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_{50m} 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.

2011
Open to Public Inspection

A	For th	e 2011 calendar year, or tax year beginning	and	d ending		
В	Check if applicab	C Name of organization			D Employer identification	ation number
	Addre		LANT BIOLOGISTS			
	Name Chan	Doing Business As ASPB	53-02	158999		
	Initial returi Termi ated		elivered to street address)	Room/suite	E Telephone number (301)	251-0560
	Amer	ded O			G Gross receipts \$	6,812,048.
	Appli tion	ROCKVILLE, MD 20855-2			H(a) Is this a group ret	um
	pend	F Name and address of principal officer: CR	ISPIN TAYLOR		for affiliates?	Yes X No
		SAME AS C ABOVE		 ,,	H(b) Are all affiliates inclu	ıded? Yes No
		empt status: X 501(c)(3) 501(c) ()) or 527		st. (see instructions)
		te: ► WWW.ASPB.ORG			H(c) Group exemption	
			Association Other	L Year	of formation: 1932 M	State of legal domicile: DC
_	art I	Summary Briefly describe the organization's mission or mos	DDON	OTE CD	OMME AND DEG	TEL ODMENT
⊕ 3 2012L Governance	1	OF PLANT BIOLOGY THROUGH	St significant activities: FROP MFFTTNGS AND DI	TRITCAT	TONG	ELICPMENT
20 nar	2	Check this box If the organization disco				ente.
က 🥇	3	Number of voting members of the governing body		osed of filore	3	21
⊜ၒၟ	4	Number of independent voting members of the ga	, , ,	1	4	21
🕶	5	Total number of individuals employed in calendar	• • • • • • • • • • • • • • • • • • • •		5	24
DEC Activities	6	Total number of volunteers (estimate if necessary		•	6	75
Ę į	7 a	Total unrelated business revenue from Part VIII, of	olumni(C), line 1 2		7a	142,918.
믮_	Ь	Net unrelated business taxable income from Form	n 990-T, line 342 5 C 5 11 44		7b	0.
			I LIVE OF IVE	$-\nu$ \perp	Prior Year	Current Year
≨ } •	8	Contributions and grants (Part VIII, line 1h)	1=1 MOV = =	181	144,462.	36,323.
Sevenue Revenue	9	Program service revenue (Part VIII, line 2g)	₩ NOV 1 3 20	J12 PL	6,032,877.	6,006,509.
છે હૈ	10	Investment income (Part VIII, column (A), lines 3,	4, and 7d)	[2]	553,843.	624,825.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8	c, 9c 10c, and The	15	161,396.	144,391.
	12	Total revenue add lines 8 through 11 (must equa			6,892,578.	6,812,048.
	13	Grants and similar amounts paid (Part IX, column		<u> </u>	92,252.	233,638.
	14	Benefits paid to or for members (Part IX, column (2,023,923.	2,093,393.		
Expenses	15	Salaries, other compensation, employee benefits		' ⊢	0.	0.
Pen	1	Professional fundraising fees (Part IX, column (A), Total fundraising expenses (Part IX, column (D), III	· _	₀. ⊢		•
ă	17	Other expenses (Part IX, column (A), lines 11a-11a			4,057,576.	4,210,314.
	18	Total expenses. Add lines 13-17 (must equal Part	· · · · · · · · · · · · · · · · · · ·		6,173,751.	6,537,345.
	19	Revenue less expenses. Subtract line 18 from line		<u> </u>	718,827.	274,703.
oc	:1			Be	ginning of Current Year	End of Year
Net Assets (Fund Balanci	20	Total assets (Part X, line 16)			14,548,128.	14,323,243.
T S	21	Total liabilities (Part X, line 26)			2,591,299.	3,071,674.
		Net assets or fund balances. Subtract line 21 from	n line 20		11,956,829.	11,251,569.
<u>P</u>	art II	Signature Block				
		ilties of perjury, I declare that I have examined this return	·		- ·	knowledge and belief, it is
true	, corre	t, and complete Declaration of preparer (other than office	cer) is based on all information of v	vhich preparer		
		Signature of officer			11/6/12 Date	
Sig		l'	TIVE DIRECTOR		Date	
Her	re	CRISPIN TAYLOR, EXECUT	TIVE DIRECTOR		· · · · · · · · · · · · · · · · · · ·	
_		Print/Type preparer's name	Preparer's signature		Date Check	PTIN
Pai	d	FREDERICK LONGWOOD	Treparer singulature		11 2 2012 if self-employed	⁻
	- parer	Firm's name TATE AND TRYON	- Confession		Firm's EIN	52-1855942
	Only		W SUITE 400			
	-		20036		Phone no. (2	02) 293-2200
Mar	y the I	RS discuss this return with the preparer shown ab			· ·	X Yes No

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

Form **990** (2011)

132002 02-09-12 5,037,759.

Total program service expenses ▶

Other program services (Describe in Schedule O.)

164,002 · including grants of \$

) (Revenue \$

Form 990 (2011) AMERICAN SOC 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	dunng the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			77
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	-	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	-		
3	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		\vdash	_ - _
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
þ	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		<u> </u>
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			7.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a	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		x
Α.	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	Х	
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	X	
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		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	 	X
þ	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	446		X
46	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form '	990 c	2011)

Form 990 (2011) AMERICAN SOCIETY OF Part IV Checklist of Required Schedules (continued)

		1	V	A1-
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		Yes	No
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	2.00		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	00-		х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		$\frac{\Lambda}{X}$
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	_		v
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33_		X
34	Was the organization related to any tax-exempt or taxable entity?			X
250	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
35a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	33a		
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	9 90 (2	2011)

	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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	90			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	reporta	ble gaming			
	(gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	24			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ıms?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ns)				
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	r author	nty over, a			· ·
	financial account in a foreign country (such as a bank account, securities account, or other financia	l accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action?	•	5b		X
	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 orga	anızation solicit			
	any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	itions o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					\ \
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and si	ervices p	rovided to the payor?	7a		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	vas req	uired	_	1	v
	to file Form 8282?	1 1	1	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_	1	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		et?	7e		
f -	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con		200	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file if		'	7g		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.			7h_		
0	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a			8		
9	Sponsoring organizations maintaining donor advised funds.	t any un	ic during the year:			
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:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a				{
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				,
11	Section 501(c)(12) organizations. Enter:					
	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				1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10417	?	12a		
ь	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.					
а	Is the organization licensed to issue qualified health plans in more than one state?		ĺ	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		j			
b	Enter the amount of reserves the organization is required to maintain by the states in which the		, I			
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
þ	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O		14b		
				Form	990 (2011)

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

	to line bu, bu, or rob below, describe the chearistances, processes, or changes in ochecute or occurrence.			
<u> </u>	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management		V	l Na
10	Enter the number of voting members of the governing body at the end of the tax year 1a 21		Yes	No
ıa	If there are material differences in voting rights among members of the governing body, or if the governing	ĺ		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь	Enter the number of voting members included in line 1a, above, who are independent 1b		l	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	ł		
_	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision	┝ <u></u>	 	
	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	-	Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	-	Х
6	Did the organization have members or stockholders?	6	х	
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	x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7ь		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		Х
Sec	tion 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		Х
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		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		:	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	<u></u>
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	L
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			1
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	Х	<u> </u>
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?		v	
	The organization's CEO, Executive Director, or top management official	15a	Х	₩
D	Other officers or key employees of the organization	15b		Х
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		х
L	taxable entity during the year?	16a		
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			ŀ
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	466		
202	exempt status with respect to such arrangements?	16b		
17 18	List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	wallah	اما	
	for public inspection. Indicate how you made these available. Check all that apply.	.vana0	10	
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finar	ncial	
	statements available to the public during the tax year.	u midi	icidi	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	tion: 🖿	•	
	THE ORGANIZATION - 301-251-0560			
	15501 MONONA DRIVE, ROCKVILLE, MD 20855-2768			
32008		Form	990 (2011)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average hours per week	box	not c , unle	heck ss pe	more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former .	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
STEVEN HUBER				,,						
PRESIDENT	1.00	X		X	ļ		<u> </u>	0.	0.	0.
PEGGY LEAMUX	1 1 00	.		х				0.	0.	0
PRESIDENT-ELECT NICHOLAS CARPITA	1.00	X	-	4	_	H	┝	0.		0.
IMMEDIATE PAST PRESIDENT	1.00	x						0.	0.	0.
JULIA BAILEY-SERRES	1.00	^	┝	\vdash	┝	-	├	0.	<u> </u>	0.
SECRETARY	1.00	х	ŀ	X				0.	0.	0.
JONATHAN MONROE	1.00	 	-	-	┝┈		┢	0.	0.	
TREASURER	1.00	х		x			ļ	0.	0.	0.
MARY LOU GUEIRNOT		∺	-	=			-			
CHAIR BOARD TRUSTEES	1.00	x		х				l o.	0.	0.
DAVID HORVATH					 					
CHAIR, MEMBERSHIP CMTE	1.00	X			ļ			0.	0.	0.
MARIABLENA B. ZAVALA					Г					
CHAIR, MINORITY AFFAIRS	1.00	Х						0.	0.	0.
SALLY A. MACKENZIE										
CHAIR, PUBLICATIONS COMMITTEE	1.00	X						0.	0.	0.
MARTA LASKOWSKI										
CHAIR, STATUS OF WOMEN IN PLANT BIOL	1.00	X						0.	0.	0.
ERIN DOLAN										
CHAIR, EDUCATION CMTE	1.00	X						0.	0.	0.
LEON V. KOCHIAN										
CHAIR, INTERNATIONAL CMTE	1.00	X						0.	0.	0.
RICHARD T. SAYRE									•	•
CHAIR, PUBLIC AFFAIRS CMTE	1.00	X			<u> </u>			0.	0.	0.
MARGUERITE J. VARAGONA	1 1 00	. ,						ا م	•	0
MEMBER	1.00	X				H	_	0.	0.	0.
GLORIA MUDAY MEMBER	1.00	x						0.	0.	0.
RICHARD VIESTRA	1.00	^	-			\vdash	-	0.		<u> </u>
MEMBER	1.00	х						0.	0.	0.
ESTELLE M. HRABAK	1.00	A	\vdash	\vdash		Н	—	<u> </u>		
REP. NORTHEASTERN SECTION	1.00	х						0.	0.	0.
132007 01-23-12										Form 990 (2011)

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Page 8

Section A. Officers, Directors, Tr		mple	oyee	es, a	ınd	High	est	Compensated Employ	ees (continuea)				
` (A)	(B)	ļ	(C)					(D)	(E)			(F)	
 Name and title 	Average	(do	not c	heck	ntior more	than	one	Reportable Reportable				tımate	
	hours per week					is bot or/trus		compensation compensation				nount	of
	(describe	-				1	Ė	from the	from related organizations			other pensa	tion
	hours for	quect							(W-2/1099-MISC	. l		om th	
	related	0.0	豐			şğ	1	(W-2/1099-MISC)	(** 2) 1000 141100	"丨		anızat	
	organizations	truste	置		e S	E E		()			_	d relat	
	ın Schedule	Individual trustee or director	Institutional trustee	듏	Key employee	Highest compensated employee	層				orga	ınizatı	ons
<u></u>	0)	亨	ᄩ	Officer	, Ke	皇皇	호			4			
DAVID LOGAN	1.00	x					1	0.	,	ا. ٥			0.
REP., WESTERN SECTION ZHONGCHI LIU	1.00	^	⊢	-	├	╂	⊢	0.		ا ۱			<u> </u>
	1.00	x				}		0.	1	ا. ه			0.
REP., MID-ATLANTIC SECTION SARAH WYATT	1.00	^	\vdash	┢	┢	╁	├-	- 0.		' 			<u> </u>
REP. MIDWESTERN SECTION	1.00	x						0.	(ا. ه			0.
KENT CHAPMAN	1 2.00	 	╁	┢╌	\vdash	t	┢			+			
REP., SOUTHERN SECTION	1.00	x			Ì			0.	(o.l			0.
CRISPIN TAYLOR		 				T			<u> </u>	_			
EXECUTIVE DIRECTOR	37.50			x			ŀ	183,243.	(0.	3	0,8	93.
KIMBERLY KIMNACH				Г		†				1			
DIRECTOR OF FINANCE & ADMIN	37.50			X				100,797.	(0.	1	9,3	65.
NANCY WINCHESTER													
DIRECTOR OF PUBLICATIONS	37.50		L			X		147,004.		0.	2	4,1	<u> 18.</u>
ALTAJEAN ROSENBERG									_		_		
DIRECTOR OF MEETINGS, MARKETING	37.50	<u> </u>	<u> </u>	<u> </u>	<u> </u>	X	L	104,541.		0.	2	0,7	<u> 56.</u>
					1								
1b Sub-total	<u> </u>	<u> </u>	L	<u> </u>	<u> </u>	 	<u> </u>	535,585.		0.1	9	5,1	32.
c Total from continuation sheets to Part V	(II Continu A							0.		ŏ.		, , _	0.
d Total (add lines 1b and 1c)	n, section A							535,585.		0. 1	9	5,1	
Total number of individuals (including but)	not limited to th		liete		bov	9) 14	ho r			<u> </u>		, , _	
compensation from the organization	not innited to ti	1036	iiste	su a	DOV	C) W	110 1	eceived more than \$100	,000 of reportable				4
Componential work the organization												Yes	No
3 Did the organization list any former officer	, director, or tr	uste	e, ke	y ei	mplo	oyee	, or	highest compensated er	nployee on	ſ			
line 1a? If "Yes," complete Schedule J for	such ındivıdual									L	3		X
4 For any individual listed on line 1a, is the s	•		•					•	the organization				
and related organizations greater than \$15	50,000? If "Yes,	" co	mple	ete :	Sch	edul	e <i>J 1</i>	for such individual		Ļ	4	X	
5 Did any person listed on line 1a receive or	•				•	•	relat	ted organization or indivi	dual for services				7.5
rendered to the organization? If "Yes," con	nplete Schedul	e J f	or s	uch	per	son					5		<u> </u>
Section B. Independent Contractors		. ح. ح ام						h-4	\$100,000 of com-		-4		
 Complete this table for your five highest of the organization. Report compensation for 	•	•							•	ensa	ation i	rom	
(A)	ti le Caleridai y	cai	enui	ng v	WILL	OI W	1	(B)	Teal.		(C	<u> </u>	
Name and business	s address	N	INC	3			ı	Description of s	ervices	C		nsatio	n
							╛						
							_						
							\dashv	<u> </u>					
							-		+				
2 Total number of independent contractors	(including but r	not li	mıte	d to	tho	se li	stec	d above) who received m	ore than	_			
\$100,000 of compensation from the organ						0							

Form **990** (2011)

Form 990 (2011)

Pa	irt V	Ш	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
nts	1 8	a I	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	ı	ы	Membership dues	1b					
s, C		c I	Fundraising events	1c					
ar,		d I	Related organizations	1d					
S, E	١ ,		Government grants (contributions					·	
Sign	1		All other contributions, gifts, grants, ar	· -					
Fet.			similar amounts not included above	1f	36,323.				
Ēδ			Noncash contributions included in lines 1a-1f		30,3231				
Š	1	_	Total. Add lines 1a-1f	*		36,323.			
<u> </u>	'		Total. Add lines Ta-Ti	·	Dunnana Carla	30,323.		-	
_	_	_ (SUBSCRIPTIONS & P	מחד מים	Business Code 541800	3632694.	3489776.	142,918.	1
į	2 8		PUBLICATIONS & P	EKTOD	900099	1389101.	1389101.	142,510.	
Program Service Revenue			ANNUAL MEETINGS		900099	475,134.	475,134.		
			MEMBERSHIP DUES		900099				
ega Bag	•					402,493.	402,493.		ļ
Prog	•	-	SPECIALTY MEETING	<u> </u>	900099	107,087.	107,087.		
	1		All other program service revenue			C00CF00			ļ
-			Total. Add lines 2a-2f			6006509.			ļ
	3		Investment income (including divid	dends, intere	_	224 011			224 011
			other similar amounts)	-	•	234,011.			234,011.
l	4		ncome from investment of tax-exe	empt bond p	proceeds				F . 40.6
	5	F	Royalties		<u> </u>	55,406.			55,406.
				(i) Real	(ii) Personal				
	6 8	а (Gross rents						
	ŧ	b L	Less: rental expenses		ļ	ı.			
	•	c F	Rental income or (loss)		<u> </u>				
	•	d I	Net rental income or (loss)		•				
	7 8	а (Gross amount from sales of (i)	Securities	(ii) Other				
		a	assets other than inventory 3	90814.					
	t	b L	_ess: cost or other basis						
		a	and sales expenses	0.					
	•	c (Gain or (loss) 3	90814.					
	(1 b	Net gain or (loss)			390,814.			390,814.
ا ه	8 a	a (Gross income from fundraising eve	ents (not					
anne		U	ncluding \$	of					
ě		c	contributions reported on line 1c).	 See					
Other Reve		F	Part IV, line 18	а					j
풀	t	b L	_ess: direct expenses	b					ĺ
٥			Net income or (loss) from fundraisi	ng events		[
l			Gross income from gaming activiti	-					
l			Part IV, line 19	а					
	t	b L	_ess: direct expenses	b					
			Net income or (loss) from gaming a						
	10 a		Gross sales of inventory, less retui						
			and allowances	a					
		_	ess: cost of goods sold	b					
1			Net income or (loss) from sales of	_					
t		· '	Miscellaneous Revenue	vo.itory	Business Code				
ŀ	11 :	. (OPEN ACCESS INST.		900099	87,500.			87,500.
l			MISCELLANEOUS		900099	1,485.			1,485.
ľ	_	-				1,303.			1,403.
	-	_	All ather reverses						
			All other revenue		<u> </u>	88,985.			_
			Fotal. Add lines 11a-11d			6812048.	5863591.	1/2 010	769,216.
13200 01-23	12 9		Total revenue. See instructions.			0012040.	7003331.	144,310.	
01-23	- 12								Form 990 (2011)

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 respon	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	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	233,638.	233,638.		
3	Grants and other assistance to governments,			j	
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	226 221	024 002	101 000	
	trustees, and key employees	336,881.	234,983.	101,898.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 270 001	061-620	416 360	
7	Other salanes and wages	1,378,001.	961,639.	416,362.	
8	Pension plan accruals and contributions (include	100 011	74 364	20 650	
	section 401(k) and section 403(b) employer contributions)	102,011.	71,361.	30,650.	
9	Other employee benefits	169,457.	117,164.	52,293.	
0	Payroll taxes	107,043.	65,223.	41,820.	
1	Fees for services (non-employees):				
а	Management	1 100		1 100	
b	Legal _	1,186.		1,186.	
С	Accounting	38,804.		38,804.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	50 464		50.464	
f	Investment management fees	50,464.	255500	50,464.	
g	Other	462,027.	356,583.	105,444.	
2	Advertising and promotion	40,661.	40,661.	400 404	
3	Office expenses	2,035,840.	1,935,719.	100,121.	
4	Information technology	107,690.	6,336.	101,354.	
5	Royalties	18,439.	18,439.		
6	Occupancy	000 240	167 007	40 354	-
7	Travel	208,348.	167,997.	40,351.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	410 022	262 151		
9	Conferences, conventions, and meetings	418,233.	363,151.	55,082.	
0	Interest				
1	Payments to affiliates	100 000		102 000	
2	Depreciation, depletion, and amortization	102,998.		102,998.	
3	Insurance	32,957.		32,957.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	HONORARIUM	143,752.	136,752.	7,000.	
a b	COMMITTEE EXPENSES	127,992.	51,893.	76,099.	
c	INSTITUTION ALLOWANCE	99,600.	99,600.		<u> </u>
d	DUES & SUBSCRIPTIONS	87,877.	63,005.	24,872.	
e	All other expenses	233,446.	113,615.	119,831.	
5 5	Total functional expenses. Add lines 1 through 24e	6,537,345.	5,037,759.	1,499,586.	
<u>5</u> 6	Joint costs. Complete this line only if the organization		-,,,,		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	1			
	vaavaaviidi vairipaigii aria tulivitaliilig soliutalivii.				

		1			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,016,285.	1	1,420,429.
	2	Savings and temporary cash investments	· · · · · · · · · · · · · · · · · · ·	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	667,615.	4	488,408.
	5	Receivables from current and former officers, directors, trustees, key	, , , , , , , , , , , , , , , , , , , ,	<u> </u>	
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
	•	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)	-	6	
şţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9		120,349.	9	146,679.
	1	Prepaid expenses and deferred charges	120,347.	9	140,075
	lua	Land, buildings, and equipment: cost or other			
	ا ر	basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 2,031,782. 10b 1,155,144.	947,188.	10c	876,638.
	l		11,796,691.	110	11,391,089.
	11	Investments - publicly traded securities	11,700,001.	12	11,331,003.
	12	Investments - other securities. See Part IV, line 11		13	
	13	Investments - program-related. See Part IV, line 11			
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	14,548,128.	15	14,323,243.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	415,607.	16	480,365.
	17	Accounts payable and accrued expenses	413,007.	17	400,303.
	18	Grants payable .	2,139,420.	18 19	2,539,325.
	19	Deferred revenue	2,133,420.		2,333,323.
	20	Tax-exempt bond liabilities		20	
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ē	22	Payables to current and former officers, directors, trustees, key employees,			
Lia		highest compensated employees, and disqualified persons. Complete Part II			
	۱	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	36,272.		51,984.
		Schedule D	2,591,299.		3,071,674.
	26	Total liabilities. Add lines 17 through 25	4,331,433.	26	3,0/1,0/4.
		Organizations that follow SFAS 117, check here			;
Çes		lines 27 through 29, and lines 33 and 34.	11,593,720.		10 000 400
<u>a</u>	27	Unrestricted net assets	115,058.	27	10,898,408.
Ba	28	Temporanly restricted net assets	248,051.	28	270,051.
<u> </u>	29	Permanently restricted net assets	240,031.	29	270,031.
Ę		Organizations that do not follow SFAS 117, check here			;
S		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	11 056 000	32	11 051 560
-	33	Total net assets or fund balances	11,956,829.	33	11,251,569.
	34	Total liabilities and net assets/fund balances	14,548,128.	34	14,323,243.

Form	1 990 (2011)	AMERICAN	SOCIETY	OF	PLANT	BIOLOGI	STS	53-02	58999	Pa	ge 12
Pa	rt XI Reconcilia	ation of Net Assets	5								
	Check if Sche	edule O contains a respo	onse to any que	stion ii	n this Part >	a	•		-		X
1	Total revenue (must	t equal Part VIII, column	(A), line 12)					1	6,81		
2	Total expenses (mu	ist equal Part IX, column	(A), line 25)	-	-			2	6,53		
3	Revenue less exper	nses. Subtract line 2 froi	m line 1	_				3			03.
4	Net assets or fund t	balances at beginning o	f year (must equ	al Par	t X, line 33,	column (A))		4	11,95		
5	Other changes in ne	et assets or fund balanc	es (explain in Sc	hedul	le O)			5			63.>
6	Net assets or fund t	balances at end of year.	Combine lines	3, 4, a	nd 5 (must	equal Part X, line	33, column (B))	6	11,25	1,5	69.
Pa	rt XII Financial S	Statements and Re	eporting								_
	Check if Sche	edule O contains a respo	onse to any que	stion ii	n this Part >	<u> </u>	<u> </u>		•		<u> </u>
										Yes	No
1	Accounting method	l used to prepare the Fo	rm 990: 🗀 (Cash	X Acc	ual L Othe	er				
	If the organization of	changed its method of a	ccounting from a	a pnor	year or che	cked "Other," e	plain in Schedule	e O.			
2a	Were the organization	on's financial statement	s compiled or re	viewe	d by an ind	ependent accou	ntant?		2a		X
b	Were the organization	on's financial statement	s audited by an	ındep	endent acc	ountant?			2b	Х	
C	If "Yes" to line 2a or	r 2b, does the organizati	ion have a comn	nittee	that assum	es responsibility	for oversight of the	ne audīt,			ĺ
	review, or compilation	on of its financial statem	nents and select	ion of	an indepen	dent accountant	?		2c	X	L
	If the organization of	changed either its oversi	ght process or s	electi	on process	during the tax ye	ar, explain in Sch	redule O.			l
d	If "Yes" to line 2a or	r 2b, check a box below	to indicate whet	ther th	e financial :	statements for th	e year were issue	ed on a			
		solidated basis, or both	:								
	LX Separate basi	is Consolidated	basis 🗀 E	Both c	onsolidated	and separate ba	isis				
За	As a result of a fede	eral award, was the orga	nization required	i to ur	ndergo an a	udit or audits as	set forth in the S	ngle Audıt			
	Act and OMB Circul	lar A-133?			-	-		-	3a		X
b	If "Yes," did the orga	anization undergo the re	equired audit or	audıts	? If the orga	anızatıon dıd not	undergo the requ	ured audit			
	or audits, explain wh	hy in Schedule O and de	escnbe any step	s take	n to underg	o such audits.			3b		
									Form	990 (2011)

SCHEDULE A (Form 990 or 990-EZ)

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

Open to Public Inspection

Name of the organization AMERICAN SOCIETY OF PLANT BIOLOGISTS

Employer identification number 53-0258999

Part	Reas	on for Public Cha	rity Status (All organi		ust comple		t.) See ins	tructions.		3 0230333
The or			because it is: (For lines							 _
1	_		es, or association of chu	-		-	•	3		
2	1		70(b)(1)(A)(ii). (Attach So				אטע יאטאי	·)·		
3 <u> </u>	_		ortal service organization			170/hV/1	VAVIII)			
4 [operated in conjunction					V6V4VAV	ii) Entor:	the beentel's name
	city, and		operated in conjunction	· will a rio.	spital desc	ilibed iii se	-CHOIL 170	יואראוי אנטא	ii). Liitei	ule nospitais name,
5 [benefit of a college or u	iniverent o	wood or o	porated by		montal un	t docomb	od in
J L		170(b)(1)(A)(iv). (Comp		iniversity O	Wiled Of O	perated by	y a govern	mentar un	it describ	eu in
6 L			•	.t dooonbo		- 470/LV	41/41/-1			
7 -			ment or governmental un					6 Ab		
, _			ceives a substantial part	or its supp	oon from a	governm	entai unit (or from the	generai	public described in
8 	_	170(b)(1)(A)(vi). (Compl		(Camplete	Down II V					
9 🖸	- 1		section 170(b)(1)(A)(vi).				.b			
9 4	3		ceives: (1) more than 33							
			unctions - subject to cert taxable income (less sec							
		ion 509(a)(2). (Complet		אווטווטווונ	ax) iiom bc	isinesses	acquired t	by the orga	iriization	aner June 30, 1975.
10	_		pperated exclusively to te	et for pub	lio cafoty (Soo sostie	n E00/oV	4)		
11			perated exclusively for t						y out tho	numeron of one or
			ations described in sect							
			g organization and comp				2). 3 55 36	cuon sos(aj(S). Cri	eck the box that
		pe I b			e III - Func		teamted		d 🗔	Type III - Other
e□		•	at the organization is not			-	-	r more disi		
			than one or more public							
f			itten determination from						γ(α)(1) Οι	section 505(a)(2).
•		ng organization, check t			acicisally	pe i, Type	ii, oi Typ	6 III		
g	_		organization accepted a	ny aift or c	ontribution	from any	of the foll	owing per	cone?	L.,.,J
9			directly controls, either a			•		٠.		Yes No
			supported organization?	none or tog	jourer with	persons (Jeschbed	iii (ii) ai iu (iii) below,	11g(i)
			on described in (i) above?	,						11g(ii)
		•	a person described in (i)		۵2	•	••			11g(iii)
h			a about the supported or	• •					•	[119(111)]
••		no ronowing intorribution	rabout the supported of	ganzanon	(3)-					
(i) Na	me of supporte	ed (ii) EIN	(iii) Type of	(iv) Is the o	organization	(v) Did vo	u notify the	(vi) ls	the	full) Amount of
	organization	(11) (11)	organization		sted in your		ion in col.	Torganizatio	on in col. I	(vii) Amount of
`	or garrication		(described on lines 1-9 above or IRC section	governing	document?		r support?	(i) organizi U.S.	.?	support
			(see instructions))	Yes	No	Yes	No	Yes	No	
				<u> </u>					1	
				ŀ						
				 						
	· · · · · · · · · · · · · · · · · · ·	· · · · · · ·	† · · · · · · · · · · · · · · · · · · ·	1						
			<u> </u>	†						
				 		 				
							1			
			 	 	 		 		- 	
Total										
	r Paperwork	Reduction Act Notice	e, see the Instructions f	or			L	Schedule	e A (Form	n 990 or 990-EZ) 2011
-										

132021 01-24-12

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011 Part II Support Schedule for Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and			1	<u> </u>		
	membership fees received. (Do not						ļ
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge					1	
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			Ì			
	on line 1 that exceeds 2% of the			·			
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support					·	
Cale	ndar 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				1		
	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			1			
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruct	ions)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, the	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop						▶□
Sec	tion C. Computation of Public	c Support Pe	ercentage				
14	Public support percentage for 2011 (lin	ne 6, column (f) d	divided by line 11,	column (f))	•	14	%
15	Public support percentage from 2010	Schedule A, Part	t II, line 14			15	%
16a	33 1/3% support test - 2011. If the or	ganızatıon dıd no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	ox and
	stop here. The organization qualifies a	s a publicly supp	oorted organizatioi	n .			▶∟
b	33 1/3% support test - 2010. If the or	ganization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qualif	ies as a publicly	supported organiz	ation	•		▶∟
17a	10% -facts-and-circumstances test	- 2011. If the org	ganization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fact	s-and-cırcumstar	nces" test, check t	his box and stop I	nere. Explain in Pa	rt IV how the orgar	nization
	meets the "facts-and-circumstances" t	est. The organiza	ation qualifies as a	publicly supporte	d organization		▶□
b	10% -facts-and-circumstances test	- 2010. If the org	ganization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	e "facts-and-circu	umstances" test, c	heck this box and	stop here. Explair	n in Part IV how the	
	organization meets the "facts-and-circu	umstances" test.	The organization	qualifies as a publi	cly supported org	anızatıon	. ▶∐
18	Private foundation. If the organization	did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s •
					Sche	edule A (Form 990	or 990-F7\ 2011

(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

Sec	tion A. Public Support	elow, please comp	piete Part II.)				
_	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and	(4) 2001	(5) 2000	(6) 2003	(4) 2010	(6) 2011	(i) iotai
•	membership fees received. (Do not						
	include any "unusual grants.")	514,029.	468,284.	454,960.	553,773.	438,816.	2,429,862.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	5,164,104.	5,674,180.			5,461,098.	27,830,711.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-	·					
	ization's benefit and either paid to 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	5,678,133.	6,142,464.	6,533,288.	6,006,774.	5,899,914.	30,260,573.
7 <i>a</i>	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						0
_	amount on line 13 for the year						0.
	Add lines 7a and 7b			- 			30,260,573.
	Public support (Subtract line 7c from line 6)						30,260,373.
_	indar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6	5,678,133.	6,142,464.	6,533,288.	6,006,774.	5,899,914.	30,260,573.
	Gross income from interest,		0,222,20	0,000,200.	0,000,2	0,000,011	00,200,0,0,
	dividends, payments received on securities loans, rents, royalties and income from similar sources	401,049.	<288122.	><58,755.	>312,558.	289,417.	656,147.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975		<24,978.	>	<6,154.	>	<31,132.
	Add lines 10a and 10b	401,049.	<313100.	><58,755.	>306,404.	289,417.	625,015.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income. Do not include gain or loss from the sale of capital	77,764.	57,018.	112,093.	89,304.	88,985.	425,164.
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)	6,156,946.	5,886,382.	6,586,626.	6,402,482.	6,278,316.	31,310,752.
	First five years. If the Form 990 is for	the organization's					
	check this box and stop here		,	, ,	,		▶□
Sec	ction C. Computation of Publ	ic Support Per	rcentage				· ·
15	Public support percentage for 2011 (I	ine 8, column (f) di	vided by line 13, o	column (f))		15	96.65 %
16	Public support percentage from 2010	Schedule A, Part	III, line 15			16	96.58 %
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	11 (line 10c, colun	nn (f) divided by lir	ne 13, column (f))		17	2.00 %
18	Investment income percentage from 2	2010 Schedule A, I	Part III, line 17			18	2.20 %
19a	33 1/3% support tests - 2011. If the	-				· ·	
b	more than 33 1/3%, check this box at 33 1/3% support tests - 2010. If the						▶ X
	line 18 is not more than 33 1/3%, che	-					. ▶□
20	Private foundation. If the organizatio	n did not check a l	box on line 14, <u>19</u>	a, or 19b, check th	nis box and see ins	tructions	<u> </u>

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

► See separate instructions.

2011

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

Open to Public

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, Part V, line 35c (Proxy Tax), then

● Section 501(c)(4), (5), or (6) organiza	ations: Complete Part III.			
Name of organization	-		Em	ployer identification number
	N SOCIETY OF PLA			53-0258999
Part I-A Complete if the org	ganization is exempt un	der section 501(c) or is a section 527	organization.
1 Provide a description of the organiz2 Political expenditures3 Volunteer hours	zation's direct and indirect polit	ical campaign activities	s in Part IV.	\$
Part I-B Complete if the org	ganization is exempt un	der section 501(c)(3).	
1 Enter the amount of any excise tax			<i>y</i> ,_ <i>y</i> .	\$
2 Enter the amount of any excise tax	incurred by organization mana-	gers under section 495		
3 If the organization incurred a section				Yes No
4a Was a correction made?				Yes No
b if "Yes," describe in Part IV.				
Part I-C Complete if the org	ganization is exempt un	der section 501(c), except section 50	1(c)(3).
 Enter the amount directly expended Enter the amount of the filing organizement function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and er made payments. For each organization functions received that were prepolitical action committee (PAC). If 	s. Add lines 1 and 2. Enter here 1120-POL for this year? mployer identification number (Eation listed, enter the amount paromptly and directly delivered to	and on Form 1120-POI EIN) of all section 527 p aid from the filing organ a separate political org	section 527 L, olitical organizations to whization's funds. Also enter ganization, such as a sepa	\$ Yes No nich the filing organization the amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and
For Denominal Padrotics Ast Notice				

LHA 132041 Schedule C (Form 990 or 990-EZ) 201[.]

Schedule C (Form 990 or 990-EZ) 2011 Part II-A Complete if the org	anization is exe	OCIETY OF PL	ANT BIOLOGIS on 501(c)(3) and file	STS 53- ed Form 5768	0258999 Page 2
(election under section A Check (election under section) if the filing organizate expenses, and share	ion belongs to an af		n Part IV each affiliated	group member's na	me, address, EIN,
B Check ▶ ☐ If the filing organizat	ion checked box A a	and "limited control" pro	ovisions apply.		
	s on Lobbying Expe litures" means amo	enditures unts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinion	(grass roots lobbying)			
b Total lobbying expenditures to influ					
c Total lobbying expenditures (add lin	•	, a, (aoo: 1000)g,			
d Other exempt purpose expenditure	•	•			
e Total exempt purpose expenditures		d)			
f Lobbying nontaxable amount. Ente	•	•	th columns	· · · · · · · · · · · · · · · · · · ·	
If the amount on line 1e, column (a) or		bbying nontaxable am			· · · · · · · · · · · · · · · · · · ·
Not over \$500,000		f the amount on line 1e			
Over \$500,000 but not over \$1,000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,50		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,6		00 plus 5% of the exce			
Over \$17,000,000	\$1,000		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
<u> </u>	1Ψ1,000	,000.			
g Grassroots nontaxable amount (en	ter 25% of line 1f)			····	
h Subtract line 1g from line 1a. If zero	•	•		•••	
i Subtract line 1f from line 1c. If zero					
j If there is an amount other than zer		r line 1. did the organiz	tation file Form 4720		_l
reporting section 4911 tax for this		inio ii, did tilo organiz	4120 mo 1 0 m 4120		Yes No
(Some organiza	4-Year Avations that made a	• •	Section 501(h) n do not have to comp es 2a through 2f on pa		
	Lobbying Expe	enditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
• Graceroote lobbuing expenditures					

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011 AMERICAN SOCIETY OF PLANT BIOLOGISTS 53-025899

[Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 53-0258999 Page 3

(election under section 501(h)).

For e	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description		a)	(1	o)
of th	e lobbying activity.	Yes	No	Ame	ount
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	1			
	or referendum, through the use of:				
а	Volunteers?	X			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
С	Media advertisements?		X		
d	Mailings to members, legislators, or the public?		Х		
е	Publications, or published or broadcast statements?	ļ	X		
f		<u> </u>	Х		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х	4 3 7	
i	Other activities?	Х			7,500.
j	Total. Add lines 1c through 1i			13	7,500.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	504(-)	\ <u>\</u>	- 4.5	;
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	on Sui(c)	(5), or se	<u> </u>	
				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 carry over lobbying and political expenditures from the prior year? t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).		3		
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				e 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ical			
	expenses for which the section 527(f) tax was paid).				
	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 ex	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
	expenditure next year?		4		
	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information				
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; F	art II-A; and	Part II-B, lir	ne 1. Also, e	complete
	part for any additional information. RT II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:				
COI	TRACTED LOBBYING CONSULTANT				
	· · · · · · · · · · · · · · · · · · ·	-			

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2011
Open to Public Inspection

Name of the organization

AMERICAN SOCIETY OF PLANT BIOLOGISTS

Employer identification number

Pa	AMERICAN SUCTETY OF		Accounts Complete if the
Par			Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		(A) E
		(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 v	writing that the assets held in donor advised fu	ınds <u> </u>
	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 a	dvisors in writing that grant funds can be used	l only
	for charitable purposes and not for the benefit of the donor o	or donor advisor, or for any other purpose confe	emng
	impermissible private benefit?		Yes No
Par	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an historical	ally important land area
	Protection of natural habitat	Preservation of a certified I	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a c	conservation easement on the last
	day of the tax year.		
	, ,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
ď	Number of conservation easements included in (c) acquired a		
•	listed in the National Register	and of 17700, and not on a motorio director	2d
3	Number of conservation easements modified, transferred, rel	leased extinguished or terminated by the orga	
Ü	year	ioadoa, oxingaionoa, or torrimatoa by the orgi	anization dailing the tax
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
3	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		•
	Amount of expenses incurred in monitoring, inspecting, and		
7			
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)	Yes No
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the d	organization's accounting for
Dai	conservation easements. rt III Organizations Maintaining Collections of	f Art Historical Treasures or Other	Similar Assets
Fai	Complete if the organization answered "Yes" to Form		Official Addition
4 =	If the organization elected, as permitted under SFAS 116 (AS		and halance about works of art
ıa	- · · · · · · · · · · · · · · · · · · ·		
	historical treasures, or other similar assets held for public exh		or public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri		
Ь	If the organization elected, as permitted under SFAS 116 (AS	•	
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public s	ervice, 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 treating	asures, or other similar assets for financial gair	n, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
þ	Assets included in Form 990, Part X		> \$

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

Schedule D (Form 990) 2011

Sche		N SOCIETY						58999 Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, Historical Tr	easures, c	or Oth	er Sim	ilar Asse	ts (continued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that	at are a s	ugnıficar	nt use of its	collection items
	(check all that apply):							
а	Public exhibition	d	Loan or exc	hange progra	ams			
b	Scholarly research	е	U Other					
C	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organızatı	ion's exe	mpt pui	pose in Pai	t XIV.
5	Dunng the year, did the organization solicit o	r receive donations (of art, historical trea	sures, or oth	er simıla	r assets		
	to be sold to raise funds rather than to be ma							Yes No
Par	t IV Escrow and Custodial Arran		ete if the organization	n answered	"Yes" to	Form 9	90, Part IV,	line 9, or
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	ns or other as	ssets not	t include	d _	
	on Form 990, Part X?	**	-					」Yes No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:					
							_	Amount
C	Beginning balance					1c		
d	Additions during the year					. <u>1d</u>	<u> </u>	
е	Distributions during the year					1e	<u> </u>	
f	Ending balance					1f		
	Did the organization include an amount on Fe		21?					」Yes No
$\overline{}$	If "Yes," explain the arrangement in Part XIV.							
Par	t V Endowment Funds. Complete it							
		(a) Current year	(b) Prior year	(c) Two year			e years back	(e) Four years back
1a	Beginning of year balance	3,937,271.	3,070,609.	+	9,944.	3	,556,326.	
b	Contributions	22,000.	40,042.		8,250.			
С	Net investment earnings, gains, and losses	<162,334.	> 906,493.	1,22	5,845.	<1	,526,382.	<u> </u>
	Grants or scholarships			ļ				
е	Other expenditures for facilities							
	and programs	101,179.	79,873.	9	3,430.		110,000.	
f	Administrative expenses							
g	End of year balance	3,695,758.	3,937,271.	1	0,609.	1	,919,944.	
2	Provide the estimated percentage of the cur			a)) held as:				
	Board designated or quasi-endowment	91.79	_%					
	Permanent endowment ► 7.31	 %						
C	Temporarily restricted endowment ▶	<u>.9</u> 0 %						
	The percentages in lines 2a, 2b, and 2c should	•						
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	ind administe	ered for t	he orga	nization	
	by:							Yes No
	(i) unrelated organizations							3a(i) X
_	(ii) related organizations							3a(ii) X
	If "Yes" to 3a(ii), are the related organizations							[3b]
4	Describe in Part XIV the intended uses of the							
Par			` 	1			1	
	Description of property	(a) Cost or of		or other		ccumula	1	(d) Book value
		basis (investri	*	(other)	ae	preciation	"'	221 400
	Land			1,489.		773	672	321,489
	Buildings		1,20	2,796.		773,	0/3.	429,123.
	Leasehold improvements		FA	7 /67		381,	/71	126 026
d	Equipment		50	7,497.	-	30 I ,	# / I •	126,026
	Other							076 630
Total	. Add lines 1a through 1e. (Column (d) must e	quai ⊦orm 990, Part∶	x, column (B), line 1	U(C).)			<u>▶ </u>	876,638

Schedule D (Form 990) 2011

	dule D (Form 990) 2011 AMERICAN SOCIETY OF PLANT E					<u>0258999</u>	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audi	ted Financ	ial State	emen		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		Ļ	1		6,812	
2	Total, expenses (Form 990, Part IX, column (A), line 25)		L	2		6,537	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3			703.
4	Net unrealized gains (losses) on investments		<u> </u>	4		<979	963.
5	Donated services and use of facilities		Ĺ	5			
6	Investment expenses		Ĺ	6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV.)		<u>[</u>	8			
9	Total adjustments (net). Add lines 4 through 8			9			963.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			10			260.
Par	t XII Reconciliation of Revenue per Audited Financial Statemer	nts W	ith Reven	ue per H	tetun		
1	Total revenue, gains, and other support per audited financial statements				1_	5,781	62I.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				1		
а	Net unrealized gains on investments	2a	<975	9,963.	<u>.</u> ₽		
Ь	Donated services and use of facilities	2b	ļ		4		
C	Recoveries of prior year grants	2c			4		
d	Other (Describe in Part XIV.)	2d	İ		4	0.50	0.00
е	Add lines 2a through 2d				2e		963.
3	Subtract line 2e from line 1				_3	6,761	584.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	50	0,464.	4		
b	Other (Describe in Part XIV.)	4b	L		4		
C	Add lines 4a and 4b		-		4c		464.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		ACAL E		5	6,812,	048.
	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents v	with Expei	ises per	' Ketu		001
1	Total expenses and losses per audited financial statements				1	6,486	881.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1		Ì		
а	Donated services and use of facilities	2a			4		
b	Pnor year adjustments	2b	ļ		4		
С	Other losses .	2c	<u> </u>		4 1		
d	Other (Describe in Part XIV.)	2d	L		-		^
_	Add lines 2a through 2d				2e	6 406	0.
3	Subtract line 2e from line 1				3	6,486,	881.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		/	164			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a) 30	,464.	4		
	Other (Describe in Part XIV.)	4b			4	F 0	A C A
•	Add lines 4a and 4b				4c	-	464.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) t XIV Supplemental Information				5	6,537,	343.
		lines	10 and 4: P==	t IV lines d	lb and	Ohi Doet V June	4. Do=
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,		=	-			4; Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete V , LINE 4: THE SOCIETY'S ENDOWMENT FUNDS					i iriiorinatiori.	
	TO THE STATE OF THE SOCIETY OF PRODUCTION OF THE STATE OF		CHODE	711(100			
UNF	ESTRICTED AND PERMANENTLY FUNDS ESTABLISHE	D F	OR A V	RIETY	OF	PURPOSE	s
ANI	INCLUDE BOTH FUNDS DESIGNATED BY THE BOAR	D O	F TRUST	TEES I	O F	UNCTION	AS
ENI	OWMENTS AND TRADITIONAL DONOR-RESTRICTED E	NDO	WMENT I	UNDS.	AS	REQUIRE	D
вч	GENERALLY ACCEPTED ACCOUNTING PRINCIPLES,	NET	ASSETS	S ASSC	CIA	TED WITH	<u> </u>
ENI	OWMENT FUNDS, INCLUDING FUNDS DESIGNATED B	Y T	HE BOA	RD OF	TRU	STEES TO)
FUN	CTION AS ENDOWMENTS, ARE CLASSIFIED AND RE	POR	TED BAS	SED ON	тн	E EXISTE	NCE
	ABSENCE OF DONOR-IMPOSED RESTRICTIONS.						

Schedule D (Form 990) 2011 AMERICAN SOCIETY OF PLANT BIOLOGISTS 53-0258999 Part XIV Supplemental Information (continued)	Page 5
Supplemental information (continuea)	
<u> </u>	
PART X, LINE 2: THE SOCIETY BELIEVES THAT IT HAS APPROPRIATE SUPPORT	
FOR ANY INCOME TAX POSITIONS TAKEN. THEREFORE, MANAGEMENT HAS NOT	
IDENTIFIED ANY UNCERTAIN INCOME TAX POSITIONS. AT A MINIMUM, THE DECEM	BER_
31, 2008 THROUGH 2011 TAX YEARS REMAIN OPEN FOR EXAMINATION BY TAXING	
AUTHORITIES.	
	
	

<u>2</u> **Employer identification mumber** 53-0258999 Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant or assistance X Yes 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. Part II can be duplicated if additional space is needed 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 (g) Description of non-cash assistance valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. (d) Amount of cash grant AMERICAN SOCIETY OF PLANT BIOLOGISTS (c) IRC section if applicable General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part

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

3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

132101 01-27-12

Schedule I (Form 990) (2011)

53-0258999 AMERICAN SOCIETY OF PLANT BIOLOGISTS Schedule I (Form 990) (2011)

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed. Part III

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. APPLICATIONS ARE ACCEPTED, A COMMITTEE DETERMINES RECIPIENTS, MONIES ARE THE UNIVERSITY OR COMPANY WHERE THE FUNDS WILL BE USED AND SCHEDULE I, PART I, LINE 2: OUR EDUCATION PROVIDES GRANTS LIMITED TO \$30,000 INDIVIDUALLY AND IN TOTAL APPROXIMATELY \$100,000 PER YEAR. (d) Amount of non-cash assistance ö ٠. 。 ö 40,250 104,189, 000 09 10,500 12,000, (c) Amount of cash grant 20 15 15 (b) Number of recipients MINORITY TRAVEL AWARDS FOR TRAVEL TO ASPB ANNUAL UNDERGRADUATE SUMMER RESEARCH FELLOWSHIPS (SURF) (a) Type of grant or assistance EDUCATION OUTREACH/RESEARCH GRANTS RECOGNITION MINORITY TRAVEL AWARDS MENTOR ASSISTANCE GRANT FOR SURF DISBURSED TO Part IV MEETING

Schedule I (Form 990) (2011)

IS REQUIRED

FINAL REPORT

SCHEDULE J (Form 990)

Compensation Information

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

AMERICAN SOCIETY OF PLANT BIOLOGISTS

Employer identification number 53-0258999

Schedule J (Form 990) 2011

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which if any of the following the filing expension would be extablish the companyation of the expensions			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director. Explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			'
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			'
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
Ь	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	_		v
_	not described in lines 5 and 6? If "Yes," describe in Part III	7		<u> </u>
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	ا ا		
	HORI HISTORIC COCTION N.Y. (MANNING)			

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

53-0258999

Page 2

AMERICAN SOCIETY OF PLANT BIOLOGISTS

Schedule J (Form 990) 2011

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

Do not list any individuals that are not listed on Form 990, Part VII.

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

		(B) Breakdown of W	W-2 and/or 1099-MISC compensation	SC compensation	(0)	Q)	(E)	(F)
(A) Nате		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Hetirement and other deferred compensation	Nontaxable benefits	l otal of columns (B)(i)-(D)	Compensation reported as deferred in prior Form 990
	Ξ	183,243.	0	0.	18,324.	14,298.	215,865.	0
1 CRISPIN TAYLOR	Ξ	1 1	0	0.		0.	0.	0
	Θ	147,004.	0.	0.	14,700.	10,316.	172,020.	0
2 NANCY WINCHESTER	▝	0	0	0	0	0	0	0
	Ξ							
3	≘							
	ε							
4	(ii)							
	(1)							
5	(ii)							
	(E)							
9	(ii)							
	(i)							
7	(ii)							
	Θ							
8	(11)							
	Ξ							
6	(ii)							
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				2.7			Schedu	Schedule J (Form 990) 2011

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 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

EXPENSES \$ 164,002.

AMERICAN SOCIETY OF PLANT BIOLOGISTS

Employer identification number 53-0258999

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ASPB EDUCATION FOUNDATION-DESIGNATED EXPENSES THAT ARE INCURRED TO

PROMOTE A BROAD UNDERSTANDING OF THE IMPORTANCE OF PLANT SCIENCE,

PROVIDE EDUCATION ON THE IMPORTANCE OF PLANTS IN RELATION TO VARIOUS

ASPECTS OF LIFE, MAKE AVAILABLE ACCURATE INFORMATION ON THE LATEST

DEVELOPMENT IN GMO CROPS AND BIOTECHNOLOGY, IMPROVE THE RANGE OF

KNOWLEDGE OF SCHOOL CHILDREN, ENCOURAGE YOUNG SCIENTISTS IN PLANT

BIOLOGY AND INCREASE PLANT SCIENCE ACTIVITIES IN SCIENCE

MUSEUMS/CENTERS.

FORM 990, PART VI, SECTION A, LINE 6: THE SOCIETY CONSISTS OF ITS

INDIVIDUAL MEMBERS AND SUPPORTING ORGANIZATIONS. INDIVIDUAL MEMBERSHIP

INCLUDES MEMBERS, LIFE MEMBERS, EMERITUS MEMBERS, CORRESPONDING MEMBERS,

POSTDOCTORAL ASSOCIATE MEMBERS, AND STUDENT MEMBERS. ORGANIZATIONS OR

INDIVIDUALS WHO WISH TO SUPPORT THE SOCIETY, BUT NOT TO PARTICIPATE AS

ACTIVE VOTING MEMBERS, MAY DO SO AS PATRON OR SUSTAINING MEMBERS.

INCLUDING GRANTS OF \$ 0.

FORM 990, PART VI, SECTION A, LINE 7A: ALL INDIVIDUAL MEMBERS HAVE THE
FOLLOWING RIGHTS: TO VOTE IN ALL ELECTIONS EXCEPT THOSE RESTRICTED TO

SECTIONS OF THE SOCIETY; TO BE NOMINATED FOR AND TO BE ELECTED TO ANY

OFFICE OR COMMITTEE; TO BE APPOINTED TO AND TO SERVE ON COMMITTEES; TO

SERVE AS AN OFFICIAL REPRESENTATIVE OF THE SOCIETY. THE RIGHT TO SERVE THE

SOCIETY IS RESTRICTED TO MEMBERS AND EMPLOYEES, AND IS SUBJECT TO SUCH

QUALIFICATIONS OR REQUIREMENTS AS MAY BE ESTABLISHED FOR AN OFFICE OR

COMMITTEE BY THE EXECUTIVE COMMITTEE.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

REVENUE \$ 0.

Name of the organization **Employer identification number** AMERICAN SOCIETY OF PLANT BIOLOGISTS 53-0258999 FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FORM 990 WILL BE EMAILED IN A PDF FILE TO THE EXECUTIVE COMMITTEE BEFORE IT IS FILED. FORM 990, PART VI, SECTION B, LINE 12C: ON AN ANNUAL BASIS, ALL MEMEBERS OF THE GOVERNING BODY AND ALL KEY EMPLOYEES ARE REMINDED TO READ AND REVIEW THE SOCIETY'S CONFLICT OF INTEREST POLICY AND TO REPORT ANY POTENTIAL OR CURRENT CONFLICTS OF INTEREST. FORM 990, PART VI, SECTION B, LINE 15A: ON AN ANNUAL BASIS, ALL MEMBERS OF THE GOVERNING BODY AND ALL KEY EMPLOYEES ARE REMINDED TO READ AND REVIEW THE SOCIETY'S CONFLICT OF INTEREST POLICY AND TO REPORT ANY POTENTIAL OR CURRENT CONFLICTS OF INTEREST. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION DOES NOT GENERALLY MAKE ITS CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC BUT WOULD CONSIDER PROVIDING THEM ON A PER REQUEST BASIS. THE BYLAWS ARE POSTED ON OUR WEBSITE AND THE TAX RETURN IS POSTED ON GUIDESTAR.ORG. FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS: NET UNREALIZED LOSSES ON INVESTMENTS: -979,963. FORM 990, PART XII, LINE 2C: THE AUDIT OVERSIGHT PROCESS HAS REMAINED UNCHANGED FROM THE PREVIOUS YEAR.

Form **8868**

(Rev. January 2012)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

OMB No. 1545-1709

Form 8868 (Rev. 1-2012)

 $\triangleright \mathbf{X}$

 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Type or Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or print AMERICAN SOCIETY OF PLANT BIOLOGISTS 53-0258999 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) filing your return See 15501 MONONA DRIVE instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. ROCKVILLE, MD 20855-2768 0 1 Enter the Return code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Code Is For Code Form 990 Form 990-T (corporation) 01 07 Form 990-BL 02 Form 1041-A 08 Form 990-EZ 01 Form 4720 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 THE ORGANIZATION • The books are in the care of ▶ 15501 MONONA DRIVE - ROCKVILLE, MD 20855-2768 Telephone No. ► 301-251-0560 FAX No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 🔲 and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2012 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2011 or Final return Initial return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. nonrefundable credits. See instructions. За If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8	868 (Rev. 1-2012)	_			Page 2
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension,	complete only Part II and check thi	s box	- [X]
Note.	ληίν complete Part II if you have already been granted an ε	automatic	3-month extension on a previously		
	are filing for an Automatic 3-Month Extension, comple				
Part	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	nal (no copies needed).	
			Enter filer's	s identifying number, see in:	structions
Type or print	·			Employer Identification number (EIN) or	
File by the				X 53-0258999	
filing your return Se	See 15501 MONONA DRIVE			Social security number (SSI	۷)
Instruction	City, town or post office, state, and ZiP code. For a foreign address, see Instructions. ROCKVILLE, MD 20855-2768				
Enter th	e Return code for the return that this application is for (file	a separa	ite application for each return)		01
Applica	tion	Return	Application	· · · · · · · · · · · · · · · · · · ·	Return
Is For			Is For		Code
Form 990		Code 01			0000
Form 990-BL		02	Form 1041-A		08
Form 990-EZ		01	Form 4720		09
Form 990-PF		04	Form 5227	 	10
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069		11
Form 990-T (trust other than above)		06	Form 8870		12
	Do not complete Part II if you were not already granted		-	iously filed Form 8888	1 12
<u> </u>	THE ORGANIZATION		matic o-month extension on a pre-	nodsty mod r offit cooc.	
■ The	books are in the care of > 15501 MONONA DI		- ROCKVILLE, MD 20	855-2768	
	phone No. ► 301-251-0560		FAX No. ►		·····
•	organization does not have an office or place of business	e in the life			\Box
	s is for a Group Return, enter the organization's four digit (chack this
box P		1	ich a list with the names and EINs o		
			BER 15, 2012.	an members the extension is	101.
	2011				
	For calendar year <u>ZUII</u> , or other tax year beginning, and ending, and ending If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return				
(Change in accounting period				
_	State in detail why you need the extension THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN HAS				
N	OT YET BEEN OBTAINED.				
8a If	a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any				
<u> </u>	nonrefundable credits. See instructions.				0.
b if	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated				
ta	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid				
<u>p</u>	previously with Form 8868.				0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by					
EI	EFTPS (Electronic Federal Tax Payment System). See instructions. 8c				0.
			st be completed for Part il o	<u> </u>	
Under pe it is true,	naities of perjury, Leeclare that I have examined this form, includi correct, and complete, and that I arrouthorized to prepare this fo	ng accomp rm.	anying schedules and statements, and to	the best of my knowledge and b	elief,
Slonatur	Title D	PA.		Date > 8/7/7012	-

Form 8868 (Rev. 1-2012)