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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

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

C Name of organization
AMERICAN SOCIETY FOR MICROBIOLOGY

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1752 N STREET NW

City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20036

D Employer identification number
38-1616141

E Telephone number
(202) 737-3600

G Gross receipts $ 192,028,959

F Name and address of principal officer
NANCY SANSALONE
1752 N STREET NW
WASHINGTON,DC 20036

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW 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 ADVANCE MICROBIOLOGICAL SCIENCES AS A VEHICLE FOR UNDERSTANDING LIFE PROCESSES

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	87
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	87
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	198
6	Total number of volunteers (estimate if necessary)	**6**	132
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	427,445
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	134,178

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	6,613,826	8,398,686
9	Program service revenue (Part VIII, line 2g)	37,818,906	36,625,266
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,556,315	15,068,364
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	579,125	49,844
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	46,568,172	60,142,160
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	662,858	1,172,659
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)	16,239,127	17,120,089
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	28,751,493	28,596,823
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	45,653,478	46,889,571
19	Revenue less expenses Subtract line 18 from line 12	914,694	13,252,589

Revenue / Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	127,085,664	138,333,482
21	Total liabilities (Part X, line 26)	28,581,727	28,711,937
22	Net assets or fund balances Subtract line 21 from line 20	98,503,937	109,621,545

Net Assets or Fund Balances

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

****** | 2014-11-13
Signature of officer | Date

NANCY SANSALONE DEPUTY EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MELISSA LAFFERTY CPA				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 or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

TO ADVANCE MICROBIOLOGICAL SCIENCES AS A VEHICLE FOR UNDERSTANDING LIFE PROCESSES AND TO APPLY AND COMMUNICATE THIS KNOWLEDGE FOR THE IMPROVEMENT OF HEALTH AND ENVIRONMENTAL AND ECONOMIC WELL-BEING WORLDWIDE

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 $ 7,343,377 including grants of $ 118,575) (Revenue $)

INTERNATIONAL AFFAIRS - THE INTERNATIONAL BOARD DEVELOPS, SUSTAINS, AND PROMOTES THE GLOBAL ACTIVITIES OF THE SOCIETY

4b (Code) (Expenses $ 14,982,851 including grants of $) (Revenue $ 22,487,160)

PUBLICATIONS - THE JOURNALS BOARD IS RESPONSIBLE FOR DISSEMINATING INFORMATION ABOUT CURRENT MICROBIOLOGICAL RESEARCH AND TECHNOLOGY THROUGH 13 PERIODICAL JOURNALS THE SOCIETY PRESS COMMITTEE PUBLISHES A NUMBER OF BOOKS, INCLUDING MANUALS, MONOGRAPHS, PROCEEDINGS, REFERENCE, AND TEXTBOOKS

4c (Code) (Expenses $ 8,846,504 including grants of $ 475,750) (Revenue $ 10,725,641)

MEETINGS - THE MEETINGS BOARD ORGANIZES AND PLANS TWO ANNUAL MEETINGS AND OTHER REGIONAL, NATIONAL AND INTERNATIONAL SYMPOSIA AND CONFERENCES FOR INTERDISCIPLINARY GROUPS OF SCIENTISTS WORKSHOPS ARE AN IMPORTANT PART OF THE SOCIETY'S GENERAL MEETING AND THE ANNUAL INTERSCIENCE CONFERENCE ON ANTIMICROBIAL AGENTS AND CHEMOTHERAPY THE MEETINGS BOARD ALSO MANAGES MEETINGS IN RELATED SCIENTIFIC FIELDS FOR OTHER ORGANIZATIONS

(Code) (Expenses $ 1,617,373 including grants of $ 7,815) (Revenue $)

MEMBERSHIP - THE MEMBERSHIP BOARD IS RESPONSIBLE FOR ADMINISTERING PROGRAMS THAT HELP THE MEMBERS TO UNDERSTAND BETTER THE ROLE OF THE SOCIETY AND TO FOSTER A GREATER SENSE OF PARTICIPATION IN ITS ACTIVITIES

(Code) (Expenses $ 882,436 including grants of $ 166,400) (Revenue $)

AMERICAN ACADEMY OF MICROBIOLOGY - THE ACADEMY IS COMPOSED OF SOCIETY MEMBERS AND NON-MEMBER AFFILIATES, ALL KNOWN AS FELLOWS, 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 THE ACADEMY MANAGES THE AWARDS PROGRAM AND CONDUCTS COLLOQUIA ON ISSUES OF IMPORTANCE TO THE SCIENCE AND THE PROFESSION

(Code) (Expenses $ 1,027,493 including grants of $ 15,000) (Revenue $)

PUBLIC AND SCIENTIFIC AFFAIRS - THE PUBLIC AND SCIENTIFIC AFFAIRS BOARD ACTS AS A BRIDGE BETWEEN SCIENCE AND THE PUBLIC IT MONITORS THE ADOPTION OF FEDERAL, STATE, AND LOCAL LAWS AND INFORMS MEMBERS OF THE POTENTIAL IMPACT OF PROPOSED LEGISLATION CONVERSELY, UPON REQUEST, THE BOARD ASSISTS FEDERAL AND STATE POLITICAL BODIES IN AN EFFORT TO DESIGN SOUND, SCIENTIFIC REGULATIONS AND LEGISLATIVE INITIATIVES

(Code) (Expenses $ 5,222,581 including grants of $ 386,919) (Revenue $ 2,465,957)

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

(Code) (Expenses $ 425,792 including grants of $ 2,200) (Revenue $)

PROFESSIONAL PRACTICE - THE PROFESSIONAL PRACTICE COMMITTEE'S (PPC) MISSION IS TO PROVIDE PROFESSIONAL DEVELOPMENT OPPORTUNITIES AND CONTENT TO MEMBERS TO INCREASE THEIR SKILL, ENHANCE THEIR JOB PERFORMANCE AND CONTRIBUTE TO THE PROFESSION THE PPC SERVES THE MICROBIOLOGY PROFESSION BY REPRESENTING CLINICAL MICROBIOLOGISTS AND IMMUNOLOGISTS, MICROBIOLOGISTS WORKING IN THE PHARMACEUTICAL, ENVIRONMENTAL AND FOOD INDUSTRIES, AND BIOLOGICAL SAFETY OFFICERS THE PPC ALSO ADMINISTERS CERTIFICATION AND ACCREDITATION ACTIVITIES

4d Other program services (Describe in Schedule O)

(Expenses $ 9,175,675 including grants of $ 578,334) (Revenue $ 2,465,957)

4e Total program service expenses ▶ 40,348,407

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 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*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
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*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16	Yes	
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)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government 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 or 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 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, 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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or 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	
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	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	615		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	198		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	87		
	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	Enter the number of voting members included in line 1a, above, who are independent	**1b**	87		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

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

Section C. Disclosure

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

▶ CHRISTOPHER DECESARIS 1752 N STREET NW
WASHINGTON, DC 20036 (202) 942-9269

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

Check if Schedule O contains a response or note to any line 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

(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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

(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								2,771,174	0	464,089

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 37

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CADMUS COMMUNICATIONS 2901 BYRDHILL ROAD RICHMOND VA 23228	JOURNAL PRODUCTION	4,091,375
FREEMAN AUDIO VISUAL SOLUTIONS 8801 AMBASSADOR ROW DALLAS TX 75247	EXHIBITION SERVICES	1,323,096
STANFORD UNIVERSITY LIBRARIES 300 PASTEUR DR STANFORD CA 94305	ELECTRONIC JOURNALS	754,280
FREEMAN DECORATING SERVICES INC 1600 VICERY DRIVE SUITE 100 DALLAS TX 75247	EXHIBITION SERVICES	563,526
COE TRUMAN TECHNOLOGIES INC 500 NORTH MICHIGAN AVENUE SUITE 80 CHICAGO IL 60611	ABSTRACTS PROCESSING	477,868

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 ▶ 23

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e	7,796,432			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	602,254			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		8,398,686			
Program Service Revenue			Business Code				
	2a	SUBSCRIPTIONS	511190	14,581,874	14,581,874		
	b	MEETINGS & SEMINARS	900099	10,725,641	10,725,641		
	c	PUBLICATIONS	511190	8,562,895	8,562,895		
	d	MEMBERSHIP DUES	900099	1,276,734	1,276,734		
	e	CERTIFICATION FEES	511190	1,117,739	1,117,739		
	f	All other program service revenue		360,383		360,383	
	g	**Total.** Add lines 2a–2f . . . . . ▶		36,625,266			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		1,831,799		-19	1,831,818
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶		565,410			565,410
			(i) Real / (ii) Personal				
	6a	Gross rents	717,899				
	b	Less rental expenses	647,340				
	c	Rental income or (loss)	70,559				
	d	Net rental income or (loss) . . . . . ▶		70,559		67,081	3,478
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	141,998,455				
	b	Less cost or other basis and sales expenses	128,761,890				
	c	Gain or (loss)	13,236,565				
	d	Net gain or (loss) . . . . . ▶		13,236,565			13,236,565
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a	1,819,960				
	b	Less cost of goods sold . . b	2,477,569				
	c	Net income or (loss) from sales of inventory . . ▶		-657,609	-657,609		
		Miscellaneous Revenue	Business Code				
	11a	OTHER FEES	511190	71,484	71,484		
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		71,484			
	12	**Total revenue.** See Instructions . . . . . ▶		60,142,160	35,678,758	427,445	15,637,271

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 or note to any line in this Part IX . . . . . ☑

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	122,900	122,900		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	783,170	783,170		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	266,589	266,589		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,033,321	1,066,009	967,312	
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	11,414,246	9,708,013	1,706,233	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,040,873	871,292	169,581	
9 Other employee benefits	1,633,313	1,332,213	301,100	
10 Payroll taxes	998,336	803,630	194,706	
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)	10,347,189	8,621,759	1,725,430	
12 Advertising and promotion	380,126	308,662	71,464	
13 Office expenses	3,843,534	3,760,855	82,679	
14 Information technology				
15 Royalties . .				
16 Occupancy	841,159	478,575	362,584	
17 Travel	3,981,277	3,937,623	43,654	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	59,673		59,673	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	816,313	239,143	577,170	
23 Insurance	140,870	131,832	9,038	
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 TEXT MANUFACTURING	4,368,908	4,115,212	253,696	
b CATERING	1,930,951	1,920,313	10,638	
c AWARDS	797,403	797,394	9	
d SOCIAL FUNCTIONS	212,271	212,271		
e All other expenses	877,149	870,952	6,197	
25 **Total functional expenses.** Add lines 1 through 24e	46,889,571	40,348,407	6,541,164	0
26 **Joint costs.** 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 or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		750	1	341
	2	Savings and temporary cash investments		24,348,452	2	9,502,997
	3	Pledges and grants receivable, net		1,118,883	3	1,102,060
	4	Accounts receivable, net		3,240,937	4	2,973,105
	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		546,903	8	621,312
	9	Prepaid expenses and deferred charges		1,161,122	9	1,249,302
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 30,644,570			
	b	Less accumulated depreciation	10b 10,708,796	20,021,190	10c	19,935,774
	11	Investments—publicly traded securities		71,958,519	11	99,612,692
	12	Investments—other securities See Part IV, line 11		4,486,619	12	3,137,200
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		202,289	15	198,699
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		127,085,664	16	138,333,482
Liabilities	17	Accounts payable and accrued expenses		4,019,725	17	3,564,094
	18	Grants payable			18	
	19	Deferred revenue		7,425,292	19	8,147,998
	20	Tax-exempt bond liabilities		13,145,000	20	12,595,000
	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		3,932,725	24	3,932,725
	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		58,985	25	472,120
	26	**Total liabilities.** Add lines 17 through 25		28,581,727	26	28,711,937
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		97,178,777	27	108,298,874
	28	Temporarily restricted net assets		385,606	28	377,538
	29	Permanently restricted net assets		939,554	29	945,133
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		98,503,937	33	109,621,545
	34	Total liabilities and net assets/fund balances		127,085,664	34	138,333,482

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	60,142,160
2	Total expenses (must equal Part IX, column (A), line 25)	2	46,889,571
3	Revenue less expenses Subtract line 2 from line 1	3	13,252,589
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	98,503,937
5	Net unrealized gains (losses) on investments	5	-2,023,422
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	-111,559
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	109,621,545

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

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

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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID HOOPER PAST PRESIDENT/ CHAIR, MEETINGS BOARD	2 00	X		X				0	0	0
JEFFREY F MILLER PRESIDENT/PAST PRESIDENT	2 00	X		X				0	0	0
TIMOTHY DONOHUE PRESIDENT-ELECT	2 00	X		X				0	0	0
JO HANDELSMAN PRESIDENT-ELECT	2 00	X		X				0	0	0
JOSEPH CAMPOS SECRETARY	2 00	X		X				0	0	0
JAMES M TIEDJE TREASURER	2 00	X		X				0	0	0
NEIL R BAKER CHAIR, EDUCATION BOARD	2 00	X						0	0	0
VICTOR DIRITA CHAIR, MEMBERSHIP BOARD	2 00	X						0	0	0
THOMAS E SHENK CHAIR, JOURNALS BOARD	2 00	X						0	0	0
MAY CHU CHAIR, INTERNATIONAL BOARD	2 00	X						0	0	0
BONNIE BASSLER ACADEMY CHAIR	2 00	X						0	0	0
ROBERT V MILLER AT-LARGE MBR (BRANCHES)	2 00	X						0	0	0
KAREN S COATS AT-LARGE MBR (BRANCHES)	2 00	X						0	0	0
KHRYSTYNE DUDDLESTON BRANCH COUNCILOR	1 00	X						0	0	0
CHRISTINA KELLOGG AT-LARGE MBR (BRANCHES)	2 00	X						0	0	0
RODNEY KING BRANCH COUNCILOR	1 00	X						0	0	0
JOAN SAGURTON BRANCH COUNCILOR	1 00	X						0	0	0
PAULETTE M HOWARTH BRANCH COUNCILOR	1 00	X						0	0	0
STEPHEN J LIBBY BRANCH COUNCILOR	1 00	X						0	0	0
MILLICENT GOLDSCHMIDT BRANCH COUNCILOR	1 00	X						0	0	0
WADE BELL BRANCH COUNCILOR/AT-LARGE (BRANCHES)	2 00	X						0	0	0
MICHELE SWANSON AT-LARGE MBR (DIVISIONS)	2 00	X						0	0	0
JUDITH C LOVCHIK AT-LARGE MBR (DIVISIONS)	2 00	X						0	0	0
MARYLYNN YATES AT-LARGE MBR (DIVISIONS)	2 00	X						0	0	0
ROBERTO KOLTER CHAIR, PUBLIC & SCIENTIFIC	2 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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RONALD ATLAS CHAIR, PUBLIC & SCIENTIFIC	2 00	X						0	0	0
FERRAN GARCIA-PICHEL BRANCH COUNCILOR	1 00	X						0	0	0
RUTH A GYURE 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
LAURA TUHELA-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
LAURA REGASSA BRANCH COUNCILOR	1 00	X						0	0	0
SLAVA EPSTEIN DIVISION COUNCILOR	1 00	X						0	0	0
PRAKASH S MASUREKAR BRANCH COUNCILOR	1 00	X						0	0	0
CHRISTINE WEINGART BRANCH COUNCILOR	1 00	X						0	0	0
DAVID BUCKALEW BRANCH COUNCILOR	1 00	X						0	0	0
DIANE DRYJA BRANCH COUNCILOR	1 00	X						0	0	0
LINDA BRUNO BRANCH COUNCILOR	1 00	X						0	0	0
LUIS A RIOS-HERNANDEZ BRANCH COUNCILOR	1 00	X						0	0	0
MATTHEW DOMEK BRANCH COUNCILOR	1 00	X						0	0	0
MICHAEL COSTELLO BRANCH COUNCILOR	1 00	X						0	0	0
MIN-KEN LIAO BRANCH COUNCILOR	1 00	X						0	0	0
MIR NOORBASH BRANCH COUNCILOR	1 00	X						0	0	0
MIRIAM ST CLAIR BRANCH COUNCILOR	1 00	X						0	0	0
MOHAMED ELASRI BRANCH COUNCILOR	1 00	X						0	0	0
MYA BREITBART BRANCH COUNCILOR	1 00	X						0	0	0
PAUL M FOX 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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PHILLIP J LUCIDO BRANCH COUNCILOR	1 00	X						0	0	0
RAFAEL TOSADO ACEVEDO BRANCH COUNCILOR	1 00	X						0	0	0
REBECCA BELL BRANCH COUNCILOR	1 00	X						0	0	0
REBECCA V FERRELL BRANCH COUNCILOR	1 00	X						0	0	0
SILVIA A PINEIRO BRANCH COUNCILOR	1 00	X						0	0	0
STEVE YOUNG BRANCH COUNCILOR	1 00	X						0	0	0
TRACY NICHOLSON BRANCH COUNCILOR	1 00	X						0	0	0
EARL BLEWETT BRANCH COUNCILOR	1 00	X						0	0	0
WENDY WILSON BRANCH COUNCILOR	1 00	X						0	0	0
WILLIAM SELF BRANCH COUNCILOR	1 00	X						0	0	0
ECE KARATAN BRANCH COUNCILOR	1 00	X						0	0	0
J MICHAEL HENSON BRANCH COUNCILOR	1 00	X						0	0	0
JENNIFER METZLER BRANCH COUNCILOR	1 00	X						0	0	0
JOAN ROSE BRANCH COUNCILOR	1 00	X						0	0	0
KIMBERLEE MUSSER BRANCH COUNCILOR	1 00	X						0	0	0
BARBARA ELLEN ROBINSON-DUNN DIVISION COUNCILOR	1 00	X						0	0	0
CARLOS E CATALANO DIVISION COUNCILOR	1 00	X						0	0	0
CONNIE S PRICE DIVISION COUNCILOR	1 00	X						0	0	0
DANIEL B KEARNS DIVISION COUNCILOR	1 00	X						0	0	0
DENISE A PETTIT DIVISION COUNCILOR	1 00	X						0	0	0
DESHRATN ASTHANA DIVISION COUNCILOR	1 00	X						0	0	0
ESTHER ANGERT DIVISION COUNCILOR	1 00	X						0	0	0
FRANCISCO DIEZ-GONZALEZ DIVISION COUNCILOR	1 00	X						0	0	0
FRANK BURNS DIVISION COUNCILOR	1 00	X						0	0	0
GEORGE F SPRAGUE JR 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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GEORGE M GARRITY DIVISION COUNCILOR	1 00	X						0	0	0
GERBEN J ZYLSTRA DIVISION COUNCILOR	1 00	X						0	0	0
GRAHAM HATFULL DIVISION COUNCILOR	1 00	X						0	0	0
HANNA M WEXLER DIVISION COUNCILOR	1 00	X						0	0	0
JEFFREY D ALDER DIVISION COUNCILOR	1 00	X						0	0	0
JENNIFER K LODGE DIVISION COUNCILOR	1 00	X						0	0	0
JILL STEWART DIVISION COUNCILOR	1 00	X						0	0	0
JOEL E KOSTKA DIVISION COUNCILOR	1 00	X						0	0	0
JOERG GRAF DIVISION COUNCILOR	1 00	X						0	0	0
JOHN I GLASS DIVISION COUNCILOR	1 00	X						0	0	0
JOHN R PERFECT DIVISION COUNCILOR	1 00	X						0	0	0
JOHN T PATTON DIVISION COUNCILOR	1 00	X						0	0	0
KAREN OTTEMANN DIVISION COUNCILOR	1 00	X						0	0	0
KARSTEN ZENGLER DIVISION COUNCILOR	1 00	X						0	0	0
KEVIN S MCIVER DIVISION COUNCILOR	1 00	X						0	0	0
LAURA MAYS HOOPES DIVISION COUNCILOR	1 00	X						0	0	0
LAWRENCE K SILBART DIVISION COUNCILOR	1 00	X						0	0	0
LESLIE J PARENT DIVISION COUNCILOR	1 00	X						0	0	0
LINDSEY M HUTT-FLETCHER DIVISION COUNCILOR	1 00	X						0	0	0
LOU A LAIMINS DIVISION COUNCILOR	1 00	X						0	0	0
MARVIN WHITELEY DIVISION COUNCILOR	1 00	X						0	0	0
MAYA SALEH DIVISION COUNCILOR	1 00	X						0	0	0
MECKY POHLSCHRODER DIVISION COUNCILOR	1 00	X						0	0	0
MICHAEL LEVANDOWSKY DIVISION COUNCILOR	1 00	X						0	0	0
MICHAEL PENTELLA 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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MIRIAM BRAUNSTEIN DIVISION COUNCILOR	1 00	X						0	0	0
MOON H NAHM DIVISION COUNCILOR	1 00	X						0	0	0
NICHOLAS P CIANCIOTTO DIVISION COUNCILOR	1 00	X						0	0	0
NICOLE PERNA DIVISION COUNCILOR	1 00	X						0	0	0
PETER J MURRAY DIVISION COUNCILOR	1 00	X						0	0	0
PETER J MYLER DIVISION COUNCILOR	1 00	X						0	0	0
RACHEL J WHITAKER DIVISION COUNCILOR	1 00	X						0	0	0
ROBERT W BAUMAN DIVISION COUNCILOR	1 00	X						0	0	0
SABINE EHRT DIVISION COUNCILOR	1 00	X						0	0	0
SHAWN BEARSON DIVISION COUNCILOR	1 00	X						0	0	0
SHELDON M CAMPBELL DIVISION COUNCILOR	1 00	X						0	0	0
SHELLEY C RANKIN DIVISION COUNCILOR	1 00	X						0	0	0
SIDNEY R KUSHNER DIVISION COUNCILOR	1 00	X						0	0	0
STEPHEN G WEBER DIVISION COUNCILOR	1 00	X						0	0	0
SUSAN ROSENBERG DIVISION COUNCILOR	1 00	X						0	0	0
TYRRELL CONWAY DIVISION COUNCILOR	1 00	X						0	0	0
UPINDER SINGH DIVISION COUNCILOR	1 00	X						0	0	0
ZEMER GITAI DIVISION COUNCILOR	1 00	X						0	0	0
ZONGLIN LIU DIVISION COUNCILOR	1 00	X						0	0	0
ANN GRASMICK BRANCH COUNCILOR	1 00	X						0	0	0
ANN MARIE FURDOCK BRANCH COUNCILOR	1 00	X						0	0	0
ANNA R OLLER BRANCH COUNCILOR	1 00	X						0	0	0
AUDREY SCHUETZ BRANCH COUNCILOR	1 00	X						0	0	0
BONNIE JO BRATINA BRANCH COUNCILOR	1 00	X						0	0	0
JANICE MATTHEWS-GREER DIVISION COUNCILOR AT-LARGE	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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KIRSTEN ST GEORGE DIVISION COUNCILOR AT-LARGE	1 00	X						0	0	0
MICHAEL DONNENBERG DIVISION COUNCILOR AT-LARGE	1 00	X						0	0	0
MIKE MCINERNEY DIVISION COUNCILOR AT-LARGE	1 00	X						0	0	0
SUZANNE FLEISZIG DIVISION COUNCILOR AT-LARGE	1 00	X						0	0	0
VALERIE J HARWOOD DIVISION COUNCILOR AT-LARGE	1 00	X						0	0	0
YVONNE SALFINGER DIVISION COUNCILOR AT-LARGE	1 00	X						0	0	0
JAMES MAKI DIVISION COUNCILOR AT-LARGE	1 00	X						0	0	0
MICHAEL GOLDBERG EXECUTIVE DIRECTOR	37 50			X				564,203	0	51,632
NANCY SANSALONE DEPUTY EXECUTIVE DIRECTOR	37 50			X				330,575	0	51,694
BARBARA GOLDMAN DIRECTOR, JOURNALS	37 50				X			249,686	0	40,881
CONNIE HERNDON DIRECTOR, MEETINGS	37 50				X			207,995	0	34,824
JASON RAO DIRECTOR, INTERNATIONAL AFFAIRS	37 50				X			225,774	0	29,688
AMY CHANG DIRECTOR, EDUCATION	37 50				X			199,340	0	47,029
CHRISTINE CHARLIP DIRECTOR, ASM PRESS	37 50					X		186,833	0	33,442
RON BUTLER DIRECTOR, INFORMATION SYSTEMS	37 50					X		204,596	0	46,771
JANET BAUSILI DIRECTOR, PUBLIC AFFAIRS	37 50					X		232,832	0	48,717
CHARLES PALMER DIRECTOR, FINANCE	37 50					X		179,278	0	33,543
KIM SHANKLE DIRECTOR, HUMAN RESOURCES	37 50					X		190,062	0	45,868

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

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

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

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

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

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	6,018,303	5,846,083	5,782,528	6,613,826	8,398,686	32,659,426
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	41,375,272	41,178,887	39,055,868	39,470,499	38,084,843	199,165,369
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	47,393,575	47,024,970	44,838,396	46,084,325	46,483,529	231,824,795
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 **Public support** (Subtract line 7c from line 6)						231,824,795

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	47,393,575	47,024,970	44,838,396	46,084,325	46,483,529	231,824,795
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,430,051	3,401,766	3,557,138	3,434,283	3,115,127	16,938,365
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	148,911	122,748	175,115	156,071	160,232	763,077
c Add lines 10a and 10b	3,578,962	3,524,514	3,732,253	3,590,354	3,275,359	17,701,442
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	53,050	83,949	72,055	59,718	71,484	340,256
13 **Total support.** (Add lines 9, 10c, 11, and 12)	51,025,587	50,633,433	48,642,704	49,734,397	49,830,372	249,866,493

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	92 780 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	92 510 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	7 080 %
18 Investment income percentage from **2012** Schedule A, Part III, line 17	18	6 520 %

19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** 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		
Return Reference	Explanation	

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ 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)

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

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

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

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

b If "Yes," explain the arrangement in Part 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
1a	Beginning of year balance	939,554	934,554	930,054	930,054	900,054
b	Contributions	5,579	5,000	4,500		30,000
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	945,133	939,554	934,554	930,054	930,054

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

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,383,569		6,383,569
b Buildings		18,343,413	7,707,137	10,636,276
c Leasehold improvements				
d Equipment		5,917,588	3,001,659	2,915,929
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				19,935,774

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
SECURITY DEPOSITS - TENANTS	33,985
DEFERRED COMPENSATION	438,135
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	472,120

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	61,308,507
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-2,023,422		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	3,205,571		
e	Add lines **2a** through **2d**			2e	1,182,149
3	Subtract line **2e** from line **1**			3	60,126,358
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	15,802		
c	Add lines **4a** and **4b**			4c	15,802
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	60,142,160

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	50,190,899
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	3,317,130		
e	Add lines **2a** through **2d**			2e	3,317,130
3	Subtract line **2e** from line **1**			3	46,873,769
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	15,802		
c	Add lines **4a** and **4b**			4c	15,802
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	46,889,571

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	INTENDED USES OF ENDOWMENT FUNDS INCLUDE TEACHER AND SCIENTIST AWARDS, SUPPORT OF EDUCATIONAL PROGRAMS AND SUPPORT FOR TRAVEL
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 647,340 ASM RESOURCES, INC REVENUE 80,662 COST OF GOODS SOLD 2,477,569
PART XI, LINE 4B - OTHER ADJUSTMENTS	ELIMINATION ENTRY 15,802
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES NETTED AGAINST GROSS RENTAL INCOME 647,340 ASM RESOURCES, INC EXPENSE 192,221 COST OF GOODS SOLD 2,477,569
PART XII, LINE 4B - OTHER ADJUSTMENTS	ELIMINATION ENTRY 15,802

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
AMERICAN SOCIETY FOR MICROBIOLOGY

Employer 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 its grants and other 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 its grants and other assistance outside the United States.

3 Activites 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
(1) SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	EQUIPMENT TRAINING	3,374,735
(2) RUSSIA & THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	EQUIPMENT TRAINING	86,873
(3) SOUTH AMERICA	0	0	PROGRAM SERVICES	EQUIPMENT TRAINING	67,043
(4) EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	EQUIPMENT TRAINING	66,601
(5) CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	EQUIPMENT TRAINING	228,860
3a Sub-total	0	0			3,824,112
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			3,824,112

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.

1 **(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

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

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

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

	(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)	CASH GRANTS AND EXPENSE REIMBURSEMENT FOR PURPOSE OF OVERSEAS TRAINING	EAST ASIA AND THE PACIFIC	23	31,273	CHECK OR WIRE			
(2)	CASH GRANTS AND EXPENSE REIMBURSEMENT FOR PURPOSE OF OVERSEAS TRAINING	EUROPE	96	106,035	CHECK OR WIRE			
(3)	CASH GRANTS AND EXPENSE REIMBURSEMENT FOR PURPOSE OF OVERSEAS TRAINING	SOUTH AMERICA	9	13,143	CHECK OR WIRE			
(4)	CASH GRANTS AND EXPENSE REIMBURSEMENT FOR PURPOSE OF OVERSEAS TRAINING	SOUTH ASIA	12	45,102	CHECK OR WIRE			
(5)	CASH GRANTS AND EXPENSE REIMBURSEMENT FOR PURPOSE OF OVERSEAS TRAINING	SUB-SAHARAN AFRICA	6	12,175	CHECK OR WIRE			
(6)	CASH GRANTS AND EXPENSE REIMBURSEMENT FOR PURPOSE OF OVERSEAS TRAINING	NORTH AMERICA	29	49,950	CHECK OR WIRE			
(7)	CASH GRANTS AND EXPENSE REIMBURSEMENT FOR PURPOSE OF OVERSEAS TRAINING	CENTRAL AMERICA AND THE CARIBBEAN	2	2,031	CHECK OR WIRE			
(8)	CASH GRANTS AND EXPENSE REIMBURSEMENT FOR PURPOSE OF OVERSEAS TRAINING	MIDDLE EAST AND NORTH AFRICA	3	5,880	CHECK OR WIRE			
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								

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, Information 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**

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).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	THE ORGANIZATION REQUIRES DOCUMENTATION OF ALL GRANT EXPENDITURES

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 3	EXPENDITURES ARE RECORDED BASED ON THE REGION IN WHICH THE EXPENSES WERE INCURRED THIS BREAKOUT IS USED TO PROVIDE DETAIL FOR SCHEDULE F

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
AMERICAN SOCIETY FOR MICROBIOLOGY

Employer identification number
38-1616141

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 SUITE 50 SEATTLE,WA 98109	91-0961784	501(C)(3)	21,000				POST DOCTORATE FELLOW STIPEND
(2) VIRGINA COMMONWEALTH UNIVERSITY PO BOX 843075 RICHMOND,VA 23284	54-0757884	501(C)(3)	21,000				POST DOCTORATE FELLOW STIPEND
(3) TULANE UNIVERSITY 6823 ST CHARLES AVENUE NEW ORLEANS,LA 70118	72-0423889	501(C)(3)	15,000				POST DOCTOARATE FELLOW STIPEND
(4) NATIONAL ACADEMY OF SCIENCE 2101 CONSTITUTION AVENUE NW WASHINGTON,DC 20418	53-0196932	501(C)(3)	15,000				SUPPORT FORUM ON MICROBIAL THREATS
(5) CALIFORNIA-SAN FRANCISCO 1855 FOLSOM ST SUITE 425 SAN FRANCISCO,CA 94143	94-3067788	501(C)(3)	15,000				POST DOCTORATE FELLOW STIPEND
(6) UNIVERSITY OF COLORADO 12700 E 19TH AVE AURORA,CO 80045	84-6000555	501(C)(3)	10,500				POST DOCTORATE FELLOW STIPEND

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 6

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 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	804	783,170			

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	THE ORGANIZATION REQUIRES DOCUMENTATION OF ALL GRANT EXPENDITURES

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
AMERICAN SOCIETY FOR MICROBIOLOGY

Employer identification number
38-1616141

Part I Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use 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

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

Return Reference	Explanation
PART I, LINE 1B	IT IS ASM'S PRACTICE TO PROVIDE TAX GROSS-UP PAYMENTS FOR CERTAIN PAYMENTS TO EMPLOYEES, SUCH AS PAYMENTS FOR BONUSES ALTHOUGH A WRITTEN POLICY DOES NOT EXIST, GROSS-UP PAYMENTS ARE CONSISTANTLY PAID ON ALL SUCH TRANSACTIONS

Additional Data

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 EXECUTIVE DIRECTOR	(I) (II)	470,739 0	0 0	93,464 0	33,500 0	18,132 0	615,835 0	0 0
NANCY SANSALONE DEPUTY EXECUTIVE DIRECTOR	(I) (II)	330,575 0	0 0	0 0	33,728 0	17,966 0	382,269 0	0 0
BARBARA GOLDMAN DIRECTOR, JOURNALS	(I) (II)	249,686 0	0 0	0 0	31,972 0	8,909 0	290,567 0	0 0
CONNIE HERNDON DIRECTOR, MEETINGS	(I) (II)	207,995 0	0 0	0 0	26,499 0	8,325 0	242,819 0	0 0
JASON RAO DIRECTOR, INTERNATIONAL AFFAIRS	(I) (II)	223,433 0	2,000 0	341 0	14,270 0	15,418 0	255,462 0	0 0
AMY CHANG DIRECTOR, EDUCATION	(I) (II)	199,340 0	0 0	0 0	24,787 0	22,242 0	246,369 0	0 0
CHRISTINE CHARLIP DIRECTOR, ASM PRESS	(I) (II)	185,042 0	1,000 0	791 0	18,150 0	15,292 0	220,275 0	0 0
RON BUTLER DIRECTOR, INFORMATION SYSTEMS	(I) (II)	204,596 0	0 0	0 0	25,781 0	20,990 0	251,367 0	0 0
JANET BAUSILI DIRECTOR, PUBLIC AFFAIRS	(I) (II)	232,832 0	0 0	0 0	30,257 0	18,460 0	281,549 0	0 0
CHARLES PALMER DIRECTOR, FINANCE	(I) (II)	179,278 0	0 0	0 0	18,565 0	14,978 0	212,821 0	0 0
KIM SHANKLE DIRECTOR, HUMAN RESOURCES	(I) (II)	190,062 0	0 0	0 0	23,838 0	22,030 0	235,930 0	0 0

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
AMERICAN SOCIETY FOR MICROBIOLOGY

Employer identification number
38-1616141

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	
FORM 990, PART VI, SECTION A, LINE 7A	CONTRIBUTING, SUPPORTING, PREMIUM, EMERITUS, POSTDOCTORAL, AND HONORARY MEMBERS ARE ENTITL ED TO PARTICIPATE IN THE BALLOTING FOR ELECTED OFFICERS
FORM 990, PART VI, SECTION B, LINE 11	THE DIRECTOR OF FINANCIAL OPERATIONS WORKS CLOSELY WITH THE ORGANIZATION'S AUDIT AND ACCOU NTING FIRM IN PREPARING THE FORM 990 AND REVIEWS THE RETURN ALONG WITH THE DEPUTY EXECUTIV E DIRECTOR 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 CO UNCIL (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 V OTE
FORM 990, PART VI, SECTION B, LINE 15	ALL PAID EMPLOYEES INCLUDING THE EXECUTIVE DIRECTOR ARE SUBJECT TO THE SAME PROCESS COMPE NSATION LEVELS AND ANNUAL INCREASES ARE BASED ON REPORTS FROM INDEPENDENT CONSULTANTS THE IR RECOMMENDATIONS ARE REVIEWED BY THE HEADQUARTERS ADVISORY COMMITTEE, ADJUSTED IF APPROP RIATE AND SENT TO THE FINANCE COMMITTEE FOR APPROVAL FINAL APPROVAL FOR ALL EXPENSES INCL UDING 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
FORM 990, PART IX, LINE 11G	ALLOCATED OVERHEAD PROGRAM SERVICE EXPENSES 8,621,759 MANAGEMENT AND GENERAL EXPENSES 1, 725,430 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 10,347,189
FORM 990, PART XI, LINE 9	INCOME FROM INVESTMENT IN WHOLLY OWNED SUBSIDIARY -111,559
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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
AMERICAN SOCIETY FOR MICROBIOLOGY

Employer identification number
38-1616141

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on 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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) CLINCO LLC 500 N MICHIGAN AVENUE SUITE 800 CHICAGO, IL 60611 46-1743460	DEVELOPING SOFTWARE/APPS FOR USE IN LABS	IL	N/A	N/A				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) ASM RESOURES INC 1752 N STREET NW SUITE 506 WASHINGTON, DC 20036 52-2247312	CONSULTING	DC	N/A	C	80,662	1,848,917	100 000 %	Yes	

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

		Yes	No
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 orgranization 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	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on 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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation