200F	(h) 2006	(-) 2007	(-1) 2000	/-\ 20	00	/6) T - + - l
	beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	<b>(e)</b> 20		(f) Total
7	A mounts from line 4	13,160,375	41,956	21,819,636	23,721,488	33,	429,976	109,733,157
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	47,957	41,956	20,834	48,217		33,701	192,665
9	Net income from unrelated business activities, whether or not the business is regularly carried on				2,829	27,816		30,645
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	40,088	53,539	124,891			1,307	219,825
11	Total support (Add lines 7							110,176,292
4.5	through 10)					1 1		
13	First Five Years If the Form 990 is check this box and stop here	for the organizati	on's first, second	l, thırd, fourth, or f	ifth tax year as a	<b>12</b>   501(c)(3	) organiz	zation,
14	ection C. Computation of Pu Public Support Percentage for 200			11 column (f))		144		00.600.8/
	Public Support Percentage for 200			11 column (1))		14		99 600 %
15 16a	33 1/3% support test—2009. If the	•	•	x on line 13, and l	ine 14 is 33 1/3%	<b>15</b>   6 or more	, check t	99 010 % this box
b	and <b>stop here.</b> The organization qu <b>33 1/3% support test—2008.</b> If the box and <b>stop here.</b> The organization	e organization did	not check the bo	x on line 13 or 16	a, and line 15 is	33 1/3%	or more,	check this
	10%-facts-and-circumstances test is 10% or more, and if the organization me organization	<b>—2009.</b> If the organization meets the "facts and	anization did not acts and circums circumstances"	check a box on lir tances" test, che test The organiz	ck this box and <b>s</b> ation qualifies as	t <b>op here.</b> a publici	Explain y suppor	·
b	10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part IV how the organization	nization meets the	e "facts and circ	umstances" test, o	check this box ar	nd <b>stop h</b> e	ere.	, <b>.</b>

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

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support	T			1	T	I
cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
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 Gross receipts from activities that						
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2,						
/a	and 3 received from disqualified				1		
	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						
	rom line 6 ) ction B. Total Support						
	ndar year (or fiscal year beginning						
cuic	in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	<b>(d)</b> 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
	sources						
ь	Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after						
	June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
13	IV ) Total support (Add lines 9, 10c,						
13	11 and 12 )						
14	First Five Years If the Form 990 is for	or the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	
	check this box and <b>stop here</b>						<b>►</b> □
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	
16	Public support percentage from 200	-		.,,		16	
	Table support personage nom 200	o o o modulo / i / i	urt 111, mmc 15			10	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ae			
17	Investment income percentage for 2				n (f))	17	
18	Investment income percentage from	•		•		18	
	33 1/3% support tests—2009. If the				d line 15 is more		line 17 is not
1.7a	more than 33 1/3%, check this box a					u.ii 23 1/3/0 dill	. IIIC 17 13 110t
	organization	•厂		•			
ь	33 1/3% support tests—2008. If the	organization di	d not check a box	on line 14 or line	e 19a, and line 16	5 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