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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

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

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

C Name of organization
AMERICAN SOCIETY FOR PHARMACOLOGY AND EXPERIMENTAL THERAPEUTICS INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
9650 ROCKVILLE PIKE

City or town, state or country, and ZIP + 4
BETHESDA, MD 208143999

D Employer identification number
58-6032060

E Telephone number
(301) 634-7060

G Gross receipts $ 8,184,572

F Name and address of principal officer
CHRISTINE CARRICO
9650 ROCKVILLE PIKE
BETHESDA, MD 208143999

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

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

H(c) Group exemption number ▶

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

J **Website:** ▶ WWW ASPET ORG

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

L Year of formation 1933

M State of legal domicile MD

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO PROMOTE PHARMACOLOGICAL KNOWLEDGE AND TO CONDUCT RESEARCH PERTAINING THERETO

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	20
6	Total number of volunteers (estimate if necessary)	6	1
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	250,409
b	Net unrelated business taxable income from Form 990-T, line 34	7b	156,458

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	140,181	125,584
	9	Program service revenue (Part VIII, line 2g)	4,376,129	4,535,346
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	446,100	421,372
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	205,566	295,346
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,167,976	5,377,648
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	197,400	200,200
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,686,430	1,521,726
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,126,468	3,076,754
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	5,010,298	4,798,680
	19	Revenue less expenses Subtract line 18 from line 12	157,678	578,968

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	15,330,950	15,385,872
	21	Total liabilities (Part X, line 26)	1,808,652	1,910,169
	22	Net assets or fund balances Subtract line 21 from line 20	13,522,298	13,475,703

Part II Signature Block

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

Sign Here

****** | 2012-08-13
Signature of officer | Date

CHRISTINE CARRICO EXECUTIVE OFFICER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ S VINCENT CRESCENZI	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P00105041
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ COUNCILOR BUCHANAN & MITCHELL PC, 7910 WOODMONT AVENUE SUITE 500, BETHESDA, MD 20814			EIN ▶ 52-1711839
			Phone no ▶ (301) 986-0600

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO PROMOTE PHARMACOLOGICAL KNOWLEDGE AND ITS APPLICATION AND TO CONDUCT RESEARCH PERTAINING THERETO

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 2,899,902 including grants of $) (Revenue $ 3,989,736)

PUBLICATIONS - THE SOCIETY PUBLISHES SCIENTIFIC AND EDUCATIONAL JOURNALS AND OTHER PUBLICATIONS FOR THE SCIENTIFIC COMMUNITY INCLUDING THE FOLLOWING JOURNAL OF PHARMACOLOGY AND EXPERIMENTAL THERAPEUTICS - MONTHLY RESEARCH PUBLICATION COVERING TOPICS INCLUDING THE INTERACTIONS OF CHEMICALS WITH BIOLOGICAL SYSTEMS, INCLUDING AUTONOMIC, BEHAVIORAL, CARDIOVASCULAR, CELLULAR, CLINICAL, DEVELOPMENTAL, GASTROINTESTINAL, IMMUNO-, NEURO-, PULMONARY AND RENAL PHARMACOLOGY, AS WELL AS ANALGESICS, DRUG ABUSE, METABOLISM AND DISPOSITION, CHEMOTHERAPY, AND TOXICOLOGY PHARMACOLOGICAL REVIEWS - QUARTERLY REVIEW JOURNAL COVERING CONCENTRATIONS IN PHARMACOLOGY, EXPERIMENTAL THERAPEUTICS, TOXICOLOGY, AND CHEMOTHERAPY MOLECULAR PHARMACOLOGY - MONTHLY PUBLICATION WITH AN EMPHASIS ON RESEARCH OF DRUG ACTION AND SELECTIVE TOXICITY AT THE MOLECULAR LEVEL ORIGINAL APPLICATIONS OF BIOCHEMISTRY, BIOPHYSICS, GENETICS AND MOLECULAR BIOLOGY ARE COMBINED WITH PHARMACOLOGIC RESEARCH TO SOLVE BASIC PROBLEMS IN PHARMACOLOGY AND TOXICOLOGY DRUG METABOLISM AND DISPOSITION - MONTHLY PUBLICATION COVERING THE FIELDS OF PHARMACOKINETICS, PHARMACODYNAMICS AND MECHANISMS, GENETIC NUTRITIONAL OR HORMONAL FACTORS AFFECTING THE BIOLOGICAL FATE OF CHEMICALS, AND THE TOXICOLOGICAL CONSEQUENCES OF XENOBIOTIC METABOLISM MOLECULAR INTERVENTIONS - BIMONTHLY SCIENTIFIC MAGAZINE WITH PHARMACOLOGICAL PERSPECTIVES FROM BIOLOGY, CHEMISTRY, AND GENOMICS THE PHARMACOLOGIST - QUARTERLY PUBLICATION WITH THE PURPOSE OF INFORMING PHARMACOLOGISTS ABOUT SOCIETY AFFAIRS AND OTHER MATTERS OF PROFESSIONAL INTEREST DISTRIBUTED ELECTRONICALLY TO ASPET MEMBERS AND MAILED TO NONMEMBER SUBSCRIBERS AS WELL AS MEMBERS WHO PAY FOR A PRINT SUBSCRIPTION

4b (Code) (Expenses $ 478,624 including grants of $) (Revenue $ 353,078)

MEMBER SERVICES - DIVISIONS ADDRESS SPECIFIC AREAS OF CONCERN OR INTEREST TO THE MEMBER PHARMACOLOGISTS IN THE SOCIETY NOMINATION AND ELECTION OF NEW MEMBERS, DEVELOPMENT OF EDUCATIONAL ACTIVITIES RELEVANT TO THE PROMOTION AND ADVANCEMENT OF THE SCIENTIFIC DISCIPLINE WEB SITE PROVIDES AN INTERFACE BETWEEN MEMBERS AND THE SOCIETY AS WELL AS INFORMATION TO INDIVIDUALS WISHING TO LEARN MORE ABOUT THE FIELD OF PHARMACOLOGY

4c (Code) (Expenses $ 364,938 including grants of $) (Revenue $)

MEETINGS - THE SOCIETY PARTICIPATES IN A SPRING MEETING EACH YEAR PROVIDING A FORUM FOR SCIENTISTS TO COMMUNICATE AND EXCHANGE PHARMACOLOGICAL KNOWLEDGE THROUGH SCIENTIFIC SESSIONS SMALLER FOCUSED MEETINGS ARE HELD ON AN OCCASIONAL BASIS AS THE NEED ARISES

(Code) (Expenses $ 275,353 including grants of $ 200,200) (Revenue $)

EDUCATIONAL AFFAIRS - SUPPORTS SUMMER UNDERGRADUATE RESEARCH FELLOWSHIPS IN THE FIELD OF PHARMACOLOGY

(Code) (Expenses $ 167,781 including grants of $) (Revenue $)

AWARDS - THE SOCIETY OFFERS TWO TYPES OF AWARDS TO DISTINGUISHED PHARMACOLOGISTS AND TO STUDENTS AND YOUNG SCIENTISTS IN THE FIELD SCIENTIFIC AWARDS ARE PROVIDED TO RECOGNIZE AND ENCOURAGE OUTSTANDING RESEARCH BY PROMINENT PHARMACOLOGISTS AND TO STIMULATE FUNDAMENTAL RESEARCH BY YOUNG INVESTIGATORS BEST ABSTRACT AWARDS ARE PRESENTED TO MEETING ATTENDEES WHO HAVE SUBMITTED AN OUTSTANDING RESEARCH ABSTRACT FOR PRESENTATION AT THE MEETING TRAVEL AWARDS ARE GRANTED TO STUDENTS AS AN EDUCATIONAL TOOL TO ATTEND SCIENTIFIC MEETINGS

(Code) (Expenses $ 135,606 including grants of $) (Revenue $)

PUBLIC SERVICES - PROVIDES INFORMATION TO THE GENERAL PUBLIC ABOUT PHARMACOLOGY AND SCIENTIFIC ACHIEVEMENTS AND NEEDS IN THE FIELD OFFICERS AND MEMBERS PROVIDE A RESOURCE TO THE COMMUNITY WHEN THERE IS A NEED FOR SPECIALIZED EXPERTISE THE EDUCATION DIVISION CONDUCTS SPECIAL SESSIONS DEVOTED TO IMPROVING EDUCATION IN THE PHARMACOLOGICAL SCIENCES

4d Other program services (Describe in Schedule O)

(Expenses $ 578,740 including grants of $ 200,200) (Revenue $)

4e **Total program service expenses** ▶$ 4,322,204

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	20			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	20			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the aggregate amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 9			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ MD

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

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

ASPET
9650 ROCKVILLE PIKE
BETHESDA, MD 208143999
(301) 634-7060

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) JAMES R HALPERT PHD PRESIDENT	5 00	X		X				0	0	0
(2) LYNN WECKER PHD PRESIDENT	5 00	X		X				0	0	0
(3) BRIAN M COX PHD PAST PRESIDENT	5 00	X		X				0	0	0
(4) BRYAN F COX PHD SECRETARY/TREASURER	5 00	X		X				0	0	0
(5) MARY E VORE PHD SECRETARY-TREASURER	5 00	X		X				0	0	0
(6) STEPHEN M LANIER PHD COUNCILOR	5 00	X						0	0	0
(7) SUZANNE G LAYCHOCK PHD COUNCILOR	5 00	X						0	0	0
(8) RICHARD R NEUBIG MD PHD COUNCILOR	5 00	X						0	0	0
(9) DAVID R SIBLEY PHD PAST SECRETARY/TREASURER	5 00	X		X				0	0	0
(10) JOHN S LAZO PHD PRESIDENT-ELECT	5 00	X		X				0	0	0
(11) EDWARD T MORGAN PHD SECRETARY/TREASURER-ELECT	5 00	X		X				0	0	0
(12) KENNETH E THUMMEL PHD COUNCILOR	5 00	X						0	0	0
(13) CHRISTINE CARRICO PHD EXECUTIVE OFFICER	40 00			X				229,714	0	30,251
(14) RICHARD DODENHOFF JOURNALS DIRECTOR	40 00					X		123,823	0	19,199
(15) JAMES BERNSTEIN DIRECTOR OF PUBLIC AFFAIRS	40 00					X		104,657	0	12,483
(16) LAINE COCCA DIRECTOR OF ACCOUNTING	40 00					X		100,406	0	17,474

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations

1b Sub-Total . . . . ▶			
c Total from continuation sheets to Part VII, Section A . . . . ▶			
d Total (add lines 1b and 1c) . . . . ▶	558,600	0	79,407

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶4

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
CADMUS PO BOX 751898 CHARLOTTE, NC 28275	JOURNAL COPY EDITING, COMPOSITION, PRINT	1,014,208
HIGHWIRE 1454 PAGE MILL ROAD PALO ALTO, CA 94304	ONLINE PEER REVIEW SYSTEM AND ONLINE JOU	309,038

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . 1a					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations . . . 1d					
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	125,584				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . ▶		125,584			
Program Service Revenue		Business Code				
	2a PUBLICATIONS	511120	3,948,519	3,948,519		
	b MEMBER DUES	900099	353,078	353,078		
	c SOCIETY MEETINGS	900099	233,749			233,749
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . ▶		4,535,346			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		359,847			359,847
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . ▶					
		(i) Real / (ii) Personal				
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) . . . . ▶					
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	(i) 2,868,449				
	b Less cost or other basis and sales expenses	(i) 2,806,924				
	c Gain or (loss)	(i) 61,525				
	d Net gain or (loss) . . . . ▶		61,525			61,525
	8a Gross income from fundraising events (not including $ ______ of contributions reported on line 1c) See Part IV, line 18 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from gaming activities . . . ▶					
	10a Gross sales of inventory, less returns and allowances . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a ADVERTISING	541800	289,034	38,625	250,409	
	b MAIL LIST SALES	900099	3,720			3,720
	c MISCELLANEOUS	900099	2,592	2,592		
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . . ▶		295,346			
	12 **Total revenue.** See Instructions . . . ▶		5,377,648	4,342,814	250,409	658,841

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

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

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	200,200	200,200		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, 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, trustees, and key employees	259,965	229,297	30,668	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	967,847	853,671	114,176	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	86,545	76,335	10,210	
9	Other employee benefits	117,632	103,755	13,877	
10	Payroll taxes	89,737	79,151	10,586	
11	Fees for services (non-employees)				
a	Management				
b	Legal	241		241	
c	Accounting	37,500	18,750	18,750	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees	70,466	70,466		
g	Other	40,008	23,758	16,250	
12	Advertising and promotion	82,200	82,005	195	
13	Office expenses	54,110	30,744	23,366	
14	Information technology	85,140	40,908	44,232	
15	Royalties . .				
16	Occupancy	190,558	101,631	88,927	
17	Travel	316,195	277,068	39,127	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	172,457	158,841	13,616	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	63,839	58,977	4,862	
23	Insurance	113,802	108,403	5,399	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	PRINTING & PUBLICATIONS	1,371,160	1,369,118	2,042	
b	HONORARIA AND AWARDS	182,697	181,647	1,050	
c	DUES & SUBSCRIPTIONS	72,455	41,955	30,500	
d	MAILINGS AND POSTAGE	70,676	68,939	1,737	
e					
f	All other expenses	153,250	146,585	6,665	
25	**Total functional expenses.** Add lines 1 through 24f	4,798,680	4,322,204	476,476	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X **Balance Sheet**

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,208,725	1	1,505,274
	2	Savings and temporary cash investments		5,047	2	5,051
	3	Pledges and grants receivable, net			3	74,028
	4	Accounts receivable, net		113,072	4	143,580
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		44,258	9	40,830
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 395,646			
	b	Less accumulated depreciation	10b 343,960	115,526	10c	51,686
	11	Investments—publicly traded securities		13,844,322	11	13,565,423
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		15,330,950	16	15,385,872
Liabilities	17	Accounts payable and accrued expenses		225,263	17	233,840
	18	Grants payable			18	
	19	Deferred revenue		1,583,389	19	1,676,329
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		1,808,652	26	1,910,169
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		11,572,968	27	11,505,407
	28	Temporarily restricted net assets		1,799,330	28	1,726,268
	29	Permanently restricted net assets		150,000	29	244,028
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		13,522,298	33	13,475,703
	34	Total liabilities and net assets/fund balances		15,330,950	34	15,385,872

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	5,377,648
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,798,680
3	Revenue less expenses Subtract line 2 from line 1	3	578,968
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	13,522,298
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-625,563
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	13,475,703

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other ________ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AMERICAN SOCIETY FOR PHARMACOLOGY AND EXPERIMENTAL THERAPEUTICS INC

Employer identification number
58-6032060

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

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

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

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

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

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

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

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

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

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

9 ☑ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

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

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

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

		Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?	**11g(i)**		
(ii) a family member of a person described in (i) above?	**11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

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

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) | 12 |

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

Section C. Computation of Public Support Percentage

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

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

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	709,836	580,540	2,073,407	506,922	478,662	4,349,367
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	4,353,471	4,615,176	4,248,983	4,009,390	4,182,268	21,409,288
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	5,063,307	5,195,716	6,322,390	4,516,312	4,660,930	25,758,655
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	232,500	100,000	1,638,048	46,408		2,016,956
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year					40,960	40,960
c Add lines 7a and 7b	232,500	100,000	1,638,048	46,408	40,960	2,057,916
8 **Public Support** (Subtract line 7c from line 6)						23,700,739

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	5,063,307	5,195,716	6,322,390	4,516,312	4,660,930	25,758,655
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	430,963	336,427	308,822	335,941	350,565	1,762,718
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	430,963	336,427	308,822	335,941	350,565	1,762,718
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	122,722	88,448	131,445	193,528	289,034	825,177
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	10,086	32,477	30,097	8,183	6,312	87,155
13 **Total support** (Add lines 9, 10c, 11 and 12)	5,627,078	5,653,068	6,792,754	5,053,964	5,306,841	28,433,705

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

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	83 350 %
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	83 220 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	6 200 %
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18	6 330 %

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 58-6032060
Name: AMERICAN SOCIETY FOR PHARMACOLOGY AND EXPERIMENTAL THERAPEUTICS INC

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services

(Code) (Expenses $ 275,353 including grants of $ 200,200) (Revenue $)

EDUCATIONAL AFFAIRS - SUPPORTS SUMMER UNDERGRADUATE RESEARCH FELLOWSHIPS IN THE FIELD OF PHARMACOLOGY

(Code) (Expenses $ 167,781 including grants of $) (Revenue $)

AWARDS - THE SOCIETY OFFERS TWO TYPES OF AWARDS TO DISTINGUISHED PHARMACOLOGISTS AND TO STUDENTS AND YOUNG SCIENTISTS IN THE FIELD SCIENTIFIC AWARDS ARE PROVIDED TO RECOGNIZE AND ENCOURAGE OUTSTANDING RESEARCH BY PROMINENT PHARMACOLOGISTS AND TO STIMULATE FUNDAMENTAL RESEARCH BY YOUNG INVESTIGATORS BEST ABSTRACT AWARDS ARE PRESENTED TO MEETING ATTENDEES WHO HAVE SUBMITTED AN OUTSTANDING RESEARCH ABSTRACT FOR PRESENTATION AT THE MEETING TRAVEL AWARDS ARE GRANTED TO STUDENTS AS AN EDUCATIONAL TOOL TO ATTEND SCIENTIFIC MEETINGS

(Code) (Expenses $ 135,606 including grants of $) (Revenue $)

PUBLIC SERVICES - PROVIDES INFORMATION TO THE GENERAL PUBLIC ABOUT PHARMACOLOGY AND SCIENTIFIC ACHIEVEMENTS AND NEEDS IN THE FIELD OFFICERS AND MEMBERS PROVIDE A RESOURCE TO THE COMMUNITY WHEN THERE IS A NEED FOR SPECIALIZED EXPERTISE THE EDUCATION DIVISION CONDUCTS SPECIAL SESSIONS DEVOTED TO IMPROVING EDUCATION IN THE PHARMACOLOGICAL SCIENCES

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047
2011
Open to Public Inspection

Name of the organization
AMERICAN SOCIETY FOR PHARMACOLOGY AND EXPERIMENTAL THERAPEUTICS INC

Employer identification number
58-6032060

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶__________

4 Number of states where property subject to conservation easement is located ▶__________

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ __________

(ii) Assets included in Form 990, Part X ▶ $ __________

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ __________

b Assets included in Form 990, Part X ▶ $ __________

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ **Yes** ☐ **No**

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ **Yes** ☐ **No**

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

			Amount
c	Beginning balance	**1c**	
d	Additions during the year	**1d**	
e	Distributions during the year	**1e**	
f	Ending balance	**1f**	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ **Yes** ☐ **No**

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

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

		(a) Current Year	**(b)**Prior Year	**(c)**Two Years Back	**(d)**Three Years Back	**(e)**Four Years Back
1a	Beginning of year balance	1,949,330	1,981,396	518,690	629,279	
b	Contributions	114,389	119,927	1,629,092	121,860	
c	Investment earnings or losses	2,643	3,266	-876	-594	
d	Grants or scholarships				110,000	
e	Other expenditures for facilities and programs	96,066	155,259	165,510	121,855	
f	Administrative expenses					
g	End of year balance	1,970,296	1,949,330	1,981,396	518,690	

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

a Board designated or quasi-endowment ▶ 0 %

b Permanent endowment ▶ 12 000 %

c Term endowment ▶ 88 000 %

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

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

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

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

Description of property	**(a)** Cost or other basis (investment)	**(b)**Cost or other basis (other)	**(c)** Accumulated depreciation	**(d)** Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		395,646	343,960	51,686
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				51,686

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

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

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

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,377,648
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,798,680
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	578,968
4	Net unrealized gains (losses) on investments	4	-625,563
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-625,563
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-46,595

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

1	Total revenue, gains, and other support per audited financial statements			1	4,752,085
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-625,563		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	-625,563
3	Subtract line **2e** from line **1**			3	5,377,648
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	5,377,648

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

1	Total expenses and losses per audited financial statements			1	4,798,680
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	4,798,680
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	4,798,680

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	ORGANIZATION'S ENDOWMENT FUNDS ARE BROKEN INTO TEMPORARILY AND PERMANENTLY RESTRICTED NET ASSETS TEMPORARILY RESTRICTED FUNDS ARE TO BE USED AS DIRECTED BY THEIR DONORS PERMANENTLY RESTRICTED FUNDS ARE INTENDED TO REMAIN AND GENERATE INCOME FOR ORGANIZATIONAL USE
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE SOCIETY IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND APPLICABLE STATE LAW THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS UNDER THAT GUIDANCE, THE SOCIETY MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL MERITS OF THE POSITION EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE SOCIETY AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBIT) THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010 THE SOCIETY'S POLICY WOULD BE TO RECOGNIZE INTEREST AND PENALTIES, IF ANY, ON TAX POSITIONS RELATED TO ITS UNRECOGNIZED TAX BENEFITS IN INCOME TAX EXPENSE IN THE FINANCIAL STATEMENTS NO INTEREST AND PENALTIES WERE ASSESSED OR RECORDED DURING CALENDAR YEARS ENDED DECEMBER 31, 2011 AND 2010 THE SOCIETY'S FORMS 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, THAT HAVE BEEN FILED FOR THE FISCAL YEARS 2010, 2009, AND 2008 ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AMERICAN SOCIETY FOR PHARMACOLOGY AND EXPERIMENTAL THERAPEUTICS INC

Employer identification number
58-6032060

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☑ Yes ☐ No

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 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 ▶

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

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

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE SOCIETY OFFERS AWARDS TO DISTINGUISHED PHARMACOLOGISTS AND TO STUDENTS AND YOUNG SCIENTISTS IN THE FIELD SCIENTIFIC AWARDS ARE PROVIDED TO RECOGNIZE AND ENCOURAGE OUTSTANDING RESEARCH BY PROMINENT PHARMACOLOGISTS AND TO STIMULATE FUNDAMENTAL RESEARCH BY YOUNG INVESTIGATORS BEST ABSTRACT AWARDS ARE PRESENTED TO MEETING ATTENDEES WHO HAVE SUBMITTED AN OUTSTANDING RESEARCH ABSTRACT FOR PRESENTATION AT THE MEETING TRAVEL AWARDS ARE GRANTED TO STUDENTS AS AN EDUCATIONAL TOOL TO ATTEND SCIENTIFIC MEETINGS

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 58-6032060
Name: AMERICAN SOCIETY FOR PHARMACOLOGY AND EXPERIMENTAL THERAPEUTICS INC

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CASE WESTERN RESERVE UNIVERSITY10900 EUCLID AVE CLEVELAND,OH 44106			9,000				INSTITUTIONAL FELLOWSHIP AWARD
LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER PO BOX 33932 SHREVEPORT,LA 71130			9,000				INSTITUTIONAL FELLOWSHIP AWARD
LOYOLA UNIVERSITY OF CHICAGO STRITCH MEDICAL SCHOOL2160 S 1ST AVE MAYWOOD,IL 60153			9,000				INSTITUTIONAL FELLOWSHIP AWARD
RUTGERS UNIVERSITY170 FRELINGHUYSEN ROAD PISCATAWAY,NJ 08854			9,000				INSTITUTIONAL FELLOWSHIP AWARD
STATE UNIVERSITY OF NEW YORK AT BUFFALO3435 MAIN ST BUFFALO,NY 14214			9,000				INSTITUTIONAL FELLOWSHIP AWARD
UNIVERSITY OF ARIZONALIFE SCI SOUTH RM 348 PO BOX 210106 210106 TUCSON,AZ 85721			9,000				INSTITUTIONAL FELLOWSHIP AWARD
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES 4301 W MARKHAM ST SLOT 611 LITTLE ROCK,AR 72205			9,000				INSTITUTIONAL FELLOWSHIP AWARD
UNIVERSITY OF CALIFORNIA AT SAN DIEGO9500 GILMAN DRIVE LA JOLLA,CA 92093			9,000				INSTITUTIONAL FELLOWSHIP AWARD
UNIVERSITY OF CINCINNATI231 ALBERT SABIN WAY CINCINNATI,OH 45267			9,000				INSTITUTIONAL FELLOWSHIP AWARD
UNIVERSITY OF COLORADO AT DENVERMAIL STOP F8303 PO BOX 6511 AURORA,CO 80045			9,000				INSTITUTIONAL FELLOWSHIP AWARD
UNIVERSITY OF KANSAS MEDICAL CENTER3901 RAINBOW BLVD MS 1018 KANSAS CITY,KS 66160			9,000				INSTITUTIONAL FELLOWSHIP AWARD
UNIVERSITY OF MICHIGAN MEDICAL SCHOOL1301 MEDICAL SCIENCE RESEARCH BLDG III ANN ARBOR,MI 48109			9,000				INSTITUTIONAL FELLOWSHIP AWARD
UNIVERSITY OF NORTH CAROLINAME JONES BLDG RM 1106 CB 7365 CHAPEL HILL,NC 27599			9,000				INSTITUTIONAL FELLOWSHIP AWARD
UNIVERSITY OF PITTSBURGHE1355 BIOMEDICAL SCIENCE TOWER PITTSBURGH,PA 15261			9,000				INSTITUTIONAL FELLOWSHIP AWARD
UNIVERSITY OF TENNESSEE HEALTH SCIENCES CENTER 874 UNION AVE CROWE 115 MEMPHIS,TN 38163			9,000				INSTITUTIONAL FELLOWSHIP AWARD
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO7703 FLOYD CURL DR MAIL CODE 7764 SAN ANTONIO,TX 78229			9,000				INSTITUTIONAL FELLOWSHIP AWARD
UNIVERSITY OF TEXAS MEDICAL BRANCH301 UNIVERSITY BOULEVARD GALVESTON,TX 77555			9,000				INSTITUTIONAL FELLOWSHIP AWARD
UNIVERSITY OF TOLEDO COLLEGE OF MEDICINE3000 ARLINGTON AVE TOLEDO,OH 43614			9,000				INSTITUTIONAL FELLOWSHIP AWARD
UNIVERSITY OF UTAH30 SOUTH 2000 EAST SALT LAKE CITY,UT 84112			9,000				INSTITUTIONAL FELLOWSHIP AWARD
VANDERBILT UNIVERSITY MEDICAL CENTER DEPARTMENT OF PHARMACOLOGY 424 RRB NASHVILLE,TN 37232			9,000				INSTITUTIONAL FELLOWSHIP AWARD

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WASHINGTON STATE UNIVERSITY WEGNER HALL PULLMAN,WA 99164			9,000				INSTITUTIONAL FELLOWSHIP AWARD
UNIVERSITY OF IOWA200 HAWKINS DRIVE E311 GH IOWA CITY,IA 52242			2,800				INDIVIDUAL RESEARCH FELLOWSHIP AWARD
MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK ROAD MILWAUKEE,WI 53226			2,800				INDIVIDUAL RESEARCH FELLOWSHIP AWARD
EMORY UNIVERSITY1510 CLIFTON ROAD NE ATLANTA,GA 30322			2,800				INDIVIDUAL RESEARCH FELLOWSHIP AWARD
UNIVERSITY OF MICHIGAN MEDICAL SCHOOL 210 WASHTENAW AVE ROOM 3435 ANN ARBOR,MI 48109			2,800				INDIVIDUAL RESEARCH FELLOWSHIP AWARD

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AMERICAN SOCIETY FOR PHARMACOLOGY AND EXPERIMENTAL THERAPEUTICS INC

Employer identification number
58-6032060

Part I Questions Regarding Compensation

			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 idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	**5b**		No
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	**6b**		No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
(1) CHRISTINE CARRICO PHD	(i)	229,714	0	0	27,973	2,278	259,965	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AMERICAN SOCIETY FOR PHARMACOLOGY AND EXPERIMENTAL THERAPEUTICS INC

Employer identification number
58-6032060

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	MEMBERSHIP CONSISTS OF REGULAR MEMBERS, HONORARY MEMBERS, RETIRED MEMBERS, CORPORATE ASSOCIATES, AFFILIATE MEMBERS, POSTDOCTORAL, AND STUDENT MEMBERS
	FORM 990, PART VI, SECTION A, LINE 7A	THE BOARD IS ELECTED FROM A SLATE BY ALL OF THE MEMBERS BOARD MEMBERS ARE ALSO MEMBERS OF THE SOCIETY AND THEREFORE, THEY CAN VOTE IN THE ELECTION THAT ELECTS THEM
	FORM 990, PART VI, SECTION A, LINE 7B	CHANGES TO THE BY-LAWS ARE SUBJECT TO APPROVAL BY THE MEMBERSHIP
	FORM 990, PART VI, SECTION B, LINE 11	THE EXECUTIVE OFFICER WILL REVIEW THE RETURN AND FORWARD COPIES TO COUNCIL MEMBERS THEY WILL COMMENT IF NEEDED AND GIVE VERBAL APPROVAL
	FORM 990, PART VI, SECTION B, LINE 12C	EACH MEMBER OF COUNCIL AND OF THE BOARD OF PUBLICATIONS TRUSTEES ANNUALLY FILLS OUT THE CONFLICT OF INTEREST QUESTIONNAIRE IF THERE IS A CONFLICT OF INTEREST THAT ARISES DURING COUNCIL DISCUSSIONS, THE PERSON IN CONFLICT IS ASKED TO RECUSE THEMSELVES FOR THE DISCUSSION
	FORM 990, PART VI, SECTION B, LINE 15A	THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS APPROVED BY THE BOARD
	FORM 990, PART VI, SECTION C, LINE 19	THE FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -625,563
	FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR