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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
THE AMERICAN SOCIETY FOR CELL BIOLOGY

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
8120 WOODMONT AVE NO 750

City or town, state or country, and ZIP + 4
BETHESDA, MD 208142762

D Employer identification number
39-6054285

E Telephone number
(301) 347-9300

G Gross receipts $ 7,039,456

F Name and address of principal officer
CYNTHIA GODES
8120 WOODMONT AVE
BETHESDA, MD 20814

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW ASCB ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1961

M State of legal domicile MD

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE SOCIETY'S PURPOSE IS TO PROMOTE AND DEVELOP THE FIELD OF CELL BIOLOGY

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	17
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	27
6	Total number of volunteers (estimate if necessary)	**6**	200
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	311,372
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	65,706

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	2,323,831	2,129,570
9	Program service revenue (Part VIII, line 2g)	4,569,265	4,388,672
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	534,539	209,103
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	275,779	312,111
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,703,414	7,039,456
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	546,094	434,886
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,313,318	2,648,445
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 11,120		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,671,537	3,331,145
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	6,530,949	6,414,476
19	Revenue less expenses Subtract line 18 from line 12	1,172,465	624,980

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	9,203,346	9,497,995
21	Total liabilities (Part X, line 26)	2,136,192	1,927,885
22	Net assets or fund balances Subtract line 21 from line 20	7,067,154	7,570,110

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

****** | 2012-09-07
Signature of officer | Date

JOAN GOLDBERG DIRECTOR PUBLIC POLICY
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: ROBERT CASEY | Date | Check if self-employed ☐ | Preparer's taxpayer identification number (see instructions) P00868304

Firm's name (or yours if self-employed), address, and ZIP + 4: CLIFTONLARSONALLEN LLP, 4250 N FAIRFAX DRIVE SUITE 1020, ARLINGTON, VA 22203 | EIN ▶ 41-0746749 | Phone no ▶ (571) 227-9500

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

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

ASCB IS AN INCLUSIVE, INTERNATIONAL COMMUNITY OF BIOLOGISTS STUDYING THE CELL, THE FUNDAMENTAL UNIT OF LIFE WE ARE DEDICATED TO ADVANCING SCIENTIFIC DISCOVERY, ADVOCATING SOUND RESEARCH POLICIES, IMPROVING EDUCATION, PROMOTING PROFESSIONAL DEVELOPMENT, AND INCREASING DIVERSITY IN THE SCIENTIFIC WORKFORCE

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 organization's program service accomplishments for each of its three largest program services, as measured 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 $ 1,618,902 including grants of $ 16,653) (Revenue $ 2,205,142)

ANNUAL MEETINGS THE ANNUAL SCIENTIFIC MEETING TRADITIONALLY IS HELD FOR FOUR TO FIVE DAYS IN THE LATE FALL/EARLY WINTER AND IS ATTENDED BY ABOUT 10,000 PEOPLE IT INCLUDES SCIENTIFIC SYMPOSIA SUMMARIZING RECENT ADVANCES IN CELL BIOLOGY, AND PRESENTATION OF APPROXIMATELY 3,000 SCIENTIFIC RESEARCH FINDINGS THE ABSTRACTS OF SCIENTIFIC PAPERS FROM THE ANNUAL MEETING ARE PUBLISHED ANNUALLY BY THE SOCIETY THE MEETING ALSO FEATURES COMMERCIAL EXHIBITS OF PRODUCTS AND SERVICES FOR SCIENTISTS WORKING IN THE FIELD OF EXPERIMENTAL BIOLOGY THE EXHIBITS INCLUDE SCIENTIFIC INSTRUMENTS, LABORATORY EQUIPMENT, CHEMICALS, AND PUBLICATIONS THE ANNUAL MEETING ALSO FEATURES EXTENSIVE EDUCATION, CAREER, PUBLIC POLICY AND SESSIONS OF SPECIAL INTEREST TO UNDERREPRESENTED MINORITIES AND WOMEN

4b (Code) (Expenses $ 924,968 including grants of $) (Revenue $)

GO GRANT THE CELL AN IMAGE LIBRARY IS A FREELY ACCESSIBLE, EASY TO SEARCH, PUBLIC REPOSITORY OF VETTED AND ANNOTATED IMAGES, VIDEOS, AND ANIMATIONS OF CELLS FROM A VARIEY OF ORGANISMS, SHOWCASING CELL ARCHITECTURE, INTRACELLULAR FUNCTIONALITIES, AND OTHER NORMAL AND ABNORMAL PROCESSS THE PURPOSE OF THIS DATABASE IS TO ADVANCE RESEARCH, EDUCATION, AND TRAINING WITH THE ULTIMATE GOAL OF IMPROVING HUMAN HEALTH

4c (Code) (Expenses $ 833,649 including grants of $ 64,810) (Revenue $ 4,700)

COMMITTEES THE SOCIETY ORGANIZES COMMITTEES TO BRING INDIVIDUALS TOGETHER TO DISCUSS POSSIBLE MEANS TO SOLVE PROBLEMS, AND IMPLEMENTS PROGRAMS TO BENEFIT THE CELL BIOLOGY COMMUNITY AND THE PUBLIC THE SOCIETY'S ACTIVE COMMITTEES ARE AS FOLLOWS EDUCATION, FINANCE & AUDIT, INTERNATIONAL AFFAIRS, MINORITY AFFAIRS, PROGRAM, PUBLIC INFORMATION, PUBLIC POLICY AND WOMEN IN CELL BIOLOGY FOR MORE DETAILS ON THESE COMMITTEES, PLEASE SEE THE ASCB WEBSITE HTTP //WWW ASCB ORG/COMMITTEES/COMMITTEES HTML

(Code) (Expenses $ 630,290 including grants of $ 786) (Revenue $ 1,088,255)

JOURNAL AND OTHER PUBLICATIONS THE ASCB OWNS AND PUBLISHES THE SCIENTIFIC JOURNAL MOLECULAR BIOLOGY OF THE CELL, THE QUARTERLY JOURNAL CBE - LIFE SCIENCES EDUCATION, AND THE ASCB NEWSLETTER, PUBLISHED 11 TIMES A YEAR IT ALSO PUBLISHES SPECIALTY BOOKS AND PAMPHLETS ON CAREERS

(Code) (Expenses $ 675,334 including grants of $ 349,637) (Revenue $)

MARC GRANT THE NATIONAL INSTITUTE OF HEALTH, NATIONAL INSTITUTE OF GENERAL MEDICAL SERVICES MINORITY ACCESS TO RESEARCH CAREERS (MARC) GRANT FUNDS MOST OF THE PROGRAMS OF THE ASCB MINORIIES AFFAIRS COMMITTEE (MAC) THE MAC'S GOAL IS TO SIGNIFICANTLY INCREASE THE INVOLVEMENT OF UNDERREPRESENTED MINORITY SCIENTISTS IN ALL ASPECTS OF THE ASCB AND CELL BIOLOGY TO ACHIEVE THIS GOAL, THE MAC OFFERS MANY PROGRAMS THROUGHOUT THE YEAR TO PROMOTE THE RECRUITMENT AND PROFESSIONAL DEVELOPMENT OF MINORITY SCIENTISTS THE RELATIVELY SMALL POOL OF MINORITY SCIENTISTS WITH AN INTEREST IN CELL BIOLOGY REQUIRES THAT MAC ALSO DEVELOP PROGRAMS FOR UNDERGRADUATE AND PRE-DOCTORAL STUDENTS TO ASSIST THEM IN ACHIEVING CAREERS IN BIOMEDICAL RESEARCH A LONG RANGE GOAL OF THE MAC IS TO CONTRIBUTE TO THE NATION'S EFFORT TO INCREASE THE NUMBER OF UNDERREPRESENTED MINORITY SCIENTISTS

(Code) (Expenses $ 570,237 including grants of $) (Revenue $ 935,238)

MEMBERSHIP SERVICES SINCE ITS FOUNDING IN 1960, THE ASCB HAS GROWN TO APPROXIMATELY 9,000 MEMBERS IN THE UNITED STATES AND MORE THAN 65 COUNTRIES AROUND THE WORLD ABOUT 25% OF ASCB MEMBERS ARE INTERNATIONAL CURRENT MEMBERS COME FROM UNIVERSITIES, COLLEGES, MEDICAL SCHOOLS, GOVERNMENT, INDUSTRY, AND PUBLIC AND PRIVATE RESEARCH INSTITUTIONS MEMBERSHIP IN THE ASCB IS OPEN TO ALL RESEARCH SCIENTISTS, STUDENTS, EDUCATORS (HIGH SCHOOL, UNDERGRADUATE, AND GRADUATE LEVEL), AND TECHNICIANS WHO HAVE EDUCATION OR RESEARCH EXPERIENCE IN CELL BIOLOGY OR AN ALLIED FIELD SOME MEMBER BENEFITS INCLUDE FREE SUBSCRIPTION TO MOLECULAR BIOLOGY OF THE CELL, CBE-LIFE SCIENCES EDUCATION, THE ASCB NEWSLETTER AND LISTING IN AND ACCESS TO THE ASCB MEMBER DIRECTORY MEMBERS RECEIVE REDUCED RATES FOR PURCHASE OF OTHER SCIENTIFIC PUBLICATIONS DISCOUNTS ARE GIVEN TO MEMBERS FOR PUBLISHING PAGE CHARGES IN MOLECULAR BIOLOGY OF THE CELL AND REGISTRATION FOR THE ASCB ANNUAL MEETING BENEFITS ALSO INCLUDE SPONSORSHIP PRIVILEGES FOR ABSTRACTS, AND FREE CV POSTING AND DISCOUNTED JOB POSTING ON THE ASCB JOB BOARD FOR A COMPLETE LISTING OF MEMBER BENEFITS, SEE HTTP //WWW ASCB ORG/MEMBERSHIP/MEMBERSHIP-BENEFITS HTML

(Code) (Expenses $ 197,361 including grants of $) (Revenue $ 137,624)

COALITION FOR LIFE SCIENCES THE ASCB IS A MEMBER OF THE COALITION FOR THE LIFE SCIENCES,(CLS) THE CLS IS AN ALLIANCE OF SIX NON-PROFIT PROFESSIONAL ORGANIZATIONS WORKING TOGETHER TO FOSTER PUBLIC POLICIES THAT ADVANCE BASIC BIOLOGICAL RESEARCH AND ITS APPLICATIONS IN MEDICINE AND OTHER FIELDS THE ISSUES ADDRESSED BY THE CLS INCLUDE SCIENCE EDUCATION, PROFESSIONAL TRAINING, AND THE FUNDING, MANAGEMENT, AND OVERSIGHT OF SCIENTIFIC WORK, ESPECIALLY BY THE FEDERAL GOVERNMENT

(Code) (Expenses $ 773 including grants of $) (Revenue $ 1,080)

MERCHANDISE ASCB PRODUCTS FOR SALE

(Code) (Expenses $ 5,081 including grants of $) (Revenue $ 0)

HALF CENTURY SUPPORT OF ASCB PROGRAMS

(Code) (Expenses $ 73,844 including grants of $ 3,000) (Revenue $)

NSF IBIOSEMINARS GRANT IBIOSEMINARS IS A FREELY AVAILABLE ONLINE LIBRARY OF SEMINARS FROM OUTSTANDING SCIENTISTS THEIR MISSION IS TO HOST LECTURES THAT DESCRIBE ON-GOING RESEARCH IN LEADING LABORATORIES AND TO DATE HAVE APPROXIMATELY 80 IBIOSEMINARS COVERING A WIDE-RANGE OF TOPICS IBIOMAGAZINE OFFERS A COLLECTION OF SHORT TALKS THAT HIGHLIGHT THE HUMAN SIDE OF RESEARCH IBIOMAGAZINE GOES "BEHIND-THE-SCENES" OF SCIENTIFIC DISCOVERIES, PROVIDES ADVICE FOR YOUNG SCIENTISTS, AND EXPLORES HOW RESEARCH IS PRACTICED IN THE LIFE SCIENCES TO DATE THERE ARE APPROXIMATELY 70 IBIOMAGAZINE TALKS

4d Other program services (Describe in Schedule O)

(Expenses $ 2,152,920 including grants of $ 353,423) (Revenue $ 2,162,197)

4e **Total program service expenses** ▶ $ 5,530,439

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)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
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? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
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? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
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? *If "Yes," complete Schedule D, Part VIII.*	11c		No
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? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
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)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	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 and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part 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	**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**		No
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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		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? *If "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
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	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*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	42		
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**		
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	**2a**	27		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	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?			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	Yes	
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 or securities account)?			**4a**		No
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? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
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).**					
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?			**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
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?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	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	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
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? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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.

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	17		
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			No
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			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	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			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 ▶ MD , NY

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made 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 made 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 organization ▶

CYNTHIA GODES
8120 WOODMONT AVE NO 750
BETHESDA, MD 208142762
(301) 347-9314

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, 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, 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, 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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	Former			
(1) THORU PEDERSON TREASURER	4 00	X		X				0	0	0
(2) ELIZABETH SZTUL DIRECTOR	1 00	X						0	0	0
(3) FIONA M WATT DIRECTOR	1 00	X						0	0	0
(4) TIMOTHY J MITCHISON PAST PRESIDENT	4 00	X						0	0	0
(5) SUSAN M WICK DIRECTOR	1 00	X						0	0	0
(6) VIRGINIA A ZAKIAN DIRECTOR	1 00	X						0	0	0
(7) JEAN E SCHWARZBAUER SECRETARY	1 00	X		X				0	0	0
(8) JOANN TREJO DIRECTOR	1 00	X						0	0	0
(9) DAVID SPECTOR DIRECTOR	1 00	X						0	0	0
(10) SANDRA SCHMID PRESIDENT	8 00	X		X				0	0	0
(11) INKE NATHKE DIRECTOR	1 00	X						0	0	0
(12) RAYMOND J DESHAIES DIRECTOR	1 00	X						0	0	0
(13) DAVID BOTSTEIN DIRECTOR	1 00	X						0	0	0
(14) AKIHIRO KUSUMI DIRECTOR	1 00	X						0	0	0
(15) JAMES H SABRY DIRECTOR	1 00	X						0	0	0
(16) RONALD VALE PRESIDENT-ELECT	4 00	X						0	0	0
(17) YIXIAN ZHENG DIRECTOR	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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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	Former			
(18) JOAN GOLDBERG EXECUTIVE DIRECTOR	37 50			X				267,854	0	29,292
(19) CYNTHIA GODES SR DIRECTOR OF FINANCE AND ADMIN	37 50					X		117,619	0	21,649
(20) KEVIN WILSON DIRECTOR OF PUBLIC POLICY	37 50					X		105,244	0	30,415
(21) EDWARD NEWMAN DIRECTOR OF EXHIBITS AND SALES	37 50					X		105,758	0	30,095
(22) WILLIAM M LEADER DIRECTOR OF PUBLICATIONS	37 50					X		104,374	0	19,083

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	700,849	0	130,534

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 5

			Yes	No
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*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
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*	**5**		No

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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
CAREFIRST PO BOX 79749 BALTIMORE, MD 212790730	HEALTH / DENTAL INSURANCE	283,434
TIAA PO BOX 933326 ATLANTA, GA 311933326	403(B) PLAN	280,165
PROJECTIONPRESENTATIONTECH'GY 8351 BRISTOL CT 111 JESSUP, MD 20794	AUDIO VISUAL SERVICES	260,837
MARINE BIOLOGICAL LABORATORY 7 BML STREET WOODS HOLE, MA 02543	GRANT SUBCONTRACTOR	228,076
BETHESDA ASSOCIATES 8120 WOODMONT AVE 800 BETHESDA, MD 20814	LANDLORD	218,364

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 10

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	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,129,570			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		2,129,570			
			Business Code				
Program Service Revenue	2a	EXHIBIT FEES	900099	1,122,245	1,122,245		
	b	MEMBERSHIP DUES	900099	935,238	935,238		
	c	REGISTRATION FEES	900099	746,910	746,910		
	d	REPRINTS & PAGE CHARGE	900099	612,041	612,041		
	e	SUBSCRIPTIONS	900099	471,214	471,214		
	f	All other program service revenue		501,024	484,391	16,633	
	g	**Total.** Add lines 2a–2f		4,388,672			
	3	Investment income (including dividends, interest and other similar amounts)		209,103			209,103
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		4,653			4,653
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	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)					
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	ADVERTISING REVENUE	900099	227,448		227,448	
	b	MAILING LISTS	900099	80,010		67,291	12,719
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		307,458			
	12	**Total revenue.** See Instructions		7,039,456	4,372,039	311,372	226,475

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)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

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 United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	422,386	422,386		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	12,500	12,500		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	297,145	142,630	153,624	891
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	1,477,665	1,209,272	261,077	7,316
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	157,025	120,351	35,944	730
9	Other employee benefits	559,089	436,900	119,540	2,649
10	Payroll taxes	157,521	120,731	36,057	733
11	Fees for services (non-employees)				
a	Management				
b	Legal	28,968	15,040	13,928	
c	Accounting	39,503		39,503	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees	19,211		19,211	
g	Other	29,412	17,719	11,693	
12	Advertising and promotion	98,083	98,083		
13	Office expenses	234,255	226,096	7,717	442
14	Information technology	118,057	118,057		
15	Royalties . .				
16	Occupancy	258,236	190,838	66,056	1,342
17	Travel	327,371	325,464	1,907	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	61,076	58,079	2,997	
20	Interest	3,922		3,922	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	36,549	26,527	9,822	200
23	Insurance	39,004	22,177	16,827	
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	CONTRACT AND MISCELLANE	1,587,023	1,552,326	34,697	
b	JOURNALS AND NEWSLETTER	294,077	289,857	4,220	
c	CREDIT CARD AND BANK FE	99,532	91,877	7,655	
d	PROJECT EVALUATION	29,277	29,277		
e					
f	All other expenses	27,589	4,252	26,520	-3,183
25	**Total functional expenses.** Add lines 1 through 24f	6,414,476	5,530,439	872,917	11,120
26	**Joint costs.** Check here ▶ ☐ 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		1,906,221	1	1,984,463
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		298,871	3	470,667
	4	Accounts receivable, net		450,368	4	422,455
	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)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		127,471	9	158,235
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 655,197			
	b	Less accumulated depreciation	10b 567,235	113,821	10c	87,962
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		6,291,655	12	6,359,274
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		14,939	15	14,939
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		9,203,346	16	9,497,995
Liabilities	17	Accounts payable and accrued expenses		844,284	17	741,448
	18	Grants payable			18	
	19	Deferred revenue		1,117,599	19	1,013,959
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		174,309	25	172,478
	26	**Total liabilities.** Add lines 17 through 25		2,136,192	26	1,927,885
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		6,855,357	27	7,361,554
	28	Temporarily restricted net assets		17,301	28	13,535
	29	Permanently restricted net assets		194,496	29	195,021
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		7,067,154	33	7,570,110
	34	Total liabilities and net assets/fund balances		9,203,346	34	9,497,995

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	7,039,456
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,414,476
3	Revenue less expenses Subtract line 2 from line 1	3	624,980
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	7,067,154
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-122,024
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	7,570,110

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
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? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	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 separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	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	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE AMERICAN SOCIETY FOR CELL BIOLOGY

Employer identification number
39-6054285

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 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An 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 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☑ 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 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ 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 ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **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 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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

b **33 1/3% support test—2010.** If the organization did not check the 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

17a **10%-facts-and-circumstances test—2011.** 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

b **10%-facts-and-circumstances test—2010.** 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

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

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,600,563	1,236,216	1,264,419	2,323,831	2,129,570	8,554,599
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	3,445,382	4,550,704	4,395,158	4,569,265	4,388,672	21,349,181
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	5,045,945	5,786,920	5,659,577	6,893,096	6,518,242	29,903,780
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)						29,903,780

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	5,045,945	5,786,920	5,659,577	6,893,096	6,518,242	29,903,780
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	292,103	354,413	152,353	232,522	209,103	1,240,494
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	292,103	354,413	152,353	232,522	209,103	1,240,494
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		222,053	127,966	167,905	227,448	745,372
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	248,757	271,104	128,348	107,874	84,663	840,746
13 **Total support** (Add lines 9, 10c, 11 and 12)	5,586,805	6,634,490	6,068,244	7,401,397	7,039,456	32,730,392

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	91 360 %
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	90 700 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	3 790 %
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18	4 330 %

19a **33 1/3% support tests—2011.** 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 ▶☑

b **33 1/3% support tests—2010.** 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 ▶

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

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

Facts And Circumstances Test

Explanation

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**

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

OMB No 1545-0047

2011

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

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

Name of the organization	Employer identification number
THE AMERICAN SOCIETY FOR CELL BIOLOGY	39-6054285

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

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

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

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	0	
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	832	
c	Total lobbying expenditures (add lines 1a and 1b)	832	
d	Other exempt purpose expenditures	6,413,644	
e	Total exempt purpose expenditures (add lines 1c and 1d)	6,414,476	
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	470,724	
g	Grassroots nontaxable amount (enter 25% of line 1f)	117,681	
h	Subtract line 1g from line 1a If zero or less, enter -0-	0	
i	Subtract line 1f from line 1c If zero or less, enter -0-	0	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount	474,773	448,882	475,570	470,724	1,869,949
b Lobbying ceiling amount (150% of line 2a, column(e))					2,804,924
c Total lobbying expenditures	711	3,076	2,127	832	6,746
d Grassroots non-taxable amount	118,693	112,221	118,893	117,681	467,488
e Grassroots ceiling amount (150% of line 2d, column (e))					701,232
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE AMERICAN SOCIETY FOR CELL BIOLOGY

Employer identification number
39-6054285

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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 ☐ Yes ☐ 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)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 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	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ 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, 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, 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 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 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
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on 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	194,496	194,496	194,496	193,996	
b Contributions	525			500	
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	195,021	194,496	194,496	194,496	

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 100 000 %
- c Term endowment ▶

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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 property	(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		29,923	18,823	11,100
d Equipment		625,274	548,412	76,862
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				87,962

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) EQUITY MUTUAL FUNDS	3,119,100	F
(B) CASH EQUIVALENTS	755	F
(C) SHORT TEM INVESTMENT BOND FUND	614,737	F
(D) BOND MARKET INDEX FUND	1,645,661	F
(E) INTERM TERM INVESTMENT BOND FUND	979,021	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	6,359,274	

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
Total. *(Column (b) should 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
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
CAPITAL LEASE PAYABLE	40,521
DEFERRED RENT	131,957
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	172,478

2. 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 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,039,456
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,414,476
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	624,980
4	Net unrealized gains (losses) on investments	4	-122,024
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-122,024
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	502,956

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

1	Total revenue, gains, and other support per audited financial statements			1	6,917,432
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-122,024		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	-122,024
3	Subtract line **2e** from line **1**			3	7,039,456
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	7,039,456

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

1	Total expenses and losses per audited financial statements			1	6,414,476
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	6,414,476
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	6,414,476

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	PRINCIPAL INVESTED IN PERPETUITY, EARNINGS RESTRICTED FOR CERTAIN FUTURE MEETING EXPENSES
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	WHILE THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE ASCB IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES IN ACCORDANCE WITH SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, IT IS SUBJECT TO TAX ON UNRELATED BUSINESS INCOME GENERATED FROM ADVERTISING INCOME UNDER THE PROVISIONS OF SECTION 511 OF THE INTERNAL REVENUE CODE THE INTERNAL REVENUE SERVICE DETERMINED THAT THE ASCB IS NOT A PRIVATE FOUNDATION THE ASCB INCURRED TAX EXPENSE OF $15,832 AND $11,161 FOR UNRELATED BUSINESS INCOME, FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010, RESPECTIVELY THE ASCB'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL, STATE AND LOCAL AUTHORITIES THE TAX RETURNS FOR THE YEARS 2008 TO 2011 ARE OPEN TO EXAMINATION BY FEDERAL, LOCAL AND STATE AUTHORITIES

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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

2011

Open to Public Inspection

Name of the organization
THE AMERICAN SOCIETY FOR CELL BIOLOGY

Employer identification number
39-6054285

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 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(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 region/investments in region
AFRICA	0	0	PROGRAM SERVICES	CELL BIOLOGY TRAINING COURSES	
3a Sub-total	0	0			0
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			0

Part II **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 . . . . . ▶ ☐
Use Part V if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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 . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V 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)

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 (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 and/or Form 3520-A. (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 (see instructions) required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE AMERICAN SOCIETY FOR CELL BIOLOGY

Employer identification number
39-6054285

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CLAYTON STATE UNIVERSITY200 CLAYTON STATE BLVD MORROW,GA 30260	23-7419285		14,000				LINKAGE FELLOW AND VISITING PROFESSOR
(2) MARINE BIOLOGICAL LABORATORY7 MBL STREET WOODS HOLE,MA 02543	04-2104690		20,838				STUDENT TRAVEL AWARDS
(3) SACNASPO BOX 8526 SANTA CRUZ,CA 95061	52-1443811		7,500				SUPPORT FOR CELL BIOLOGY TALK
(4) COLLEGE OF MOUNT SAINT VINCENT6301 RIVERDALE AVENUE BRONX,NY 10471	13-1740445		10,000				LINKAGE FELLOW AWARD
(5) HOSTOS COMMUNITY COLLEGE500 GRAND CONCOURSE BRONX,NY 10451	13-4115114		10,000				LINKAGE FELLOW AWARD
(6) MOREHOUSE COLLEGE 830 WESTVIEW DRIVE SW ATLANTA,GA 30314	58-0566205		9,980				LINKAGE FELLOW AWARD
(7) UNIVERSITY OF TEXAS OF THE PERMIAN BASIN 4901 E UNIVERSITY ODESSA,TX 79762	75-1393493		10,000				LINKAGE FELLOW AWARD
(8) BOROUGH OF MANHATTAN COMMUNITY COLLEGE199 CHAMBERS STREET NEW YORK,NY 10007	13-3224400		9,500				LINKAGE FELLOW AWARD
(9) ALBANY STATE UNIVERSITY504 COLLEGE DRIVE ALBANY,GA 31705	58-6001996		5,000				LINKAGE FELLOW
(10) FLORIDA INTERNATIONAL UNIVERSITY11200 SW 8TH STREET MIAMI,FL 33199	65-0177016		6,020				LINKAGE FELLOW
(11) NORTH CAROLINA A&T STATE UNIVERSITY 1601 EAST MARKET STREET GREENSBORO,NC 27411	56-6000007		8,500				LINKAGE FELLOW

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 11

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
See Additional Data Table					

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE ASCB PRODUCED MONTHLY GRANT REPORTS THAT MONITOR SPENDING AGAINST THE APPROVED GRANT BUDGET

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 39-6054285
Name: THE AMERICAN SOCIETY FOR CELL BIOLOGY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CLAYTON STATE UNIVERSITY200 CLAYTON STATE BLVD MORROW,GA 30260	23-7419285		14,000				LINKAGE FELLOW AND VISITING PROFESSOR
MARINE BIOLOGICAL LABORATORY7 MBL STREET WOODS HOLE,MA 02543	04-2104690		20,838				STUDENT TRAVEL AWARDS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SACNASPO BOX 8526 SANTA CRUZ,CA 95061	52-1443811		7,500				SUPPORT FOR CELL BIOLOGY TALK
COLLEGE OF MOUNT SAINT VINCENT6301 RIVERDALE AVENUE BRONX,NY 10471	13-1740445		10,000				LINKAGE FELLOW AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HOSTOS COMMUNITY COLLEGE500 GRAND CONCOURSE BRONX,NY 10451	13-4115114		10,000				LINKAGE FELLOW AWARD
MOREHOUSE COLLEGE830 WESTVIEW DRIVE SW ATLANTA,GA 30314	58-0566205		9,980				LINKAGE FELLOW AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF TEXAS OF THE PERMIAN BASIN 4901 E UNIVERSITY ODESSA,TX 79762	75-1393493		10,000				LINKAGE FELLOW AWARD
BOROUGH OF MANHATTAN COMMUNITY COLLEGE199 CHAMBERS STREET NEW YORK, NY 10007	13-3224400		9,500				LINKAGE FELLOW AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALBANY STATE UNIVERSITY504 COLLEGE DRIVE ALBANY,GA 31705	58-6001996		5,000				LINKAGE FELLOW
FLORIDA INTERNATIONAL UNIVERSITY11200 SW 8TH STREET MIAMI,FL 33199	65-0177016		6,020				LINKAGE FELLOW

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NORTH CAROLINA A&T STATE UNIVERSITY1601 EAST MARKET STREET GREENSBORO,NC 27411	56-6000007		8,500				LINKAGE FELLOW

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(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
EARLY CAREER SCIENTISTS	1	1,672			
BERNFIELD AWARD	1	1,306			
PORTER LECTURE	1	404			
MBOC PAPER OF THE YEAR AWARD	1	786			
BRUCE ALBERTS AWARD	1	86			
PRE DOC TRAVEL AWARDS	71	20,498			
POST DOC TRAVEL AWARDS	50	14,120			
UNDERGRADUATE TRAVEL AWARDS	23	5,383			
MAC TRAVEL AWARDS	1	1,495			
VISITING PROFESSOR AWARDS	25	120,675			
LINKAGE FELLOWSHIP	2	7,265			
PATHWAYS TO SUCCESS	21	10,787			
MARC TRAVEL AWARDS	77	99,784			
EE JUST AWARD	1	86			
MAC POSTER AWARDS	12	3,600			
CELLDANCE AWARDS	4	1,000			
WICB JR SR AWARDS	9	5,119			
NATURE PUBISHING CHILDCARE AWARDS	22	12,000			

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE AMERICAN SOCIETY FOR CELL BIOLOGY

Employer identification number
39-6054285

Part I Questions Regarding Compensation

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

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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) JOAN GOLDBERG	(i)	266,564	0	1,290	0	29,292	297,146	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE AMERICAN SOCIETY FOR CELL BIOLOGY

Employer identification number
39-6054285

Identifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	IBIOSEMINARS IS A FREELY AVAILABLE ONLINE LIBRARY OF SEMINARS FROM OUTSTANDING SCIENTISTS THEIR MISSION IS TO HOST LECTURES THAT DESCRIBE ON-GOING RESEARCH IN LEADING LABORATORIES AND TO DATE HAVE APPROXIMATELY 80 IBIOSEMINARS COVERING A WIDE-RANGE OF TOPICS IBIOMAGAZINE OFFERS A COLLECTION OF SHORT TALKS THAT HIGHLIGHT THE HUMAN SIDE OF RESEARCH IBIOMAGAZINE GOES "BEHIND-THE-SCENES" OF SCIENTIFIC DISCOVERIES, PROVIDES ADVICE FOR YOUNG SCIENTISTS, AND EXPLORES HOW RESEARCH IS PRACTICED IN THE LIFE SCIENCES TO DATE THERE ARE APPROXIMATELY 70 IBIOMAGAZINE TALKS A NEW NATIONAL SCIENCE FOUNDATION GRANT WAS ESTABLISHED IN 2011 - THE NSF IBIOSEMINARS GRANT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	REGULAR, POST-DOCTORAL, PRE-DOCTORAL, UNDERGRADUATE, CITIZEN, EMERITUS, AND CORPORATE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	VOTING MEMBERS INCLUDE ALL BUT CITIZEN, UNDERGRADUATE, PREDOCTORAL, AND CORPORATE MEMBERS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	MEMBERSHIP APPROVAL IS REQUIRED FOR CHANGES TO THE BY LAWS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE 990 IS REVIEWED BY THE FINANCE AND AUDIT COMMITTEE, WHICH INCLUDES THE PRESIDENT, PRESIDENT-ELECT AND TREASURER, BEFORE IT IS FILED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY COUNCIL MEMBERS ARE ASKED TO SIGN AN AGREEMENT TO COMPLY WITH THE ASCB'S CONFLICT OF INTEREST POLICY MANAGEMENT FOLLOWS-UP TO INSURE RECEIPT EMPLOYEES ARE REQUIRED TO FOLLOW THE PLAN INCLUDED IN THE STAFF MANUAL PROVIDED UPON JOINING THE ASCB A SOCIETY LEADER CANNOT VOTE ON A MATTER PERTAINING TO SOMEONE WITH WHOM THE LEADER HAS A PERSONAL RELATIONSHIP THAT GOES BEYOND THAT OF A PROFESSIONAL ACQUAINTANCE OR CASUAL FRIENDSHIP, UNLESS THE RELATIONSHIP IS DISCLOSED AND UNCONFLICTED COLLEAGUES ALSO VOTING ON THE MATTER APPROVE. A SOCIETY LEADER CANNOT PARTICIPATE IN SOCIETY DECISIONS THAT COULD INCREASE THE VALUE OF A COMMERCIAL ENTERPRISE IN WHICH THE LEADER -- OR AN INDIVIDUAL WITH WHOM HE OR SHE HAS A PERSONAL RELATIONSHIP THAT GOES BEYOND THAT OF A PROFESSIONAL ACQUAINTANCE OR CASUAL FRIENDSHIP HAS A FINANCIAL INTEREST, EITHER DIRECTLY OR INDIRECTLY A SOCIETY LEADER CANNOT VOTE ON A POSITION STATEMENT OR OTHER MATTER THAT WOULD SPECIFICALLY BENEFIT AN INSTITUTION WITH WHOM THE SOCIETY LEADER OR A RELATIVE CURRENTLY HAS OR SEEKS A PERSONAL AFFILIATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	THE EXECUTIVE DIRECTOR SUBMITS A SELF EVALUATION TO THE EXECUTIVE COMMITTEE WHICH MEETS WITH THE EXECUTIVE DIRECTOR THE EXECUTIVE COMMITTEE MEETS WITH THE EXECUTIVE DIRECTOR TO REVIEW AND DISCUSS PERFORMANCE AND SET TARGETS THEY MAY ALSO MEET WITH STAFF AND COLLEAGUES TO EVALUATE THE EXECUTIVE DIRECTOR'S PERFORMANCE THE EXECUTIVE COMMITTEE THEN REVIEWS SALARY SURVEYS FOR OTHER POSITIONS AT THIS LEVEL (EXECUTIVE DIRECTORS OF COMPARABLE GROUPS) TO DETERMINE THE APPROPRIATE COMPENSATION FOR THE COMING YEAR, THIS WAS CONDUCTED FOR 2011 COMPENSATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	BOTH THE CONFLICT OF INTEREST POLICY AND THE ASCB BYLAWS ARE POSTED ON THE ASCB WEBSITE. FINANCIAL STATEMENTS ARE PUBLISHED ANNUALLY IN THE ASCB NEWSLETTER

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -122,024

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR

Additional Data

Software ID:
Software Version:
EIN: 39-6054285
Name: THE AMERICAN SOCIETY FOR CELL BIOLOGY

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 630,290 including grants of $ 786) (Revenue $ 1,088,255)
JOURNAL AND OTHER PUBLICATIONS THE ASCB OWNS AND PUBLISHES THE SCIENTIFIC JOURNAL MOLECULAR BIOLOGY OF THE CELL, THE QUARTERLY JOURNAL CBE - LIFE SCIENCES EDUCATION, AND THE ASCB NEWSLETTER, PUBLISHED 11 TIMES A YEAR IT ALSO PUBLISHES SPECIALTY BOOKS AND PAMPHLETS ON CAREERS

(Code) (Expenses $ 675,334 including grants of $ 349,637) (Revenue $)
MARC GRANT THE NATIONAL INSTITUTE OF HEALTH, NATIONAL INSTITUTE OF GENERAL MEDICAL SERVICES MINORITY ACCESS TO RESEARCH CAREERS (MARC) GRANT FUNDS MOST OF THE PROGRAMS OF THE ASCB MINORIIES AFFAIRS COMMITTEE (MAC) THE MAC'S GOAL IS TO SIGNIFICANTLY INCREASE THE INVOLVEMENT OF UNDERREPRESENTED MINORITY SCIENTISTS IN ALL ASPECTS OF THE ASCB AND CELL BIOLOGY TO ACHIEVE THIS GOAL, THE MAC OFFERS MANY PROGRAMS THROUGHOUT THE YEAR TO PROMOTE THE RECRUITMENT AND PROFESSIONAL DEVELOPMENT OF MINORITY SCIENTISTS THE RELATIVELY SMALL POOL OF MINORITY SCIENTISTS WITH AN INTEREST IN CELL BIOLOGY REQUIRES THAT MAC ALSO DEVELOP PROGRAMS FOR UNDERGRADUATE AND PRE-DOCTORAL STUDENTS TO ASSIST THEM IN ACHIEVING CAREERS IN BIOMEDICAL RESEARCH A LONG RANGE GOAL OF THE MAC IS TO CONTRIBUTE TO THE NATION'S EFFORT TO INCREASE THE NUMBER OF UNDERREPRESENTED MINORITY SCIENTISTS

(Code) (Expenses $ 570,237 including grants of $) (Revenue $ 935,238)
MEMBERSHIP SERVICES SINCE ITS FOUNDING IN 1960, THE ASCB HAS GROWN TO APPROXIMATELY 9,000 MEMBERS IN THE UNITED STATES AND MORE THAN 65 COUNTRIES AROUND THE WORLD ABOUT 25% OF ASCB MEMBERS ARE INTERNATIONAL CURRENT MEMBERS COME FROM UNIVERSITIES, COLLEGES, MEDICAL SCHOOLS, GOVERNMENT, INDUSTRY, AND PUBLIC AND PRIVATE RESEARCH INSTITUTIONS MEMBERSHIP IN THE ASCB IS OPEN TO ALL RESEARCH SCIENTISTS, STUDENTS, EDUCATORS (HIGH SCHOOL, UNDERGRADUATE, AND GRADUATE LEVEL), AND TECHNICIANS WHO HAVE EDUCATION OR RESEARCH EXPERIENCE IN CELL BIOLOGY OR AN ALLIED FIELD SOME MEMBER BENEFITS INCLUDE FREE SUBSCRIPTION TO MOLECULAR BIOLOGY OF THE CELL, CBE-LIFE SCIENCES EDUCATION, THE ASCB NEWSLETTER AND LISTING IN AND ACCESS TO THE ASCB MEMBER DIRECTORY MEMBERS RECEIVE REDUCED RATES FOR PURCHASE OF OTHER SCIENTIFIC PUBLICATIONS DISCOUNTS ARE GIVEN TO MEMBERS FOR PUBLISHING PAGE CHARGES IN MOLECULAR BIOLOGY OF THE CELL AND REGISTRATION FOR THE ASCB ANNUAL MEETING BENEFITS ALSO INCLUDE SPONSORSHIP PRIVILEGES FOR ABSTRACTS, AND FREE CV POSTING AND DISCOUNTED JOB POSTING ON THE ASCB JOB BOARD FOR A COMPLETE LISTING OF MEMBER BENEFITS, SEE HTTP //WWW ASCB ORG/MEMBERSHIP/MEMBERSHIP-BENEFITS HTML

(Code) (Expenses $ 197,361 including grants of $) (Revenue $ 137,624)
COALITION FOR LIFE SCIENCES THE ASCB IS A MEMBER OF THE COALITION FOR THE LIFE SCIENCES,(CLS) THE CLS IS AN ALLIANCE OF SIX NON-PROFIT PROFESSIONAL ORGANIZATIONS WORKING TOGETHER TO FOSTER PUBLIC POLICIES THAT ADVANCE BASIC BIOLOGICAL RESEARCH AND ITS APPLICATIONS IN MEDICINE AND OTHER FIELDS THE ISSUES ADDRESSED BY THE CLS INCLUDE SCIENCE EDUCATION, PROFESSIONAL TRAINING, AND THE FUNDING, MANAGEMENT, AND OVERSIGHT OF SCIENTIFIC WORK, ESPECIALLY BY THE FEDERAL GOVERNMENT

(Code) (Expenses $ 773 including grants of $) (Revenue $ 1,080)
MERCHANDISE ASCB PRODUCTS FOR SALE

(Code) (Expenses $ 5,081 including grants of $) (Revenue $ 0)
HALF CENTURY SUPPORT OF ASCB PROGRAMS

(Code) (Expenses $ 73,844 including grants of $ 3,000) (Revenue $)
NSF IBIOSEMINARS GRANT IBIOSEMINARS IS A FREELY AVAILABLE ONLINE LIBRARY OF SEMINARS FROM OUTSTANDING SCIENTISTS THEIR MISSION IS TO HOST LECTURES THAT DESCRIBE ON-GOING RESEARCH IN LEADING LABORATORIES AND TO DATE HAVE APPROXIMATELY 80 IBIOSEMINARS COVERING A WIDE-RANGE OF TOPICS IBIOMAGAZINE OFFERS A COLLECTION OF SHORT TALKS THAT HIGHLIGHT THE HUMAN SIDE OF RESEARCH IBIOMAGAZINE GOES "BEHIND-THE-SCENES" OF SCIENTIFIC DISCOVERIES, PROVIDES ADVICE FOR YOUNG SCIENTISTS, AND EXPLORES HOW RESEARCH IS PRACTICED IN THE LIFE SCIENCES TO DATE THERE ARE APPROXIMATELY 70 IBIOMAGAZINE TALKS