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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)

OMB No 1545-0047

2010

Open to Public
Inspection

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

A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011

B Check if applicable	C Name of organization THE BIOPHYSICAL SOCIETY Doing Business As BPS		D Employer identification number 52-6050847
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Number and street (or P.O. box if mail is not delivered to street address) 11400 ROCKVILLE PIKE	Room/suite 800	E Telephone number (240) 290-5600
	City or town, state or country, and ZIP + 4 ROCKVILLE, MD 20852		F Gross receipts \$ 4,882,226.
	F Name and address of principal officer: ROSALBA KAMPMAN SAME AS C ABOVE		G H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
J Website: ► WWW.BIOPHYSICS.ORG			If "No," attach a list. (see instructions)
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►			L Year of formation: 1957 M State of legal domicile: OH

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ENCOURAGE THE DEVELOPMENT AND DISSEMINATION OF KNOWLEDGE IN BIOPHYSICS.		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	4 Number of independent voting members of the governing body (Part VI, line 1b)	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)
	6 Total number of volunteers (estimate if necessary)		7a Total unrelated business revenue from Part VIII, column (A), line 12 b Net unrelated business taxable income from Form 990-T, line 34
			RECEIVED 3 9 4 9 5 18 6 100 7a 61,935. 7b 0.
Expenses	8 Contributions and grants (Part VIII, line 1h)	9 Program service revenue (Part VIII, line 2g)	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year Current Year 307,757. 282,846. 4,016,774. 4,121,231. 314,166. 241,326. 128,698. 128,482. 4,767,395. 4,773,885.
Net Assets or Fund Balances	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14 Benefits paid to or for members (Part IX, column (A), line 4)	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)
	16a Professional fundraising fees (Part IX, column (A), line 11e)	b Total fundraising expenses (Part IX, column (D), line 25) ► 0.	1,283,004. 1,373,737. 0. 0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,167,854. 2,082,343. 3,516,158. 3,543,500. 1,251,237. 1,230,385.
	19 Revenue less expenses. Subtract line 18 from line 12		Beginning of Current Year End of Year 8,230,304. 10,092,894. 1,427,943. 1,392,865. 6,802,361. 8,700,029.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	► <i>Rosalba Kampman</i> Signature of officer ► ROSALBA KAMPMAN / EXECUTIVE OFFICER Type or print name and title	Date <i>2/1/12</i>			
Paid Preparer	Print/Type preparer's name FREDERICK LONGWOOD	Preparer's signature <i>Frederick Longwood</i>	Date <i>1/30/2012</i>	Check <input type="checkbox"/> if self-employed	PTIN
Use Only	Firm's name ► TATE AND TRYON		Firm's EIN ►		
	Firm's address ► 2021 L STREET, NW SUITE 400 WASHINGTON, DC 20036		Phone no. (202) 293-2200		

May the IRS discuss this return with the preparer shown above? (see instructions)

032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

G18 11

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III 1 Briefly describe the organization's mission:

THE BIOPHYSICAL SOCIETY WAS FOUNDED IN 1957 TO ENCOURAGE DEVELOPMENT AND DISSEMINATION OF KNOWLEDGE IN BIOPHYSICS. IT DOES SO THROUGH ITS MANY PROGRAMS, INCLUDING ITS MEETINGS, PUBLICATIONS, AND COMMITTEE OUTREACH ACTIVITIES. THE SOCIETY'S MEMBERS, NOW OVER 9,200, WORK IN

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,421,443. including grants of \$) (Revenue \$ 1,953,030.)

ANNUAL MEETING-BPS' ANNUAL MEETING FACILITATES THE SHARING OF INFORMATION AND RESEARCH IN THE BIOPHYSICAL SCIENCES. NEARLY 6,000 PEOPLE ATTENDED THE MEETING. OVER 4,100 ABSTRACTS WERE PRESENTED, AS WERE NUMEROUS LECTURES AND SYMPOSIA. THE 55TH ANNUAL MEETING WAS HELD MARCH 5-9, 2011 IN BALTIMORE, MARYLAND.

4b (Code:) (Expenses \$ 244,822. including grants of \$) (Revenue \$ 1,212,665.)

BIOPHYSICAL JOURNAL-THE JOURNAL IS A SEMIMONTHLY PUBLICATION OF BPS. IT INCLUDES ORIGINAL ARTICLES, LETTERS AND REVIEWS ON MOLECULAR, CELLULAR AND GENERAL BIOPHYSICS. AREAS COVERED INCLUDE: BIOENERGETICS, BIOPHYSICAL THEORY AND MODELING, CHANNELS/RECEPTORS/TRANSPORTERS, CELL BIOPHYSICS, ELECTROPHYSIOLOGY, MEMBRANES, MUSCLE AND CONTRACTILITY, NUCLEIC ACIDS, PHOTOBIOPHYSICS, PROTEINS, SPECTROSCOPY, AND SUPRAMOLECULAR ASSEMBLIES.

4c (Code:) (Expenses \$ 160,877. including grants of \$) (Revenue \$ 116,907.)

PUBLIC AFFAIRS-BPS INVESTS IN PUBLIC POLICY EFFORTS ON BEHALF OF ITS MEMBERS AND THE SCIENCE OF BIOPHYSICS. THE BIOPHYSICAL SOCIETY, THROUGH ITS PUBLIC AFFAIRS COMMITTEE (PAC) AND GOVERNMENT AFFAIRS COMMITTEE (GAC), KEEPS SOCIETY MEMBERS CURRENT ON RELEVANT LEGISLATION AND SCIENCE POLICY ISSUES. AS A FOUNDING MEMBER OF THE BRIDGING THE SCIENCES COALITION, THE SOCIETY HAS TAKEN THE INITIATIVE IN ADVOCATING FOR INCREASED FUNDING AT THE INTERFACE BETWEEN THE LIFE SCIENCES AND PHYSICAL SCIENCES.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 1,827,142.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3 X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5 N/A	
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? <i>If "Yes," complete Schedule D, Part I</i>	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8 X	
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9 X	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. <ul style="list-style-type: none"> a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> b 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? <i>If "Yes," complete Schedule D, Part VII</i> c 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? <i>If "Yes," complete Schedule D, Part VIII</i> d 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? <i>If "Yes," complete Schedule D, Part IX</i> e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> f 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 	11a X 11b X 11c X 11d X 11e X 11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16 X	
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 "Yes," complete Schedule G, Part I</i>	17 X	
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 "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19 X	
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20a X	
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
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	X
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	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a	X
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 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	X
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	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
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	X
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):	28a	X
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	34	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	35	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	36	X
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	37	X
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	38	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		
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

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V

		Yes	No
1a	31		
1b	0		
1c	X		
2a	18		
2b	X		
3a	X		
3b	X		
4a	X		
5a	X		
5b	X		
5c			
6a	X		
6b			
7a	X		
7b			
7c	X		
7d			
7e	X		
7f	X		
7g	X		
7h	X		
8			
9a	N/A		
9b			
10a			
10b			
11a			
11b			
12a			
12b			
13a			
13b			
13c			
14a		X	
14b			

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable

1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

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. (see instructions)

3a Did the organization have unrelated business gross income of \$1,000 or more during the year?

b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

b If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?

6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

7 **Organizations that may receive deductible contributions under section 170(c).**

a 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?

b If "Yes," did the organization notify the donor of the value of the goods or services provided?

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

d If "Yes," indicate the number of Forms 8282 filed during the year

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

8 **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? **N/A**

9 **Sponsoring organizations maintaining donor advised funds.**

a Did the organization make any taxable distributions under section 4966?

b Did the organization make a distribution to a donor, donor advisor, or related person? **N/A**

10 **Section 501(c)(7) organizations.** Enter:

a Initiation fees and capital contributions included on Part VIII, line 12 **N/A**

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

11 **Section 501(c)(12) organizations.** Enter:

a Gross income from members or shareholders **N/A**

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

12a **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? **N/A**

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

13 **Section 501(c)(29) qualified nonprofit health insurance issuers.**

a Is the organization licensed to issue qualified health plans in more than one state? **N/A**

Note. See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year

1a	9
1b	9

b Enter the number of voting members included in line 1a, above, who are independent

1a	9
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	X
---	---

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?

3	X
---	---

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

4	X
---	---

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

5	X
---	---

6 Does the organization have members or stockholders?

6	X
---	---

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?

7a	X
----	---

b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?

7b	X
----	---

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

8a	X
----	---

a The governing body?

8b	X
----	---

b Each committee with authority to act on behalf of the governing body?

9	X
---	---

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

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

10a Does the organization have local chapters, branches, or affiliates?

10a	X
-----	---

b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?

10b	
-----	--

11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?

11a	X
-----	---

b Describe in Schedule O the process, if any, used by the organization to review this Form 990.

12a	X
-----	---

12a Does the organization have a written conflict of interest policy? If "No," go to line 13

12b	X
-----	---

b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

12c	X
-----	---

c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done

13	X
----	---

13 Does the organization have a written whistleblower policy?

14	X
----	---

14 Does the organization have a written document retention and destruction policy?

15	
----	--

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?

15a	X
-----	---

a The organization's CEO, Executive Director, or top management official

15b	X
-----	---

b Other officers or key employees of the organization

16a	X
-----	---

If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)

16b	
-----	--

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

16a	X
-----	---

b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

16b	
-----	--

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

Own website Another's website Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **HARRIS POVICH - (240) 290-5600**
11400 ROCKVILLE PIKE, ROCKVILLE, MD 20852

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
 Check if Schedule O contains a response to any question in this Part VII

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.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
RICHARD ALDRICH									
PRESIDENT	1.00	X		X			0.	0.	0.
PETER MOORE									
PAST PRESIDENT	1.00	X		X			0.	0.	0.
JANE RICHARDSON									
PRESIDENT ELECT	1.00	X		X			0.	0.	0.
LUKAS TAMM									
SECRETARY	1.00	X		X			0.	0.	0.
LINDA KENNEY									
TREASURER	1.00	X		X			0.	0.	0.
LAURA FINZI									
EXEC BOARD	1.00	X					0.	0.	0.
IVET BAHAR									
EXEC BOARD	1.00	X					0.	0.	0.
VASANTHI JAYARAMAN									
EXEC BOARD	1.00	X					0.	0.	0.
OLAF ANDERSEN									
EXEC BOARD	1.00	X					0.	0.	0.
NANCY ALBRITTON									
COUNCIL MEMBER	1.00	X					0.	0.	0.
PATRICIA CLARK									
COUNCIL MEMBER	1.00	X					0.	0.	0.
MARCO COLOMBINI									
COUNCIL MEMBER	1.00	X					0.	0.	0.
ENRIQUE M. DE LA CRUZ									
COUNCIL MEMBER	1.00	X					0.	0.	0.
KAREN FLEMING									
COUNCIL MEMBER	1.00	X					0.	0.	0.
ANGEL GARCIA									
COUNCIL MEMBER	1.00	X					0.	0.	0.
ANGELA GRONENBORN									
COUNCIL MEMBER	1.00	X					0.	0.	0.
DOROTHY HANCK									
COUNCIL MEMBER	1.00	X					0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
AMY HARKINS COUNCIL MEMBER	1.00	X					0.	0.	0.
PETER HINTERDORFER COUNCIL MEMBER	1.00	X					0.	0.	0.
ANTIONETTE KILLIAN COUNCIL MEMBER	1.00	X					0.	0.	0.
TANJA KORTEMME COUNCIL MEMBER	1.00	X					0.	0.	0.
MARJORIE LONGO COUNCIL MEMBER	1.00	X					0.	0.	0.
DAVID MILLAR COUNCIL MEMBER	1.00	X					0.	0.	0.
GAIL ROBERTSON COUNCIL MEMBER	1.00	X					0.	0.	0.
PETRA SCHWILLE COUNCIL MEMBER	1.00	X					0.	0.	0.
PETER SO COUNCIL MEMBER	1.00	X					0.	0.	0.
1b Sub-total						►	0.	0.	0.
c Total from continuation sheets to Part VII, Section A						►	376,318.	0.	55,657.
d Total (add lines 1b and 1c)						►	376,318.	0.	55,657.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 2

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	<p>1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f</p>	<p>1a 1b 1c 1d 1e 204,005. 1f 78,841.</p>			
			282,846.		
Program Service Revenue	<p>2 a ANNUAL MEETING b PUBLICATIONS c MEMBERSHIP DUES d PUBLIC AFFAIRS e f All other program service revenue g Total. Add lines 2a-2f</p>	<p>Business Code 541800 541800 900099 900099</p>	<p>1901530. 1242665. 863,029. 114,007.</p>	<p>1901530. 1180730. 863,029. 114,007.</p>	61,935.
			4121231.		
	<p>3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties</p>		217,708.		217,708.
	<p>6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss)</p>	<p>(i) Real (ii) Personal</p>			
	<p>7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)</p>	<p>(i) Securities 131959. 108341. 23,618.</p>			23,618.
			23,618.		23,618.
Other Revenue	<p>8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events</p>	<p>a b</p>			
	<p>9 a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities</p>	<p>a b</p>			
	<p>10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory</p>	<p>a b</p>			
	Miscellaneous Revenue	Business Code			
	<p>11 a MISCELLANEOUS INCOME b MAILING LISTS c d All other revenue e Total. Add lines 11a-11d</p>	<p>900099 511140</p>	<p>112,835. 15,647.</p>		112,835. 15,647.
			128,482.		
	<p>12 Total revenue. See instructions.</p>		4773885.	4059296.	61,935.
					369,808.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,020.	2,020.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	38,050.	38,050.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	47,350.	47,350.		
4 Benefits paid to or for members	431,975.	187,649.	244,326.	
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	703,356.	305,536.	397,820.	
7 Other salaries and wages	44,268.	19,230.	25,038.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	128,593.	55,860.	72,733.	
9 Other employee benefits	65,545.	28,473.	37,072.	
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	12,062.	8,876.	3,186.	
b Legal	19,300.		19,300.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	61,514.		61,514.	
f Investment management fees	46,575.	10,275.	36,300.	
g Other	2,484.	2,334.	150.	
12 Advertising and promotion	553,232.	264,981.	288,251.	
13 Office expenses	10,415.	750.	9,665.	
14 Information technology				
15 Royalties	120,009.	31,431.	88,578.	
16 Occupancy	238,258.	115,486.	122,772.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	711,288.	572,172.	139,116.	
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,652.		16,652.	
23 Insurance	14,235.	7,744.	6,491.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a BANK FEES	131,357.	105,223.	26,134.	
b SUMMER COURSE	64,922.		64,922.	
c MISCELLANEOUS	45,358.	7,559.	37,799.	
d DUES AND MEMBERSHIP	16,716.	6,745.	9,971.	
e WEB EXPENSES	10,718.	9,049.	1,669.	
f All other expenses	7,248.	349.	6,899.	
25 Total functional expenses. Add lines 1 through 24f	3,543,500.	1,827,142.	1,716,358.	0.
26 Joint costs. Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X | Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,610,934.	1	2,808,405.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	183,679.	4	12,850.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	77,346.	9	179,476.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	225,127.		
	b Less: accumulated depreciation	181,838.	10c	43,289.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	5,316,229.	12	7,048,874.
	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)	8,230,304.	16	10,092,894.
Liabilities	17 Accounts payable and accrued expenses	250,891.	17	298,615.
	18 Grants payable		18	
	19 Deferred revenue	1,177,052.	19	1,094,250.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 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		25	
	26 Total liabilities. Add lines 17 through 25	1,427,943.	26	1,392,865.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,633,241.	27	8,484,236.
	28 Temporarily restricted net assets	169,120.	28	215,793.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	6,802,361.	33	8,700,029.
	34 Total liabilities and net assets/fund balances	8,230,304.	34	10,092,894.

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	4,773,885.
2	Total expenses (must equal Part IX, column (A), line 25)	3,543,500.
3	Revenue less expenses. Subtract line 2 from line 1	1,230,385.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	6,802,361.
5	Other changes in net assets or fund balances (explain in Schedule O)	667,283.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	8,700,029.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?
 b Were the organization's financial statements audited by an independent accountant?
 c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and 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?
 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.

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

Form 990 (2010)

Department of the Treasury
Internal Revenue Service

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

Employer identification number

Name of the organization

THE BIOPHYSICAL SOCIETY

Employer identification number

Part I Reason for

Employer identification number

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

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

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
► <input type="checkbox"/>		
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
► <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
► <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		
► <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,001,862.	802,921.	992,294.	1,181,606.	1,145,875.	5,124,558.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3,754,021.	4,173,773.	3,980,411.	2,147,274.	3,199,172.	17,254,651.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	4,755,883.	4,976,694.	4,972,705.	3,328,880.	4,345,047.	22,379,209.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6)						22,379,209.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	4,755,883.	4,976,694.	4,972,705.	3,328,880.	4,345,047.	22,379,209.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	243,894.	259,775.	840,579.	1,405,064.	241,326.	2,990,638.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	243,894.	259,775.	840,579.	1,405,064.	241,326.	2,990,638.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	19,521.	18,806.	21,408.	33,451.	125,577.	218,763.
13 Total support (Add lines 9, 10c, 11, and 12)	5,019,298.	5,255,275.	5,834,692.	4,767,395.	4,711,950.	25,588,610.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	87.46	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	87.65	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	11.69	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	11.61	%
19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>	
b 33 1/3% support tests - 2009. 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		<input type="checkbox"/>	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		<input checked="" type="checkbox"/>	

032023 12-21-10

Schedule A (Form 990 or 990-EZ) 2010

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

INCOME FROM ACTIVITIES NOT REGULARLY CARRIED ON

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010Open to Public
Inspection

Name of the organization

THE BIOPHYSICAL SOCIETYEmployer identification number
52-6050847**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.		
		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►		
4 Number of states where property subject to conservation easement is located ►		
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►		
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$		
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.		

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenues included in Form 990, Part VIII, line 1	► \$ _____
(ii) Assets included in Form 990, Part X	► \$ _____
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenues included in Form 990, Part VIII, line 1	► \$ _____
b Assets included in Form 990, Part X	► \$ _____

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations

d Loan or exchange programs

e Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes

No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes

No

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

Yes

No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

c Term endowment ► _____ %

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

by:

(i) unrelated organizations

(ii) related organizations

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	165,285.	136,237.	29,048.	
e Other	59,842.	45,601.	14,241.	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)			43,289.	

Schedule D (Form 990) 2010

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVESTMENTS	7,048,874.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►	7,048,874.	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

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

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

(a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ►

FIN 48 (ASC 740) Footnote: In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	4,773,885.
2	3,543,500.
3	1,230,385.
4	667,283.
5	
6	
7	
8	
9	667,283.
10	1,897,668.

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

1	5,441,168.
2	
2a	667,283.
2b	
2c	
2d	
2e	667,283.
3	4,773,885.
4	
4a	
4b	
4c	0.
5	4,773,885.

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

1	3,543,500.
2	
2a	
2b	
2c	
2d	
2e	0.
3	3,543,500.
4	
4a	
4b	
4c	0.
5	3,543,500.

Part XIV Supplemental Information

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

PART X, LINE 2: THE SOCIETY IS EXEMPT FROM INCOME TAXES ON ITS EXEMPT

**ACTIVITIES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND HAS
BEEN CLASSIFIED AS OTHER THAN A PRIVATE FOUNDATION BY THE INTERNAL REVENUE
SERVICE. THE SOCIETY BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TAX
POSITIONS TAKEN, AND THEREFORE, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS
THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.**

THE SOCIETY'S FEDERAL EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURNS

Part XIV Supplemental Information (continued)

(FORM 990T) ARE GENERALLY SUBJECT TO EXAMINATION BY THE IRS FOR THREE YEARS AFTER THEY WERE FILED.

SCHEDULE F
(Form 990)Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990,

Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010Open to Public
Inspection

Name of the organization

Employer identification number

THE BIOPHYSICAL SOCIETY**52-6050847****Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.**1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EUROPE	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		19,500.
MIDDLE EAST	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		2,460.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		3,760.
RUSSIA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		3,460.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		6,100.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		5,100.
EAST ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		6,970.
3 a Sub-total	0	0			47,350.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			47,350.

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule F (Form 990) 2010

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Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000.

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Part II can be duplicated if additional space is needed.

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

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3 Enter total number of other organizations or entities

Schedule F (Form 990) 2010

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.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SOCIETY AWARD	EAST ASIA	1	5,000.	CHECK	0.		
SOCIETY AWARD	EUROPE	2	1,000.	CHECK	0.		
INTERNATIONAL TRAVEL GRANT	EAST ASIA	1	820.	CHECK	0.		
INTERNATIONAL TRAVEL GRANT	EUROPE	14	12,200.	CHECK	0.		
INTERNATIONAL TRAVEL GRANT	MIDDLE EAST	3	2,460.	CHECK	0.		
INTERNATIONAL TRAVEL GRANT	NORTH AMERICA	3	2,460.	CHECK	0.		
INTERNATIONAL TRAVEL GRANT	RUSSIA	4	3,460.	CHECK	0.		
INTERNATIONAL TRAVEL GRANT	SOUTH AMERICA	7	6,100.	CHECK	0.		
INTERNATIONAL TRAVEL GRANT	SOUTH ASIA	6	5,100.	CHECK	0.		

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
STUDENT TRAVEL GRANT	EAST ASIA	2	1,000.	CHECK	0.		
STUDENT TRAVEL GRANT	EUROPE	10	5,000.	CHECK	0.		
STUDENT TRAVEL GRANT	NORTH AMERICA	3	1,200.	CHECK	0.		
YOUNG INVESTIGATORS AWARD	EUROPE	2	1,000.	CHECK	0.		
YOUNG BIOENERGETICIST AWARD	EAST ASIA	1	150.	CHECK	0.		
STUDENT RESEARCH ACHIEVEMENT AWARD	EUROPE	3	300.	CHECK	0.		
STUDENT RESEARCH ACHIEVEMENT AWARD	NORTH AMERICA	1	100.	CHECK	0.		

Part IV Foreign Forms

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, *Return by a U.S. Transferor of Property to a Foreign Corporation* (see *Instructions for Form 926*) Yes No

2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, *Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts*, and/or Form 3520-A, *Annual Information Return of Foreign Trust With a U.S. Owner* (see *Instructions for Forms 3520 and 3520-A*) Yes No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, *Information Return of U.S. Persons with respect to Certain Foreign Corporations* (see *Instructions for Form 5471*) Yes No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, *Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund*. (see *Instructions for Form 8621*) Yes No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, *Return of U.S. Persons with respect to Certain Foreign Partnerships*. (see *Instructions for Form 8865*) Yes No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, *International Boycott Report* (see *Instructions for Form 5713*) Yes No

Part V **Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE F, PART I, LINE 2: THE SOCIETY TRACKS ALL EXPENDITURES IN ITS FINANCIAL ACCOUNTING SYSTEM, MAS 90. GRANT FUNDS ARE TYPICALLY FOR TRAVEL, THIS AMOUNT IS USUALLY BASED ON NEED. SUPPORT FOR OTHER MEETINGS IS VOTED ON BY THE BOARD OF DIRECTORS AFTER VIEWING GRANTEE REQUESTS (AS IS THE BUDGET FOR AND ANY ADDITIONAL TRAVEL GRANTS). AWARDS ARE GRANTED BY AN AWARDS COMMITTEE, AND THERE IS A FORMAL APPLICATION PROCESS.

Schedule I (Form 990) (2010) THE BIOPHYSICAL SOCIETY

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.
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance		(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SOCIETY AWARD		8	17,750.	0.		
STUDENT TRAVEL GRANT		37	10,200.	0.		
PROFESSIONAL OPPORTUNITIES FOR WOMEN TRAVEL AWARD		7	3,500.	0.		
YOUNG INVESTIGATORS AWARD		4	2,000.	0.		
STUDENT RESEARCH ACHIEVEMENT AWARD		16	1,800.	0.		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: THE SOCIETY TRACKS ALL EXPENDITURES IN ITS FINANCIAL ACCOUNTING SYSTEM, MAS 90. GRANT FUNDS ARE TYPICALLY FOR TRAVEL, THIS AMOUNT IS USUALLY BASED ON NEED. SUPPORT FOR OTHER MEETINGS IS VOTED ON BY THE BOARD OF DIRECTORS AFTER VIEWING GRANTEE REQUESTS (AS IS THE BUDGET FOR AND ANY ADDITIONAL TRAVEL GRANTS). AWARDS ARE GRANTED BY AN AWARDS COMMITTEE, AND THERE IS A FORMAL APPLICATION PROCESS.

52-6050847

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
KATZ AWARD	1.	1,000.	0.		
COLB AWARD	1.	1,000.	0.		
SCIENCE FAIR AWARD	8.	800.	0.		

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, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010Open to Public
Inspection

Name of the organization

THE BIOPHYSICAL SOCIETYEmployer identification number
52-6050847**Part I Questions Regarding Compensation**

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

1b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment from the organization or a related organization?

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

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

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

	Yes	No
1b		
2		
3		
4a		X
4b	X	
4c	X	
5a	X	
5b	X	
6a	X	
6b	X	
7	X	
8	X	
9		

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2010

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2010.05020 THE BIOPHYSICAL SOCIETY

52-60501

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ROSALBA KAMPMAN	257,582.	0.	16,500.	24,500.	13,973.	312,555.	0.
2	0.	0.	0.	0.	0.	0.	0.
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

THE BIOPHYSICAL SOCIETY

Employer identification number
52-6050847

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

ACADEMIA, INDUSTRY, AND IN GOVERNMENT AGENCIES THROUGHOUT THE WORLD.

**FORM 990, PART VI, SECTION A, LINE 6: REGULAR (\$160), EARLY CAREER (\$55),
AND EMERITUS (COMPLIMENTARY) - SCIENTISTS WHO SHARE THE STATED PURPOSE OF
THE SOCIETY AND WHO HAVE EDUCATIONAL, RESEARCH, OR PRACTICAL EXPERIENCE IN
BIOPHYSICS OR IN AN ALLIED SCIENTIFIC FIELD.**

**STUDENT (\$25) - MEMBERS PURSUING A COURSE OF STUDY IN BIOPHYSICS OR IN A
RELATED FIELD.**

**WORLD BANK (\$50) FOR REGULAR AND EARLY CAREER, (\$10) STUDENTS MAY HAVE THE
\$10 RATE FOR UP TO 5 YEARS.**

**REGULAR AND EARLY CAREER MEMBERS MAY VOTE FOR MEMBERS OF THE BOARD OF
DIRECTORS. THEY MAY ALSO VOTE ON DUES CHANGES.**

**FORM 990, PART VI, SECTION A, LINE 7A: ONLY REGULAR MEMBERS IN GOOD
STANDING HAVE THE AUTHORITY TO VOTE.**

**FORM 990, PART VI, SECTION B, LINE 11: ONCE THE BIOPHYSICAL SOCIETY
RECEIVES THE DRAFT 990 AND 990-T FROM TATE & TRYON, THE DIRECTOR OF FINANCE
& OPERATIONS REVIEWS THE FORMS BY:**

1. COMPARING THE 990 AND 990-T WITH DATA HE HAS SUPPLIED THE AUDITORS 2.

COMPARING THE 990 AND 990-T WITH THE ALREADY REVIEWED AND APPROVED FY09

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
032211
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization

THE BIOPHYSICAL SOCIETY

Employer identification number

52-6050847

AUDIT INFORMATION 3. CONTACTING TATE & TRYON ABOUT ANY DIFFERENCES OR QUESTIONS ABOUT HOW LINE ITEMS WERE DETERMINED 4. ONCE ALL QUESTIONS HAVE BEEN ANSWERED, THE DIRECTOR OF FINANCE & OPERATIONS REVIEWS THE 990 AND 990-T WITH THE SOCIETY'S EXECUTIVE DIRECTOR 5. WHEN ALL OF THE EXECUTIVE DIRECTOR'S QUESTIONS HAVE BEEN ANSWERED, THE DIRECTOR OF FINANCE & OPERATIONS LETS TATE & TRYON KNOW THAT THE SOCIETY IS READY TO SIGN OFF ON THE FORMS.

FORM 990, PART VI, SECTION B, LINE 12C: THE SOCIETY MONITORS THE CONFLICT OF INTEREST POLICY BY SENDING IT TO THE BOARD OF DIRECTORS AND STAFF FOR THEM TO REVIEW AND SIGN ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15A: THE OPERATIONS COMMITTEE MEETS ONCE A YEAR TO EVALUATE THE PERFORMANCE OF THE EXECUTIVE DIRECTOR AND ESTABLISH COMPENSATION FOR THE FOLLOWING FISCAL YEAR. THE COMMITTEE MAY CONSIDER COMPARATIVE, PERFORMANCE, AND ECONOMIC INFORMATION IN ORDER TO DETERMINE WHETHER CHANGES IN COMPENSATION LEVELS ARE NECESSARY.

FORM 990, PART VI, SECTION C, LINE 19: THE SOCIETY'S CONSTITUTION, BYLAWS, AND CURRENT AUDITED FINANCIAL STATEMENT ARE MADE AVAILABLE ON THE BPS WEBSITE.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 667,283.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS REMAINED UNCHANGED FROM THE PRIOR YEAR.

Application for Extension of Time To File an
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization THE BIOPHYSICAL SOCIETY	Employer identification number 52-6050847
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 11400 ROCKVILLE PIKE, NO. 800	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ROCKVILLE, MD 20852	

Enter the Return code for the return that this application is for (file a separate application for each return)

0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

HARRIS POVICH

- The books are in the care of ► **11400 ROCKVILLE PIKE - ROCKVILLE, MD 20852**

Telephone No. ► **(240) 290-5600**

FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2012**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

► calendar year _____ or► tax year beginning **JUL 1, 2010**, and ending **JUN 30, 2011**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)