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Form 990

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

2012

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceUnder 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

## A For the 2012 calendar year, or tax year beginning 01-01-2012, 2012, and ending 12-31-2012

B Check if applicable	C Name of organization AMERICAN SOCIETY FOR MICROBIOLOGY		D Employer identification number 38-1616141
<input type="checkbox"/> Address change	Doing Business As		
<input type="checkbox"/> Name change			
<input type="checkbox"/> Initial return	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number (202) 737-3600
<input type="checkbox"/> Terminated			
<input type="checkbox"/> Amended return	City or town, state or country, and ZIP + 4 WASHINGTON, DC 20036		
<input type="checkbox"/> Application pending			G Gross receipts \$ 76,221,442
F Name and address of principal officer NANCY SANSLONE 1752 N STREET NW WASHINGTON, DC 20036		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

J Website: ► WWW ASM ORG

K Form of organization  Corporation  Trust  Association  Other ► L Year of formation 1899 M State of legal domicile DC

## Part I Summary

1 Briefly describe the organization's mission or most significant activities TO PROMOTE THE MICROBIOLOGICAL SCIENCES AND THEIR APPLICATION FOR THE COMMON GOOD BY DISSEMINATING INFORMATION, STIMULATING RESEARCH AND PROMOTING EDUCATION	
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 80
4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4 80
5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) . . . . .	5 174
6 Total number of volunteers (estimate if necessary) . . . . .	6 887
7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a 527,669
b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b 228,395

8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year 5,782,528	Current Year 6,613,826
9 Program service revenue (Part VIII, line 2g) . . . . .	36,112,931	37,818,906
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	3,066,653	1,556,315
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	695,128	579,125
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	45,657,240	46,568,172

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	719,530	662,858
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)	16,861,852	16,239,127
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► <sup>0</sup>		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	25,192,606	28,751,493
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	42,773,988	45,653,478
19 Revenue less expenses Subtract line 18 from line 12 . . . . .	2,883,252	914,694

20 Total assets (Part X, line 16) . . . . .	Beginning of Current Year 118,835,097	End of Year 127,085,664
21 Total liabilities (Part X, line 26) . . . . .	29,738,283	28,581,727
22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	89,096,814	98,503,937

## 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	***** Signature of officer NANCY SANSLONE DEPUTY EXECUTIVE DIRECTOR Type or print name and title	2013-09-05 Date
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Paid Preparer Use Only	Print/Type preparer's name MELISSA DYER CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01222987
	Firm's name ► CLIFTONLARSONALLEN LLP			Firm's EIN ► 41-0746749	
	Firm's address ► 11710 BELTSVILLE DRIVE SUITE 300 CALVERTON, MD 20705			Phone no (301) 931-2050	

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 ADVANCE MICROBIOLOGICAL SCIENCES THROUGH THE PURSUIT OF SCIENTIFIC KNOWLEDGE AND DISSEMINATION OF THE RESULTS OF FUNDAMENTAL AND APPLIED RESEARCH

**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 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 \$ 4,842,225 including grants of \$ 442,500 ) (Revenue \$ 1,787,762 )

EDUCATION AND TRAINING - THE OBJECTIVES OF THE BOARD ARE TO PROMOTE PRE-COLLEGE AND UNIVERSITY ACADEMIC OPPORTUNITIES, TO PROVIDE CONTINUING EDUCATION PROGRAMS FOR THE SCIENTIFIC COMMUNITY AND TO DEVELOP EDUCATIONAL MATERIAL

**4b** (Code ) (Expenses \$ 14,066,072 including grants of \$ ) (Revenue \$ 22,397,802 )

PUBLICATIONS - THE PUBLICATIONS BOARD IS RESPONSIBLE FOR DISSEMINATING INFORMATION ABOUT CURRENT MICROBIOLOGICAL RESEARCH AND TECHNOLOGY THROUGH 11 PERIODICAL JOURNALS AND A NUMBER OF BOOKS, INCLUDING MANUALS, MONOGRAPHS, PROCEEDINGS, CONFERENCE REPORTS, AND TEXTBOOKS

**4c** (Code ) (Expenses \$ 10,044,069 including grants of \$ ) (Revenue \$ 12,906,221 )

MEETINGS - THE MEETINGS BOARD ORGANIZES AND PLANS 2 ANNUAL MEETINGS AND OTHER REGIONAL, NATIONAL AND INTERNATIONAL SYMPOSIA AND CONFERENCES FOR INTERDISCIPLINARY GROUPS OF SCIENTISTS

(Code ) (Expenses \$ 765,534 including grants of \$ ) (Revenue \$ )

MEMBERSHIP BOARD - THE MEMBERSHIP BOARD'S PRIMARY RESPONSIBILITY IS THE RECRUITMENT AND RETENTION OF ASM MEMBERS AND THE MAINTENANCE OF THE MEMBERSHIP ROSTER. THE BOARD ALSO SUPPORTS THE ASM BRANCHES, STUDENT MEMBERS, ASM ARCHIVES, SPEAKERS BUREAU, PROFESSIONAL DEVELOPMENT PROGRAMS, AND THE MEMBER JOB SEARCH WEBSITE

(Code ) (Expenses \$ 833,347 including grants of \$ ) (Revenue \$ )

AMERICAN ACADEMY OF MICROBIOLOGY - THE ACADEMY IS ORGANIZED TO PROMOTE PROFESSIONAL RECOGNITION, TO FOSTER THE HIGHEST SCIENTIFIC AND ETHICAL STANDARDS AMONG MICROBIOLOGISTS AND TO SERVE THE SCIENCE FOR THE BENEFIT OF THE PUBLIC

(Code ) (Expenses \$ 897,401 including grants of \$ ) (Revenue \$ )

PUBLIC AND SCIENTIFIC AFFAIRS BOARD - PROVIDES INFORMATION TO MEMBERS REGARDING GOVERNMENTAL ACTIONS AFFECTING THE SCIENCE OF MICROBIOLOGY

(Code ) (Expenses \$ 4,370,491 including grants of \$ 220,358 ) (Revenue \$ )

INTERNATIONAL AFFAIRS - PROMOTES KNOWLEDGE OF MICROBIOLOGY WORLDWIDE

(Code ) (Expenses \$ 393,776 including grants of \$ ) (Revenue \$ )

PROFESSIONAL PRACTICE - PROVIDES EVIDENCE BASED GUIDELINES FOR CLINICAL MICROBIOLOGY

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

(Expenses \$ 7,260,549 including grants of \$ 220,358 ) (Revenue \$ )

**4e** Total program service expenses ► 36,212,915

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

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

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

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

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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

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

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, line 10? If "Yes," complete Schedule D, Part VI

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

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

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

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

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 XI

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

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 and XII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

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, Parts I and IV

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV

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

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 (see instructions)

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

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		No
6		No
7		No
8		No
9		No
10	Yes	
11a	Yes	
11b	Yes	
11c		No
11d		No
11e	Yes	
11f	Yes	
12a		No
12b	Yes	
13		No
14a		No
14b	Yes	
15		No
16	Yes	
17		No
18		No
19		No
20a		No
20b		

**Part IV Checklist of Required Schedules (continued)**

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, 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	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	No	
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
24c	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		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No	
25b	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, highest 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 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	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)			
28a	a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	No	
28b	b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	No	
28c	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	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, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
35b	b If 'Yes' to line 35a, 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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	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 11b and 19?	38	Yes	

**Note.** All Form 990 filers are required to complete Schedule O

**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
<b>1a</b> Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	<b>1a</b>	578	
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<b>1b</b>	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>		
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	174	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>3b</b>	Yes	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		No
<b>b</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			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> 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 as charitable contributions?	<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>	<b>7a</b>		No
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7b</b>		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7c</b>		No
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7d</b>		
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7e</b>		No
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7f</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7g</b>		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7h</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>8</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>9a</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>	<b>9b</b>		
<b>a</b> Did the organization make any taxable distributions under section 4966?			
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?			
<b>10 Section 501(c)(7) organizations.</b> Enter	<b>10a</b>		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10b</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
<b>11 Section 501(c)(12) organizations.</b> Enter	<b>11a</b>		
<b>a</b> Gross income from members or shareholders	<b>11b</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	<b>13a</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13b</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>		

**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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	80		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	80		
<b>2</b> 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?	<b>2</b>		No	
<b>3</b> 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?	<b>3</b>		No	
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No	
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	Yes		
<b>7a</b> 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?	<b>7a</b>	Yes		
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	No		
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	<b>8a</b>	Yes		
<b>a</b> The governing body?	<b>8b</b>	Yes		
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>9</b>	No		
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				

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

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	Yes	
<b>b</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?	<b>10b</b>	Yes	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	No	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990			
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	Yes	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	Yes	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes	
<b>15</b> 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?	<b>15a</b>	Yes	
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15b</b>	Yes	
<b>b</b> Other officers or key employees of the organization			
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	No	
<b>b</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?	<b>16b</b>		

### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed  DC
- 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  Other (explain in Schedule O)
- 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 during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization  
 CHARLES G PALMER III 1752 N STREET NW WASHINGTON, DC (202) 737-3600

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
See Additional Data Table					

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

## **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 COMMUNICATIONS 2901 BYRDHILL ROAD RICHMOND VA 23228	JOURNAL PRODUCTION	4,475,551
FREEMAN AUDIO VISUAL SOLUTIONS 8801 AMBASSADOR ROW DALLAS TX 75247	EXHIBITION SERVICES	1,547,165
PUBLISHING TECHNOLOGY INC 80 COTTONTAIL LANE SUITE 204 SOMERSET NJ 08873	WEBSITE DEVELOPMENT AND HOSTING	781,239
FREEMAN DECORATING SERVICES INC 1600 VICERY DRIVE SUITE 100 DALLAS TX 75235	EXHIBITION SERVICES	701,252
STANFORD UNIVERSITY LIBRARIES 300 PASTEUR DR STANFORD CA 94305	ELECTRONIC JOURNALS	682,894
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. <u>20</u>		

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 ►20

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>				
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	5,844,309			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	769,517			
	<b>g</b> Noncash contributions included in lines 1a-1f \$					
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .		6,613,826			
<b>Program Service Revenue</b>	<b>2a</b> SUBSCRIPTIONS	Business Code 511190	14,477,693	14,477,693		
	<b>b</b> MEETINGS & SEMINARS	900099	12,906,221	12,906,221		
	<b>c</b> PUBLICATIONS	511190	8,344,963	8,344,963		
	<b>d</b> MEMBERSHIP DUES	900099	1,343,398	1,343,398		
	<b>e</b> CERTIFICATION FEES	511190	384,646	384,646		
	<b>f</b> All other program service revenue		361,985		361,985	
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .		37,818,906			
	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		1,881,155		24	1,881,131
<b>4</b> Income from investment of tax-exempt bond proceeds						
<b>5</b> Royalties . . . . .		771,357			771,357	
<b>6a</b> Gross rents	(i) Real 781,795					
<b>b</b> Less rental expenses	608,891					
<b>c</b> Rental income or (loss)	172,904					
<b>d</b> Net rental income or (loss) . . . . .		172,904		165,660	7,244	
<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities 26,281,107					
<b>b</b> Less cost or other basis and sales expenses	26,605,947					
<b>c</b> Gain or (loss)	-324,840					
<b>d</b> Net gain or (loss) . . . . .		-324,840			-324,840	
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a					
<b>b</b> Less direct expenses . . . . .	b					
<b>c</b> Net income or (loss) from fundraising events . . . . .						
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	a					
<b>b</b> Less direct expenses . . . . .	b					
<b>c</b> Net income or (loss) from gaming activities . . . . .						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	a	2,013,578				
<b>b</b> Less cost of goods sold . . . . .	b	2,438,432				
<b>c</b> Net income or (loss) from sales of inventory . . . . .		-424,854		-424,854		
<b>Miscellaneous Revenue</b>		Business Code				
<b>11a</b> OTHER FEES		511190	59,718	59,718		
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue . . . . .						
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .		59,718				
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .		46,568,172	37,091,785	527,669	2,334,892	

**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)

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	92,640	92,640		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	349,860	349,860		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	220,358	220,358		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,161,202	1,234,305	926,897	
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	10,924,082	7,974,460	2,949,622	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	883,998	586,568	297,430	
9 Other employee benefits	1,404,034	1,089,002	315,032	
10 Payroll taxes	865,811	637,245	228,566	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	9,059,864	7,135,599	1,924,265	
12 Advertising and promotion	406,209	360,233	45,976	
13 Office expenses	4,069,829	3,292,553	777,276	
14 Information technology				
15 Royalties				
16 Occupancy	826,627	386,956	439,671	
17 Travel	3,858,329	3,664,016	194,313	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	54,865		54,865	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	731,870	40,881	690,989	
23 Insurance	124,109	35,464	88,645	
24 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 O)				
a UNRELATED BUSINESS TAXE	44,619	44,619	0	
b TEXT MANUFACTURING	4,943,357	4,681,022	262,335	
c CATERING	2,266,591	2,212,855	53,736	
d AWARDS	1,369,812	1,344,772	25,040	
e All other expenses	995,412	829,507	165,905	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	45,653,478	36,212,915	9,440,563	0
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response to any question in this Part X 

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
<b>Assets</b>			
1	Cash—non-interest-bearing	41	1
2	Savings and temporary cash investments	10,341,168	2
3	Pledges and grants receivable, net	509,507	3
4	Accounts receivable, net	3,963,542	4
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	5	
6	Loans and other 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) Complete Part II of Schedule L	6	
7	Notes and loans receivable, net	7	
8	Inventories for sale or use	699,024	8
9	Prepaid expenses and deferred charges	1,400,272	9
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	29,843,843
b	Less accumulated depreciation	10b	9,822,653
		18,882,055	10c
11	Investments—publicly traded securities	73,711,219	11
12	Investments—other securities See Part IV, line 11	9,102,148	12
13	Investments—program-related See Part IV, line 11	13	
14	Intangible assets	14	
15	Other assets See Part IV, line 11	226,121	15
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	118,835,097	16
<b>Liabilities</b>			
17	Accounts payable and accrued expenses	3,397,095	17
18	Grants payable	18	
19	Deferred revenue	9,483,154	19
20	Tax-exempt bond liabilities	13,645,000	20
21	Escrow or custodial account liability Complete Part IV of Schedule D	21	
22	Loans and other 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	3,132,725	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	80,309	25
26	<b>Total liabilities.</b> Add lines 17 through 25	29,738,283	26
<b>Net Assets or Fund Balances</b>			
	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
27	Unrestricted net assets	87,821,358	27
28	Temporarily restricted net assets	340,902	28
29	Permanently restricted net assets	934,554	29
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>		
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	89,096,814	33
34	<b>Total liabilities and net assets/fund balances</b>	118,835,097	34
		127,085,664	

**Part XI Reconciliation 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	46,568,172
2	Total expenses (must equal Part IX, column (A), line 25)	2	45,653,478
3	Revenue less expenses Subtract line 2 from line 1	3	914,694
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	89,096,814
5	Net unrealized gains (losses) on investments	5	8,373,525
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	118,904
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	98,503,937

**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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes

**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support****2012****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

**Name of the organization**

AMERICAN SOCIETY FOR MICROBIOLOGY

**Employer identification number**

38-1616141

**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 described in **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

e  a  Type I  b  Type II  c  Type III - Functionally integrated  d  Type III - Non-functionally integrated

f  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)

g  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

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

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

	<b>Yes</b>	<b>No</b>
11g(i)		
11g(ii)		
11g(iii)		

(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 monetary support
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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						
<b>4 Total.</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>11 Total support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . .						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
15 Public support percentage for 2011 Schedule A, Part II, line 14	<b>15</b>	
<b>16a 33 1/3% support test—2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		►
<b>b 33 1/3% support test—2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		►
<b>17a 10%-facts-and-circumstances test—2012.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		►
<b>b 10%-facts-and-circumstances test—2011.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		►
<b>18 Private foundation.</b> 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 Section 509(a)(2)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	4,846,600	6,018,303	5,846,083	5,782,528	6,613,826	29,107,340
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	48,551,657	41,375,272	41,178,887	39,055,868	39,470,499	209,632,183
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 <b>Total.</b> Add lines 1 through 5	53,398,257	47,393,575	47,024,970	44,838,396	46,084,325	238,739,523
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 <b>Public support</b> (Subtract line 7c from line 6 )						238,739,523

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	53,398,257	47,393,575	47,024,970	44,838,396	46,084,325	238,739,523
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,000,826	3,430,051	3,401,766	3,557,138	3,434,283	16,824,064
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	3,000,826	3,430,051	3,401,766	3,557,138	3,434,283	16,824,064
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	547,812	429,697	353,932	440,676	411,303	2,183,420
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )	58,748	53,050	83,949	72,055	59,718	327,520
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12 )	57,005,643	51,306,373	50,864,617	48,908,265	49,989,629	258,074,527
14 <b>First five years.</b> 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 <b>stop here</b> ►						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	92 510 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	92 430 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	6 520 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	6 510 %
19a <b>33 1/3% support tests—2012.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ►✓		
b <b>33 1/3% support tests—2011.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ►✓		
20 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►		

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

**Facts And Circumstances Test**

**Explanation**

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**SCHEDULE D**

(Form 990)

OMB No 1545-0047

**Supplemental Financial Statements****2012**

► 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.

**Open to Public Inspection**

Department of the Treasury

Internal Revenue Service

**Name of the organization**

AMERICAN SOCIETY FOR MICROBIOLOGY

**Employer identification number**

38-1616141

**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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  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)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a Total number of conservation easements	<b>Held at the End of the Year</b>
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  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 section 170(h)(4)(B)(ii)?  Yes  No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

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

<b>a</b> <input type="checkbox"/> Public exhibition	<b>d</b> <input type="checkbox"/> Loan or exchange programs
<b>b</b> <input type="checkbox"/> Scholarly research	<b>e</b> <input type="checkbox"/> Other
<b>c</b> <input type="checkbox"/> Preservation for future generations	

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

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 XIII and complete the following table

	<b>Amount</b>
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

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

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**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
<b>1a</b> Beginning of year balance . . . . .	934,554	930,054	930,054	900,054	882,554
<b>b</b> Contributions . . . . .	5,000	4,500		30,000	17,500
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	939,554	934,554	930,054	930,054	900,054

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

**a** Board designated or quasi-endowment

**b** Permanent endowment  100 000 %

**c** Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

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

**(i)** unrelated organizations . . . . .

<b>3a(i)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>3a(ii)</b>	<input type="checkbox"/>	<input type="checkbox"/> No
<b>3b</b>	<input type="checkbox"/>	<input type="checkbox"/>

**(ii)** related organizations . . . . .

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

4 Describe in Part XIII 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
<b>1a</b> Land . . . . .		6,383,569			6,383,569
<b>b</b> Buildings . . . . .		18,084,485	7,030,306		11,054,179
<b>c</b> Leasehold improvements . . . . .					
<b>d</b> Equipment . . . . .		5,375,789	2,792,347		2,583,442
<b>e</b> Other . . . . .					0
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)					20,021,190

**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		
<b>Total.</b> (Column (b) must 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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	58,266,546
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	8,373,525
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII )	2d	3,339,067
e	Add lines 2a through 2d	2e	11,712,592
3	Subtract line 2e from line 1	3	46,553,954
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 XIII )	4b	14,218
c	Add lines 4a and 4b	4c	14,218
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 )	5	46,568,172

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	48,859,423
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 XIII )	2d	3,220,163
e	Add lines 2a through 2d	2e	3,220,163
3	Subtract line 2e from line 1	3	45,639,260
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 XIII )	4b	14,218
c	Add lines 4a and 4b	4c	14,218
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 )	5	45,639,478

**Part XIII Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, 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	INTENDED USES OF ENDOWMENT FUNDS INCLUDE TEACHER AND SCIENTIST AWARDS, SUPPORT OF EDUCATIONAL PROGRAMS AND SUPPORT FOR TRAVEL
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE SOCIETY HAS ANALYZED ITS AND ASMR'S TAX POSITIONS TAKEN FOR FILINGS WITH THE INTERNAL REVENUE SERVICE AND STATE TAXING AUTHORITIES. IT BELIEVES THAT THE TAX FILING POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE AFFECT ON THE ITS FINANCIAL POSITION, CHANGES IN ITS NET ASSETS, OR CASH FLOWS. GENERALLY, THE SOCIETY'S AND ASMR'S TAX RETURNS REMAIN OPEN FOR FEDERAL AND STATE INCOME TAX EXAMINATION FOR THREE YEARS FROM THE DATE OF FILING
PART XI, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES NETTED AGAINST GROSS RENTAL INCOME 608,891 ASM RESOURCES, INC REVENUE 291,744 COST OF GOODS SOLD 2,438,432
PART XI, LINE 4B - OTHER ADJUSTMENTS		ELIMINATION ENTRY 14,218
PART XII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES NETTED AGAINST GROSS RENTAL INCOME 608,891 ASM RESOURCES, INC EXPENSE 172,840 COST OF GOODS SOLD 2,438,432
PART XII, LINE 4B - OTHER ADJUSTMENTS		ELIMINATION ENTRY 14,218

2012

Open to Public  
InspectionSCHEDULE F  
(Form 990)

## Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
► Attach to Form 990. ► See separate instructions.

Department of the Treasury  
Internal Revenue ServiceName of the organization  
AMERICAN SOCIETY FOR MICROBIOLOGYEmployer identification number  
38-1616141**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

**3 Activities per Region** (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS IN HEDGE FUNDS		2,535,157
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	EQUIPMENT TRAINING	2,074,564
RUSSIA & THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	EQUIPMENT TRAINING	28,480
SOUTH AMERICA	0	0	PROGRAM SERVICES	EQUIPMENT TRAINING	18,800
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	EQUIPMENT TRAINING	136,659
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	EQUIPMENT TRAINING	55,848
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		17,584
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		28,650
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		22,511
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		5,500
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		2,150
EUROPE	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		123,835
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		18,179
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		1,950
<b>3a Sub-total</b>	0	0			4,895,742
<b>b Total from continuation sheets to Part I</b>	0	0			174,125
<b>c Totals (add lines 3a and 3b)</b>	0	0			5,069,867

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

**Part IV Foreign Forms**

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

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

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

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

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

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

Part V Supplemental Information

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

**Schedule I  
(Form 990)**

## **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**

2012

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**AMERICAN SOCIETY FOR MICROBIOLOGY**

**Employer identification number**

## **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. Part II can be duplicated if additional space is needed.

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

(1) SEATTLE BIOMEDICAL 307 WESTLAKE AVENUE NORTH SUITE 500 500 SEATTLE, WA 98109	91-0961784	501(C)(3)	21,000	POST DOCTORATE FELLOW STIPEND
(2) NATIONAL ACADEMY OF SCIENCES 2101 CONSTITUTION AVENUE NW WASHINGTON, DC 20418	53-0196932	501(C)(3)	15,000	SUPPORT FORUM ON MICROBIAL THREATS
(3) AMERICAN FRIENDS OF THE ROYAL SOCIETY INC C/O CHAPEL AND YORK LTD 1000 N WEST STREET SUITE 1200 WILMINGTON, DE 19801	31-1708031	501(C)(3)	20,325	SUPPORT FORUM ON MICROBIAL THREATS
(4) VIRGINIA COMMONWEALTH UNIVERSITY PO BOX 843075 RICHMOND, VA 23284	54-0757884	501(C)(3)	21,000	POST DOCTORATE FELLOW STIPEND
(5) TULANE UNIVERSITY 6823 ST CHARLES AVENUE NEW ORLEANS, LA 70118	72-0423889	501(C)(3)	7,500	POST DOCTORATE FELLOW STIPEND

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) CASH OR EXPENSE REIMBURSEMENTS	62	349,860			

**Part IV Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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 ORGANIZATION REQUIRES DOCUMENTATION OF ALL GRANT EXPENDITURES

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

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.**

**2012****Open to Public Inspection**Name of the organization  
AMERICAN SOCIETY FOR MICROBIOLOGY**Employer identification number**

38-1616141

**Part I Questions Regarding Compensation**

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

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

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

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

**3** Indicate which, if any, of the following the 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, but explain in Part III

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

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

**a** Receive a severance payment or change-of-control payment?

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

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

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

**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?

**b** Any related organization?

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

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

**a** The organization?

**b** Any related organization?

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

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

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

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

	<b>Yes</b>	<b>No</b>
<b>1b</b>		
<b>2</b>		
<b>4a</b>	Yes	
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

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

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

(A) Name and Title	(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 as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	PART I, LINE 4A	BARBARA HYDE RECEIVED A SEVERANCE PAYMENT OF \$67,861 IN 2012

**Software ID:**  
**Software Version:**  
**EIN:** 38-1616141  
**Name:** AMERICAN SOCIETY FOR MICROBIOLOGY

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
MICHAEL GOLDBERG	(i) 532,653 (ii) 0	0	0	33,162 0	21,945 0	587,760 0	0 0
NANCY SAN SALONE	(i) 321,514 (ii) 0	0	0	0 0	17,624 0	339,138 0	0 0
BARBARA HYDE	(i) 216,758 (ii) 0	0	0	13,081 0	6,620 0	236,459 0	0 0
BARBARA GOLDMAN	(i) 227,329 (ii) 0	0	0	29,085 0	15,481 0	271,895 0	0 0
JANET BAUSILI	(i) 217,182 (ii) 0	0	0	27,822 0	18,444 0	263,448 0	0 0
CONNIE HERNDON	(i) 196,889 (ii) 0	0	0	24,213 0	12,620 0	233,722 0	0 0
JASON RAO	(i) 208,016 (ii) 0	0	0	0 0	20,765 0	228,781 0	0 0
CHRISTINE CHARLIP	(i) 185,253 (ii) 0	0	0	0 0	8,660 0	193,913 0	0 0
RON BUTLER	(i) 192,499 (ii) 0	0	0	23,947 0	25,139 0	241,585 0	0 0
AMY CHANG	(i) 184,662 (ii) 0	0	0	22,716 0	26,131 0	233,509 0	0 0
CHARLES PALMER	(i) 179,799 (ii) 0	0	0	21,953 0	18,273 0	220,025 0	0 0
KIM SHANKLE	(i) 179,020 (ii) 0	0	0	21,830 0	20,777 0	221,627 0	0 0

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ****2012****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

**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.**

Name of the organization  
AMERICAN SOCIETY FOR MICROBIOLOGY**Employer identification number**

38-1616141

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	AMERICAN SOCIETY FOR MICROBIOLOGY HAS THE FOLLOWING TYPES OF MEMBERS FULL MEMBERS, POSTDOCTORAL MEMBERS, TRANSITIONAL MEMBERS, EMERITUS MEMBERS, STUDENT MEMBERS AND HONORARY MEMBERS FULL MEMBERS, POSTDOCTORAL MEMBERS, EMERITUS MEMBERS AND HONORARY MEMBERS ARE ELIGIBLE TO VOTE, HOLD ELECTIVE OFFICE AND SERVE ON THE BOARDS AND/OR OTHER COMMITTEES TRANSITIONAL MEMBERS ARE ELIGIBLE TO VOTE AND SERVE ON THE BOARDS AND/OR OTHER COMMITTEES STUDENT MEMBERS MAY SERVE ON BOARDS AND/OR COMMITTEES
	FORM 990, PART VI, SECTION A, LINE 7A	FULL MEMBERS, EMERITUS MEMBERS, POSTDOCTORAL MEMBERS, TRANSITIONAL MEMBERS, AND HONORARY MEMBERS ARE ENTITLED TO PARTICIPATE IN THE BALLOTTING FOR ELECTED OFFICERS
	FORM 990, PART VI, SECTION B, LINE 11	THE DIRECTOR OF FINANCIAL OPERATIONS WORKS CLOSELY WITH THE ORGANIZATION'S AUDIT AND ACCOUNTING FIRM IN PREPARING THE FORM 990 AND REVIEWS THE RETURN PRIOR TO FILING
	FORM 990, PART VI, SECTION B, LINE 12C	A CONFLICT OF INTEREST/NON DISCLOSURE FORM IS DISTRIBUTED TO EVERY VOTING MEMBER OF THE COUNCIL (BOARD OF DIRECTORS) AND MEMBERS OF THE AUDIT COMMITTEE AT THE START OF THE YEAR IF A MEMBER DOES NOT READ AND COMPLETE THE FORM, THEY CANNOT PARTICIPATE IN THE MEETING OR VOTE
	FORM 990, PART VI, SECTION B, LINE 15	ALL PAID EMPLOYEES INCLUDING THE EXECUTIVE DIRECTOR ARE SUBJECT TO THE SAME PROCESS COMPENSATION LEVELS AND ANNUAL INCREASES ARE BASED ON REPORTS FROM INDEPENDENT CONSULTANTS THEIR RECOMMENDATIONS ARE REVIEWED BY THE HEADQUARTERS ADVISORY COMMITTEE, ADJUSTED IF APPROPRIATE AND SENT TO THE FINANCE COMMITTEE FOR APPROVAL FINAL APPROVAL FOR ALL EXPENSES INCLUDING COMPENSATION IS MADE BY THE COUNCIL POLICY COMMITTEE
	FORM 990, PART VI, SECTION C, LINE 19	AMERICAN SOCIETY FOR MICROBIOLOGY MAKES THESE DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
OTHER FEES	FORM 990, PART IX, LINE 11G	ALLOCATED OVERHEAD PROGRAM SERVICE EXPENSES 7,135,599 MANAGEMENT AND GENERAL EXPENSES 1,924,265 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 9,059,864
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	INCOME FROM INVESTMENT IN WHOLLY OWNED SUBSIDIARY 118,904
	PART X1, LINE 2C EXPLANATION	THE ORGANIZATION'S FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT THE GOVERNING BODY REVIEWS AND APPROVES THE AUDIT REPORT

## **SCHEDULE R (Form 990)**

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2012

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
AMERICAN SOCIETY FOR MICROBIOLOGY

**Employer identification number**

38-161614

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n	Yes	
1o		No
1p		No
1q		No
1r		No
1s		No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ASM RESOURCES INC	N	14,218	FAIR MARKET VALUE

**Part VI Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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**Software ID:**

**Software Version:**

**EIN:** 38-1616141

**Name:** AMERICAN SOCIETY FOR MICROBIOLOGY

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## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 38-1616141  
**Name:** AMERICAN SOCIETY FOR MICROBIOLOGY

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Or director	Individual trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	
BONNIE BASSLER PAST PRESIDENT / CHAIR, AM	2 00	X		X				0	0
DAVID HOOVER PRESIDENT	2 00	X		X				0	0
JEFFERY F MILLER PRESIDENT-ELECT	1 00	X		X				0	0
JOSEPH CAMPOS SECRETARY	2 00	X		X				0	0
JAMES M TIEDJE TREASURER	2 00	X		X				0	0
NEIL R BAKER CHAIR, EDUCATION BOARD	2 00	X						0	0
LUCIA B ROTHMAN-DENES CHAIR, MEETINGS BOARD	2 00	X						0	0
TOBY K EISENSTEIN CHAIR, MEMBERSHIP BOARD	2 00	X						0	0
THOMAS E SHENK CHAIR, PUBLICATIONS BOARD	2 00	X						0	0
ROBERT V MILLER AT-LARGE MBR (BRANCHES)	1 00	X						0	0
KAREN S COATS AT-LARGE MBR (BRANCHES)	1 00	X						0	0
KHRYSTYNE DUDDLESTON BRANCH COUNCILOR	1 00	X						0	0
JANET HINDLER BRANCH COUNCILOR	1 00	X						0	0
CHRISTINA KELLOGG AT-LARGE MBR (BRANCHES)	1 00	X						0	0
AUDREY ASAHLINA BRANCH COUNCILOR	1 00	X						0	0
RODNEY KING BRANCH COUNCILOR/DIVISION	1 00	X						0	0
FRANKLIN CHAMPLIN BRANCH COUNCILOR	1 00	X						0	0
JAMES J MCSHARRY BRANCH COUNCILOR	1 00	X						0	0
JOAN SAGURTON BRANCH COUNCILOR	1 00	X						0	0
SHERRICE ALLEN BRANCH COUNCILOR	1 00	X						0	0
PAULETTE M HOWARTH BRANCH COUNCILOR	1 00	X						0	0
STEPHEN J LIBBY BRANCH COUNCILOR	1 00	X						0	0
NYDIA RODRIGUEZ BONANO BRANCH COUNCILOR	1 00	X						0	0
DONALD KLEIN BRANCH COUNCILOR	1 00	X						0	0
PAUL EDMONDS BRANCH COUNCILOR	1 00	X						0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former Or director	Individual trustee	Officer	Key employee	Highest compensated employee			
MILICENT GOLDSCHMIDT BRANCH COUNCILOR	1 00	X					0	0	0
WADE BELL BRANCH COUNCILOR	1 00	X					0	0	0
TERRY CREQUE BRANCH COUNCILOR	1 00	X					0	0	0
MICHELE SWANSON DIVISION COUNCILOR	1 00	X					0	0	0
JUDITH C LOVCHIK DIVISION COUNCILOR	1 00	X					0	0	0
SHARON B WRIGHT DIVISION COUNCILOR	1 00	X					0	0	0
TED WHITE AT-LARGE MBR (DIVISIONS)	1 00	X					0	0	0
BILL MARGOLIN AT-LARGE MBR (DIVISIONS)	1 00	X					0	0	0
LINDA KENNEY AT-LARGE MBR (DIVISIONS)	1 00	X					0	0	0
ELLEN NEIDLE AT-LARGE MBR (DIVISIONS)	1 00	X					0	0	0
MARYLYNN YATES AT-LARGE MBR (DIVISIONS)	1 00	X					0	0	0
ROBERTO KOLTER CHAIR, PUBLIC & SCIENTIFIC	2 00	X					0	0	0
GAIL ROWE BRANCH COUNCILOR	1 00	X					0	0	0
FERRAN GARCIA-PICHEL BRANCH COUNCILOR	1 00	X					0	0	0
RICK DANIELSON BRANCH COUNCILOR	1 00	X					0	0	0
RUTH A GYURE BRANCH COUNCILOR/DIVISION	1 00	X					0	0	0
JANE STEVENS BRANCH COUNCILOR	1 00	X					0	0	0
JOHN MCKILLIP BRANCH COUNCILOR	1 00	X					0	0	0
JAMES W HONG BRANCH COUNCILOR	1 00	X					0	0	0
SUSAN BAGLEY BRANCH COUNCILOR	1 00	X					0	0	0
JOHN G STEIERT BRANCH COUNCILOR	1 00	X					0	0	0
KRISTIN PEDERSON-GULRUD BRANCH COUNCILOR	1 00	X					0	0	0
LAURA TUHOLA-REUNING BRANCH COUNCILOR	1 00	X					0	0	0
OLARAE GIGER BRANCH COUNCILOR	1 00	X					0	0	0
KAREN LITTLE BRANCH COUNCILOR	1 00	X					0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former Officer Or director	Individual trustee	Institutional Trustee	Key employee			
TAMARA L MCNEALY BRANCH COUNCILOR	1 00	X				0	0	0
DON ENNIS BRANCH COUNCILOR	1 00	X				0	0	0
JUNE MIDDLETON BRANCH COUNCILOR	1 00	X				0	0	0
LINDA MILLER DIVISION COUNCILOR	1 00	X				0	0	0
JOHN M LEONG DIVISION COUNCILOR	1 00	X				0	0	0
ROBERT L SAUTTER DIVISION COUNCILOR	1 00	X				0	0	0
MICHAEL S GILMORE DIVISION COUNCILOR	1 00	X				0	0	0
MARY O'RIORDAN DIVISION COUNCILOR	1 00	X				0	0	0
THOMAS J WALSH DIVISION COUNCILOR	1 00	X				0	0	0
LAURA REGASSA DIVISION COUNCILOR	1 00	X				0	0	0
VALERIE A DE CRECY-LAGARD DIVISION COUNCILOR	1 00	X				0	0	0
JOANNE M WILEY DIVISION COUNCILOR	1 00	X				0	0	0
ARASH KOMEILI DIVISION COUNCILOR	1 00	X				0	0	0
MICHAEL G THOMAS DIVISION COUNCILOR	1 00	X				0	0	0
SLAVA EPSTEIN DIVISION COUNCILOR	1 00	X				0	0	0
PRAKASH S MASUREKAR DIVISION COUNCILOR	1 00	X				0	0	0
HUA WANG DIVISION COUNCILOR	1 00	X				0	0	0
STEVEN E LINDOW DIVISION COUNCILOR	1 00	X				0	0	0
JONATHAN EISEN DIVISION COUNCILOR	1 00	X				0	0	0
ROZANNE M SANDRI-GOLDIN DIVISION COUNCILOR	1 00	X				0	0	0
ADOLFO GARCIA-SASTRE DIVISION COUNCILOR	1 00	X				0	0	0
PADMINI SALGAME DIVISION COUNCILOR	1 00	X				0	0	0
YUN F WANG DIVISION COUNCILOR	1 00	X				0	0	0
JOSEPH C REESE DIVISION COUNCILOR	1 00	X				0	0	0
HEATHER GREEN DIVISION COUNCILOR	1 00	X				0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former Or director	Individual trustee	Institutional trustee	Officer	Key employee			
MARK L LAWRENCE DIVISION COUNCILOR	1 00	X					0	0	0
WILLIAM J SULLIVAN JR DIVISION COUNCILOR	1 00	X					0	0	0
KEVIN HAZEN AT-LARGE MBR (DIVISIONS)	1 00	X					0	0	0
JAMES S MAKI AT-LARGE MBR (DIVISIONS)	1 00	X					0	0	0
STEPHEN M BEVERLEY AT-LARGE MBR (DIVISIONS)	1 00	X					0	0	0
MICHAEL GOLDBERG EXECUTIVE DIRECTOR	37 50			X			532,653	0	55,107
NANCY SANSLONE DEPUTY EXECUTIVE DIRECTOR	37 50			X			321,514	0	17,624
BARBARA HYDE DIR OF PUBLIC COMMUNICATIONS	37 50				X		216,758	0	19,701
BARBARA GOLDMAN DIR OF JOURNALS	37 50				X		227,329	0	44,566
JANET BAUSILI DIR OF PUBLIC AFFAIRS	37 50				X		217,182	0	46,266
CONNIE HERNDON DIRECTOR, MEETINGS & CONFER	37 50				X		196,889	0	36,833
JASON RAO DIRECTOR OF INTERNATIONAL AFFAIRS	37 50				X		208,016	0	20,765
CHRISTINE CHARLIP DIR OF ASM PRESS	37 50					X	185,253	0	8,660
RON BUTLER DIR OF INFORMATION SYSTEMS	37 50					X	192,499	0	49,086
AMY CHANG DIRECTOR OF EDUCATION & TRAINING	37 50					X	184,662	0	48,847
CHARLES PALMER DIRECTOR OF FINANCE	37 50					X	179,799	0	40,226
KIM SHANKLE DIRECTOR OF HUMAN RESOURCES & ADMINISTRATION	37 50					X	179,020	0	42,607