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DLN: 93493266007156

OMB No 1545-0047

Form **990**

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public

Return of Organization Exempt From Income Tax

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

Open to Public Inspection

		calendar year, or tax year beg	ginning 01-01-2015 , and ending 12-31-	2015	D Emple	war idanti	ification number		
Add	eck if applicable Tress change	AMERICAN SOCIETY FOR BIOC MOLECULAR BIOLOGY INC		52-6050165					
	ne change ıal return	Doing business as							
Fina			ox if mail is not delivered to street address) Roon	n/suite	E Teleph	one numbe	r		
retu	ırn/termınated	11200 ROCKVILLE PIKE NO 30	02		(240)	283-66	00		
	ended return Dication pendin	ROCKVILLE, MD 20852	e, country, and ZIP or foreign postal code		G Gross i	receipts \$ 3	6,923,751		
APF	nication pendin	F Name and address o	of principal officer	11/-> -					
		BARBARA GORDON			s this a group subordinates?		or □Yes ▽ No		
		11200 ROCKVILLE PI ROCKVILLE, MD 2085		II .	Are all subord	ınates	□Yes □No		
					ncluded? If "No," attach	ı a lıst (s	ee instructions)		
[Ta:	x-exempt statı	us 501(c)(3) 501(c) () ◀ (insert no)	H(c)	Group exempt	ion numb	oer ►		
J W	ebsite: ► W	/WW ASBMB ORG							
		on 🔽 Corporation 🗌 Trust 🗀 Ass	ociation Cther 🕨	L Year	of formation 19	919 M St	ate of legal domicile NY		
Pa		mmary	ssion or most significant activities						
. Governance	LABORA WORKS	ATORIES OR NONPROFIT R FOR INDUSTRY	ES AND UNIVERSITIES OTHERS CON ESEARCH INSTITUTIONS A SMALL B	UT GROWIN	IG FRACTION	OFTHE	: MEMBERSHIP		
Activities &		,			,	ı			
Ē	l		verning body (Part VI, line 1a)			3	16 16		
ť	l		d in calendar year 2015 (Part V, line 2a			5	55		
			e if necessary)			6	0		
			om Part VIII, column (C), line 12			7a	142,734		
	b Net unre	elated business taxable incon	ne from Form 990-T, line 34			7b	4,497		
					Prior Year	600	Current Year		
ā		• ,	<pre>III, line 1h)</pre>		14,663,	688	35,000 13,951,175		
Revenue	,			(A), lines 3, 4, and 7d)					
æ			n (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						
		al revenue—add lines 8 throug	gh 11 (must equal Part VIII, column (A),	line	19,678,	320	18,025,789		
	12) 13 Gran	nts and similar amounts haid	(Part IX, column (A), lines 1-3)		370,	843	277,716		
	l		Part IX, column (A), line 4)		370,	0	277,710		
76	15 Sala	ries, other compensation, em	iployee benefits (Part IX, column (A), line		4,440,	716	4,775,228		
¥ 2	5-1 16a Prof	•		.,,	0	0			
Expenses			undraising expenses (Part IX, column (A), line 11e)						
ш		= *	(A), lines 11a-11d, 11f-24e)	- -	9,594,	9,220,316			
	18 Tota	al expenses Add lines 13-17	' (must equal Part IX, column (A), line 25	5)	14,406,	541	14,273,260		
. 09	19 Rev	enue less expenses Subtract	line 18 from line 12		5,271,	779	3,752,529		
Net Assets or Fund Balances				Beginn	ing of Current	Year	End of Year		
¥ 20 20 20 20 20 20 20 20 20 20 20 20 20					81,442,		80,053,888		
2 E				• •	7,727,		6,959,692		
		assets or fund balances Sub nature Block	tract line 21 from line 20		73,714,	054	73,094,196		
Unde my kr	r penalties on nowledge an rer has any	of perjury, I declare that I have defined, it is true, correct, and knowledge	re examined this return, including accom d complete Declaration of preparer (othe				•		
		RBARA GORDON EXECUTIVE DIRECT The or print name and title	IUK						
_		Print/Type preparer's name JOHN HUSKINS	Preparer's signature JOHN HUSKINS	Date 2016-09-22	Check If	PTIN P0108153	31		
Paid		Firm's name F JOHNSON LAMBE		1	self-employed Firm's EIN F 5				
	parer	Firm's address • 4242 SIX FORKS			Phone no (919				
use	Only	RALEIGH, NC 27609							

May the IRS discuss this return with the preparer shown above? (see instructions)

. . ▼Yes 下No

Par		ent of Program Service A			
1		the organization's mission	or note to any line in this Part III	<u> </u>	
THR MOL ADV	OUGH THE PUBLI ECULAR & CELLU OCACY FOR FUN	ICATION OF SCIENTIFIC AND JLAR PROTEOMICS, AND THE DING OF BASIC RESEARCH A	ADVANCE THE SCIENCE OF BIODED COMMON AND EDUCATIONAL JOURNALS THE JOURNAL OF LIPID RESEARCH, ND EDUCATION, SUPPORT OF SUTERING THE SCIENTIFIC WORK	E JOURNAL OF BIOLOGICAL (ORGANIZATION OF SCIENTI CIENCE EDUCATION AT ALL	CHEMISTRY, FIC MEETINGS,
2	the prior Form 99	90 or 990-EZ?	rogram services during the year whi		Yes ▼No
	· ·	e these new services on Schedu			
3	services?		significant changes in how it condu · · · · · · · · · · · ·	cts, any program	Yes 🔽 No
4	Describe the org		omplishments for each of its three anizations are required to report the program service reported		
4a	SCIENTISTS, STUD TOTALS OVER 30,0 PUBLICATION GO T ADDITION, ASBMB AFFAIRS AND MATT ANNUAL MEETING, ISSUES IN THE FIE SCIENTIFIC PAPER FIELD, INCLUDING ACTIVITIES ARE OF AND REGULATORY SOCIETY'S VIEWS OF FOCUSES ON EDUC REPRESENTED MIN OPPORTUNITIES IN CONSIDERING PUR IN BIOCHEMISTRY INSTITUTIONS WOU EDUCATION MATTE FIELDS IN ADDITIO (MIST), A WASHING MIST SERVES AS A	SEVERAL SCHOLARLY JOURNALS, THE JENTS, AND SCHOLARLY INSTITUTIONS 00 PAGES PER YEAR OF ORIGINAL RESIDENCE AND AN EXTENSIVE PEER-REVIEW PUBLISHES A MONTHLY MEMBER MAGAIERS OF BROAD INTEREST TO THE MENTER AND MOLECULAR SET WHICH ITS MEMBERS AND OTHER IN LID OF BIOCHEMISTRY AND MOLECULAR SET WARDS BY MERCK, SCHERING-PLOUG AWARDS BY MERCK, SCHERING-PLOUG AWARDS OF INTEREST TO THE SOCIETY ON ISSUES OF INTEREST TO THE BIOCH CATION AND PROFESSIONAL DEVELOPM IORITIES IN THE BIOCHEMICAL FIELD IN BIOCHEMISTRY OF FOR UNDERGRADUATES, AND HAS SUFULD LIKE PROSPECTIVE STUDENTS OF EAS AS THEY PERTAIN TO AFRICAN, HIS IN TO THE ABOVE COMMITTEE ACTIVITIGOTON-BASED COALITION OF SCIENCE OF THE WARDS AND BASED COALITION OF SCIENCE OF THE METAL AND BASED COALITION OF SCIENCE OF THE	1,975,973 Including grants of \$ OURNAL OF BIOLOGICAL CHEMISTRY, WHI THE JOURNAL IS PUBLISHED WEEKLY, AND EARCH REPORTS ON BIOCHEMISTRY AND N PROCESS INVOLVING SOME OF THE MORE ZINE, ASBMB TODAY THIS MAGAZINE FOCU ABERSHIP, SUCH AS COMMITTEE ACTIVITIE DISTINGUISHED SCIENTISTS PRESENT SCH REBIOLOGY THE 2015 MEETING HAD AN ATT ASBMB MAKES A NUMBER OF GRANTS AND GH AND AVANTI ASBMB HAS A NUMBER OF ICC AFFAIRS ADVISORY COMMITTEE IS RESP THE COMMITTEE IS ALSO RESPONSIBLE F HEMICAL RESEARCH COMMUNITY THE EDUC ENT ISSUES IN GENERAL, AS WELL AS THE THE COMMITTEE HAS PUBLISHED A CAREEF LOGY THIS BROCHURE IS AIMED AT HIGH THE REPORT OF THE MINORITY EVEYED GRADUATE SCHOOLS AND THE BIOT EMPLOYEES TO HAVE TAKEN THE MINORITY SPANIC, AND NATIVE AMERICAN STUDENTS ES, ASBMB IS ONE OF THE FOUNDING ORG DRIGHNITH OF THE VARIO IN WHICH ASBMB PARTICIPATES	O IS ALSO AVAILABLE ON THE WORLDWINGLECULAR BIOLOGY ALL SCIENTIFIC FOR THAN 850 MEMBERS OF THE JOURNAL SEES ON INTERNAL SOCIETY NEWS, AS AND EDUCATIONAL INITIATIVES ASBIOLARLY PAPERS AND DISCUSS CURREFEED AND ASSESSIONAL OF APPROXIMATELY 3,500 AWARDS TO PROMISING SCIENTISTS I SUBCOMMITTEES THROUGH WHICH A ONSIBLE FOR MONITORING AND COMMOR WORKING WITH THE NEWS MEDIA CATION AND PROFESSIONAL DEVELOPM PARTICULAR PROBLEMS FACED BY WORKING ENTITLED UNLOCKING LES COMMITTEE HAS PREPARED A RECOIFICHNOLOGY INDUSTRY ON WHAT COLY AFFAIRS COMMITTEE TAKES A STROIF VERY FEW PERSONS FROM THESE GEANIZATIONS OF MINORITIES IN SCIENTING MINORITY EXPOSURE TO (AND PARTICULAR)	IDE WEB THIS JOURNA PAPERS SUBMITTED FO I'S EDITORIAL BOARD IN WELL AS PUBLIC MB ALSO HOLDS AN AT RESEARCH AND APPROXIMATELY 1,200 IN THE BIOCHEMISTRY WIDE VARIETY OF IENTING ON LEGISLATIN TO PUBLICIZE THE IENT COMMITTEE MEN AND UNDER- IFE'S SECRETS CAREE ATES WHO MAY BE MENDED CURRICULUI JRSES THESE ING INTEREST IN ROUPS ENTER THE CES AND TECHNOLOGY FICIPATION IN) SCIENCE
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program : (Expenses \$	services (Describe in Schedule including	•) (Revenue \$)
			975,973		-

			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		No
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		Νo
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-19$? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νo
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	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
	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
	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
	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	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, 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	Yes	
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		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (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? <i>If "Yes," complete Schedule G, Part II</i>	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		

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Par	t 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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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? <i>If "Yes," complete Schedule J.</i>	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
h	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28a		No
	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? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule M</i>	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? <i>If "Yes," complete Schedule R, Part I</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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		
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		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		Yes	

	990 (2015)			Page
Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			г
	Check it selecture o contains a response of flote to any line in this fart v	<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 87	7		
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b)		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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	5		
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?	За	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 ▶			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	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?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	file Form 8282?	о 7 с		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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	s 7g		
h	required?			
8	Form 1098-C?	7h		
	during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
D	facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
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			
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	13a		
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
L-	If "Vac " has it filed a Form 730 to report these payments 2 if "No " provide an evaluation in Schodule O	1.46		

Se	ction 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 16			
	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 16			
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 7b	Yes	No
	or persons other than the governing body?	7.5		NO
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	<u>even</u> u		
		$\overline{}$	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
Ь	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		
l1a	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			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
L3	Did the organization have a written whistleblower policy?	13		No
. 4	Did the organization have a written document retention and destruction policy?	14		No
L5	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?			
а	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)			
L6a	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		
Se	ection C. Disclosure			
L 7	List the States with which a copy of this Form 990 is required to be filed ► NY			
L8	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)			
L9	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			

State the name, address, and telephone number of the person who possesses the organization's books and records ►BARBARA A GORDON 11200 ROCKVILLE PIKE SUITE 302 ROCKVILLE, MD 20852 (240) 283-6600

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

- 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

	1	1					1			
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot	not box h ar or/tr	cheric e unific e unific e unific e enific e enific e enific e enific e enific e	ess er e)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) STEVEN MCKNIGHT PRESIDENT	5 00	х		х				0	0	0
(2) NATALIE AHN PRESIDENT-ELECT	5 00	х		х				0	0	0
(3) JEREMY M BERG PAST PRESIDENT	5 00	х		х				0	0	0
(4) KAREN ALLEN SECRETARY	5 00	х		х				0	0	0
(5) TONI M ANTALIS TREASURER	5 00	х		х				0	0	0
(6) SQUIRE J BOOKER COUNCILOR	1 00	х						0	0	0
(7) WAYNE FAIRBROTHER COUNCILOR (FROM JUN '15)	1 00	х						0	0	0
(8) KAREN FLEMING COUNCILOR	1 00	х						0	0	0
(9) GREGORY GATTO COUNCILOR	1 00	х						0	0	0
(10) RACHEL GREEN COUNCILOR (FROM JUN '15)	1 00	х						0	0	0
(11) DANIEL LEAHY COUNCILOR	1 00	х						0	0	0
(12) SUSAN MARQUSEE COUNCILOR (FROM JUN '15)	1 00	х						0	0	0
(13) ANJANA RAO COUNCILOR	1 00	х						0	0	0
(14) JARED RUTTER COUNCILOR	1 00	х						0	0	0
	•	•		•			•			Form 990 (2015)

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	checl c, unle n office ustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(15) BRENDA SCHULMAN COUNCILOR	1 00	х						C	C	(
(16) MICHAEL SUMMERS COUNCILOR	1 00	х						C	C	(
(17) BARBARA A GORDON EXECUTIVE DIRECTOR	40 00			х				289,572	C	30,846
(18) STEPHEN MILLER	40 00				x			202,203	c	35,948
(19) BENJAMIN CORB PUBLIC AFFAIRS	40 00					х		132,687	C	15,031
(20) WAYNE IOBST MANAGER - IT	40 00					х		131,960	С	20,873
(21) ANGELA HOPP DIR COMMUNICATIONS	40 00					х		125,532	C	23,051
(22) MICHAEL FORCINITO CIRCULATION MANAGER	40 00					х		103,540	C	17,850
1b Sub-Total					▶					
c Total from continuation sheets to Part				•	•			985,494	0	143,599

\$100,000 of reportable compensation from the organization \blacktriangleright 6

		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		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 I for such		
	ındıvıdual	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		No

Section B. Independent Contractors

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)	(B)	(C)
Name and business address	Description of services	Compensation
CADMUS	JOURNAL PRODUCTION	2,653,174
8621 ROBERT FULTON DR STE 100		
COLUMBIA, MD 21046		
STANFORD UNIVERSITYHIGHWIRE PRESS	ONLINE JOURNAL SERVICES	727,556
1454 PAGE MILL RD		
PALO ALTO, CA 94304		
INTERCONTINENTAL THE CLEMENT MONTEREY	CONVENTION SERVICES	239,020
750 CANNERY ROW		
MONTEREY, CA 93940		
DARTMOUTH JOURNAL SERVICES	JOURNAL PRODUCTION	162,209
5 PILGRIM PARK RD		
WATERBURY, VT 05676		
RALPH BRADSHAW	MCP MANUSCRIPTS	103,263
346D MEDICAL SCIENCE		
IRVINE, CA 92697		

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 🕨 5

Part V	Ш	Statement o						
		Check if Schedu	ule O contains a respo	nse or note to any lir				<u>.</u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s Is	1a	Federated cam	paigns 1a					
Grants mounts	ь	Membership du	es 1b					
Gr:	С	Fundraising eve	ents 1c					
ffs, r A	d		zations 1d					
Gř ila		Government grants						
ns, Sirr	е	_						
utio er:	f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above	35,000				
Contributions, Giffs, and Other Similar A	g		ons included in lines					
Contributions, Giffs, Grants and Other Similar Amounts	h	1a-1f \$ Total. Add lines	s 1 a - 1 f		35,000			
C		Totali / (ad iliio)			,			
шe	2a	PUBLICATION SALE	:c	Business Code	12 400 020	12 240 022	141 006	
wer	Za b	MEMBERSHIP DUE	-	900099	12,489,838	12,348,032	141,806	
æ. Æ	_	ANNUAL MEETING			934,694	934,694		
Š.	c d	ANNOAL MEETING		900099	526,643	526,643		
₹ 8	e e	_						
ran	f	All other progra	am service revenue					
Program Serwce Revenue	•							
<u>н</u>	g		s 2a-2f		13,951,175			
	3		ome (including dividen ar amounts)		1,443,280		928	1,442,352
	4		stment of tax-exempt bond	H				
	5	Royalties	<u> </u>	🕨	98,685			98,68
			(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental						
	С	expenses Rental income						
	d	or (loss)	me or (loss)	<u></u>				
	_	True remedi medi	(i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	21,333,327					
	b	Less cost or other basis and sales expenses Gain or (loss)	18,897,962 2,435,365					
	d	Net gain or (los	ss)		2,435,365			2,435,36
Other Revenue	8a	Gross income f events (not inc \$	luding s reported on line 1c)					
ē E	_		a					
Õ	b c		penses b (loss) from fundraising	events :				
		Gross income f	rom gaming activities ne 19	events p-				
	b	Less direct ex	penses b					
	С		(loss) from gaming acti	vities				
	10a	Gross sales of						
		returns and allo	owances . a					
	ь	less costofa	oods sold b					
		_	(loss) from sales of inv	L entory ⊾				
	_	Miscellaneous		Business Code				
	11a	MISCELLANEC		900099	62,284			62,28
	b							
	С							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d		62.204			
	12	Total revenue	See Instructions .	🕨	62,284			
	_				18,025,789	13,809,369	142,734	4,038,686

		Statement of Functional Expenses				
Section	n 50:	1(c)(3) and 501(c)(4) organizations must complete all columns A	All other organiza	ations must com	plete column (A)	
		Check if Schedule O contains a response or note to any line in th	ıs Part IX			<u> </u>
		ude amounts reported on lines 6b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1		its and other assistance to domestic organizations and estic governments See Part IV, line 21	13,000	13,000		
2		its and other assistance to domestic	225,716	225,716		
3	gove	ots and other assistance to foreign organizations, foreign ernments, and foreign individuals. See Part IV, lines 15	39,000	39,000		
4		efits paid to or for members	33,000	33,000		
5	Com	pensation of current officers, directors, trustees, and employees	558,569	558,569		
6	Com (as c	pensation not included above, to disqualified persons defined under section 4958(f)(1)) and persons aribed in section 4958(c)(3)(B)	·	·		
7	Othe	er salaries and wages	3,346,114	2,840,136	505,978	
8		sion plan accruals and contributions (include section 401(k) 403(b) employer contributions)	273,480	181,018	92,462	
9	Othe	er employee benefits	344,214	279,843	64,371	
10	Payr	roll taxes	252,851	178,832	74,019	
11	Fees	for services (non-employees)				
а	Mana	agement				
b	Lega	1	6,718	4,492	2,226	
c	Acco	ounting	56,407	39,040	17,367	
d	Lobb	ying				
e	Profe	essional fundraising services See Part IV, line 17				
f		stment management fees	491,788	88,396	403,392	
g		er (If line 11g amount exceeds 10% of line 25, column (A) unt, list line 11g expenses on Schedule O)	232,106	78,447	153,659	
12		ertising and promotion	123,439	98,890	24,549	
13		e expenses	3,409,168	3,164,131	245,037	
14		rmation technology				
15		alties				
16		upancy	530,010	285,479	244,531	
17		el	1,112,788	770,892	341,896	
18	state	nents of travel or entertainment expenses for any federal, e, or local public officials				
19		erences, conventions, and meetings	703,049	703,049		
20		rest				
21	-	ments to affiliates				
22		reciation, depletion, and amortization	126,574	54,522	72,052	
23		rance				
24	mısc 10%	er expenses Itemize expenses not covered above (List cellaneous expenses in line 24e If line 24e amount exceeds of line 25, column (A) amount, list line 24e expenses on edule O)				
а	EDIT	TORIAL ALLOWANCES	1,202,510	1,202,510		
b	JOU	RNALONLINE	867,116	867,116		
c	FASI	EB ASSESSMENTS	128,354	128,354		
d	DUE	S AND SUBSCRIPTIONS	72,478	55,112	17,366	
е	Allo	ther expenses	157,811	119,429	38,382	
25	Tota	l functional expenses. Add lines 1 through 24e	14,273,260	11,975,973	2,297,287	0
26	repo educ	t costs.Complete this line only if the organization rted in column (B) joint costs from a combined sational campaign and fundraising solicitation ck here				

Part X	Balance	Sheet
	Daiance	

	(Check if Schedule O contains a response or note to any lii	ne in this	s Part X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing				1	
	2	Savings and temporary cash investments			8,813,769	2	8,585,792
	3	Pledges and grants receivable, net		[3	
	4	Accounts receivable, net			600,114	4	520,514
	5	Loans and other receivables from current and former offickey employees, and highest compensated employees C Schedule L	Part II of				
ussels	6	Loans and other receivables from other disqualified pers section 4958(f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see inst	(c)(3)(B) section!), and 501(c)(9)		6	
Š	_	Nakaa and laana maassakla mak		}		7	_
•	7	Notes and loans receivable, net					
	8	Inventories for sale or use		•		8	
	9 10a	Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis	 	· · · 2,783,854		9	
	b	Complete Part VI of Schedule D Less accumulated depreciation	10a	2,298,953	555,915	10c	484,901
	11	Investments—publicly traded securities		, ,	70,542,544		69,523,147
	12	Investments—other securities See Part IV, line 11			468,337	12	467,617
	13			i	400,001	13	407,017
		Investments—program-related See Part IV, line 11 .					-
	14	Intangible assets			461,329	14	471,917
	15	Other assets See Part IV, line 11			· · · · · · · · · · · · · · · · · · ·		
	16	Total assets.Add lines 1 through 15 (must equal line 34			81,442,008		80,053,888
	17	Accounts payable and accrued expenses			1,416,449	17	1,376,878
	18	Grants payable				18	
	19	Deferred revenue			5,278,869		4,891,777
	20	Tax-exempt bond liabilities				20	
ر م	21	Escrow or custodial account liability Complete Part IV				21	
Liabilities	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and di					
ᅙ		persons Complete Part II of Schedule L				22	
ï	23	Secured mortgages and notes payable to unrelated third	parties			23	
	24	Unsecured notes and loans payable to unrelated third pa	irties .			24	
	25	Other liabilities (including federal income tax, payables t and other liabilities not included on lines 17-24) Complete Part X of Schedule D	to relate	d thırd partıes,			
					1,032,036	25	691,037
	26	Total liabilities. Add lines 17 through 25			7,727,354	26	6,959,692
Ď.		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	ere ► 🔽	and complete			
≦ 5	27	Unrestricted net assets		[69,306,180	27	68,759,857
5 0	28	Temporarily restricted net assets			2,469,145	28	2,395,010
2	29	Permanently restricted net assets			1,939,329	29	1,939,329
A FUIL DAIGHCE		Organizations that do not follow SFAS 117 (ASC 958), complete lines 30 through 34.	heck her	re ► 「and			
54C	30	Capital stock or trust principal, or current funds		[30	
Ď	31	Paid-in or capital surplus, or land, building or equipment	fund .	[31	
î	32	Retained earnings, endowment, accumulated income, or	other fur	nds		32	
<u> </u>	33	Total net assets or fund balances			73,714,654	33	73,094,196
_	34	Total liabilities and net assets/fund balances			81,442,008	34	80,053,888

Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		•		· · Γ
1	Total revenue (must equal Part VIII, column (A), line 12)	1		18,(25,789
2	Total expenses (must equal Part IX, column (A), line 25)	2		14.	273,260
3	Revenue less expenses Subtract line 2 from line 1	3		-	, 752,529
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			714,654
5	Net unrealized gains (losses) on investments	5			372,987
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			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		73,0	094,196
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. ୮</u>
1	Accounting method used to prepare the Form 990			Yes	No
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 review a separate basis, consolidated basis, or both	wed on			
	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 sepa basis, consolidated basis, or both	rate			
	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 oversigh 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	1			
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?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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DLN: 93493266007156

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

Open to Public Inspection

		BIOLOGY INC	AND				52-6050165	
Pa	rt I	Reason for Publi	c Charity S	Status (All organiza	tions must co	mplete this p		ns.
he c	rganiz	zation is not a private fo		_			<u> </u>	
1	Г	A church, convention	of churches, o	r association of churc	hes described i	n section 170(l	o)(1)(A)(i).	
2	Г	A school described in	section 170(b)(1)(A)(ii).(Attach So	hedule E (Form	n 990 or 990-E	(Z))	
3	Γ	A hospital or a cooper	atıve hospıtal	service organization o	described in sec	tion 170(b)(1)	(A)(iii).	
4	Г	A medical research or	ganızatıon ope	erated in conjunction v	vith a hospital d	lescribed in se c	tion 170(b)(1)(A)(iii). Enter the
		hospital's name, city,						
5	Г	An organization opera			iversity owned	or operated by	a governmental unit c	lescribed in section
6	_	170(b)(1)(A)(iv). (Co			described in ea	oction 170(b)/1	1)(A)(v)	
7	<u>'</u>	An organization that n	_	=				ionoral nublic
′	,	described in section 1				om a governme	intal unit of hom the g	leneral public
8	\sqcap	A community trust des				tII)		
9	▽	An organization that r	normally recei	ves (1) more than 33	1/3% of its supp	port from contr	ıbutıons, membership	fees, and gross
				ts exempt functions—s				
				unrelated business tax see section 509(a)(2). (1 tax) from businesse	es acquired by the
10	Г	An organization organi					ı 509(a)(4).	
11	Ė	An organization organi						ut the purposes of
	•	one or more publicly s						
	_	the box in lines 11a th						
а	ļ	Type I. A supporting o						
		supported organization organization				ty of the direct	ors or trustees of the	supporting
ь	Г	Type II. A supporting	•	•		with its suppo	rted organization(s), b	y having control or
		management of the su	pporting organ	nization vested in the s				
	_	must complete Part I\						
С	ı	Type III functionally i supported organization						grated with, its
d	Г	Type III non-function						anization(s) that is
	•	not functionally integra						
	_	(see instructions) You						
е	ı	Check this box if the o					s a Type I, Type II, T	ype III functionally
f	Enter	integrated, or Type III r the number of support						
g		Provide the following in						
-		5			,			
		(i)	(ii)EIN	(iii)	(iv)		(v)	(vi)
Nan	ne of s	upported organization		Type of	Is the orga		A mount of	A mount of other
				organization	listed in your		monetary support	support (see
				(described on lines 1-9 above (see	docume	ent?	(see instructions)	instructions)
				instructions))				
					Yes	No		
	_							
ota								

Pa	Support Schedule for (Complete only if you Part III. If the organize	checked the bo	x on line 5, 7,	or 8 of Part I o	or if the organiz	ation failed to d	jualify under
Se	ection A. Public Support	•	•		, ,		
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
•	fiscal year beginning in) F Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	(4,72022	(-)	(9,2323	(=,===	(0)2020	(i)
	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 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 ection B. Total Support						
	Calendar year						
(or	fiscal year beginning in)	(a)2011	(b) 2012	(c) 2013	(d)2014	(e) 2015	(f) ⊤otal
7	A mounts 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 VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activit	ies, etc (see inst	ructions)			12	
13	First five years.If the Form 990 is check this box and stop here	<u> </u>	<u> </u>				
14	ection C. Computation of Pul Public support percentage for 2019			11 column (f))		14	
15	Public support percentage for 201			: 11, Column (1))		14	
	33 1/3% support test—2015.If the	-	•	v on line 12 and	lino 14 is 22 1/20	15	this box
	and stop here. The organization qui 33 1/3% support test—2014. If the box and stop here. The organizatio	alıfıes as a publıc organızatıon dıd	ly supported organic not check a box	anızatıon on lıne 13 or 16a			► □
17a	10%-facts-and-circumstances test is 10% or more, and if the organization Part VI how the organization me	— 2015. If the organization meets the fa	anization did not o	check a box on lir tances test, chec	ck this box and st	op here. Explain	orted ▶□
b	organization 10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part VI how the organiza supported organization	nızatıon meets th	e "facts-and-circ	umstances" test	c, check this box a	nd stop here.	
18	Private foundation. If the organizations	ion did not check	a box on line 13	, 16a, 16b, 17a,	or 17b, check this	s box and see	- '

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.)

Se	ction A. Public Support	•					•	
	Calendar year	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 20	15	(f)Total
-	iscal year beginning in) > Gifts, grants, contributions, and	. ,	`,		. ,		-	
1	membership fees received (Do							
	not include any "unusual grants ")	1,104,589	69,295	5,000	76,688		35,000	1,290,572
2	Gross receipts from admissions, merchandise sold or services							
	performed, or facilities furnished	10.670.201	46 274 002	44.074.770	44 540 022	4.3	000 250	70 440 464
	in any activity that is related to	18,670,291	16,274,903	14,874,779	14,519,822	13	,809,369	78,149,164
	the organization's tax-exempt							
3	purpose Gross receipts from activities							
3	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							
6	organization without charge Total. Add lines 1 through 5	19,774,880	16,344,198	14,879,779	14,596,510	13	,844,369	79,439,736
	Amounts included on lines 1, 2,	, ,	, ,	, ,	, ,			
	and 3 received from disqualified							0
_	persons							
b	A mounts included on lines 2 and 3 received from other than							
	disqualified persons that exceed							0
	the greater of \$5,000 or 1% of							Ü
	the amount on line 13 for the							
c	year Add lines 7a and 7b							0
8	Public support. (Subtract line 7c							
	from line 6)							79,439,736
Se	ction B. Total Support							
(or f	Calendar year iscal year beginning in) F	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 20	15	(f) T otal
9	Amounts from line 6	19,774,880	16,344,198	14,879,779	14,596,510	13	,844,369	79,439,736
10a	Gross income from interest,							_
	dividends, payments received	4 407 400	4 404 420	4 252 426	4 402 007		E44 003	7 277 000
	on securities loans, rents, royalties and income from	1,407,100	1,484,430	1,352,426	1,492,897	1	,541,037	7,277,890
	similar sources							
b	Unrelated business taxable							
	income (less section 511			18,223	35,061		4,497	57,781
	taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b	1,407,100	1,484,430	1,370,649	1,527,958	1	,545,534	7,335,671
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	13,070	60,826	62,788	21,521		62,284	220,489
	capital assets (Explain in Part VI)							
13	Total support. (Add lines 9,	21,195,050	17,889,454	16,313,216	16 145 000	15	4E2 107	86,995,896
	10c, 11, and 12)		, ,		16,145,989		,452,187	
14	First five years. If the Form 990 is check this box and stop here	for the organizati	on's first, second	, thırd, fourth, or f	ifth tax year as a	section 5	501(c)(3) organization, ► □
Se	ction C. Computation of Pul	olic Support P	ercentage					<u> </u>
15	Public support percentage for 201			13. column (f))		15		91 310 %
16	Public support percentage from 20	•		,		16		91 830 %
	ction D. Computation of Inv		•	ne .		10	<u> </u>	91 030 %
17	Investment income percentage for				ın (f))	47		9 4 3 0 07
					(1//	17		8 4 3 0 %
18	Investment income percentage fro				lina 1 E ia	18	/20/	7 940 %
TAG	33 1/3% support tests—2015. If the more than 33 1/3% check this has							ine 1 / is not ▶✓

b 33 1/3% support tests—2014. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked

Section A. All Supporting Organizations			
I, complete Sections A and D, and complete	te Part V)		
11b of Part I, complete Sections A and C	If you checked 11c of Part I, com	iplete Sections A , D , and E If y	ou checked 11d of Par

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		ı
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		ı
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised	4b		
c	by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4 c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		ı
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
C	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		l
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		<u> </u>
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		_

Pai	Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
Ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
Ŀ	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			uct ions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
!	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
ı	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
1	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
i	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting o	rganızatıon (see

Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	pt purposes of supported org	anızatıons	
4 A mounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re	quired)		
6 Other distributions (describe in Part VI) See instru	uctions		
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
 Carryover from 2010 not applied (see instructions) 			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (If amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
c Excess from 2013			
d From 2014			
e From 2015			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts	And	Circum	stances	Test
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Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2015

DLN: 93493266007156

OMB No 1545-0047

Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** AMERICAN SOCIETY FOR BIOCHEMISTRY AND MOLECULAR BIOLOGY INC. 52-6050165 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 1 2 Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 Was a correction made? If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a

separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -
2				
3				
4				
5				
6				

f Grassroots lobbying expenditures

5ch	edule C (Form 990 or 990-EZ) 2015					Page 2
Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and fil	ed Form 5768	
	Check fithe filing organization belongs to expenses, and share of excess lobbed. Check fithe filing organization checked bo	oying expenditures)		_	up member's nam	e, address, EIN,
		ying Expenditures		,	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public of	opinion (grass roots	<u> </u>		1918.9	
Ia	lobbying)			-		
b	Total lobbying expenditures to influence a legisl	iative body (direct lobb)	/ing)			
c	Total lobbying expenditures (add lines $1a$ and 1	b)				_
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount	from the following table	ın both columns			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxab	ole amount is:			
	Not over \$500,000	20% of the amount on lin	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
g h i j	Subtract line 1g from line 1a If zero or less, ento Subtract line 1f from line 1c If zero or less, ento If there is an amount other than zero on either line porting section 4911 tax for this year?	er -0-	organization file F		No	
	(Some organizations that made a columns below. See t	the separate instr	ection do not uctions for lin	have to cor les 2a throu		ne five
	Lobbying Exp	enditures During 4	4-Year Avera	ging Perioa	T	1
	Calendar year (or fiscal year beginning in)	(a)2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					

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

	Weell was many and the second of the last many days. Doub TV a debated decreased as a fibe lab business.	((a)		(b)	
	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying vity.		No		A moui	nt
_	D., w. w. + h	Yes	1	¬		
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		No			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		1		
c	Media advertisements?		No	7		
d	Mailings to members, legislators, or the public?		No			
е	Publications, or published or broadcast statements?		No			
f	Grants to other organizations for lobbying purposes?		No			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		1		492,76
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	O ther activities?		No			
j	Total Add lines 1c through 1i					492,76
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any tax incurred under section 4912			7		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c	(5),	or s	ectio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Pai	rt III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a	<u> </u>			
b	,	2b				
С	Total	2c				
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess					

Part IV Supplemental Information

political expenditure next year?

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and

Taxable amount of lobbying and political expenditures (see instructions)

Return Reference	Explanation
,	THE MISSION OF THE PUBLIC AFFAIRS COMMITTEE IS TO MANAGE THE RELATIONSHIP OF THE SOCIETY TO THE GENERAL PUBLIC AND WILL SERVE AND ADVISE THE SOCIETY LEADERSHIP ON ISSUES IN WHICH THE MEMBERSHIP HAS AN INTEREST THE COMMITTEE MEETS SEVERAL TIMES A YEAR AND HOLDS HILL VISITS TO ADVOCATE FOR SPECIFIC REQUESTS WITH AN IMPORTANT MEMBER WITH INFLUENCE IN THE AFFECTED AREA

4

5

DLN: 93493266007156

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** AMERICAN SOCIETY FOR BIOCHEMISTRY AND MOLECULAR BIOLOGY INC 52-6050165 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, 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 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🛌 Number of states where property subject to conservation easement is located -__ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the vear Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)($_{\rm I}$) and section 170(h)(4)(B)($_{\rm II}$)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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 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) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	t III	Organizations Maintaining (continued)	Collections of	Art, His	torical	Treasur	es, or (Other Simila	r Ass	ets	
3		the organization's acquisition, acc ction items (check all that apply)	ession, and other re	cords, ch	eck any	of the follo	wing that	are a sıgnıfıcan	t use o	fits	
а	┌ P	ublic exhibition		d	┌ Lo	an or exch	ange prog	rams			
b	Γ s	scholarly research		e	┌ ot	her					
c	┌ P	reservation for future generations									
4	Provi Part)	de a description of the organization KIII	's collections and ex	xplaın hov	v they fu	rther the or	ganızatıo	n's exempt purp	ose in		
5		g the year, did the organization soli								_	
		s to be sold to raise funds rather th		l as part o	f the org	anızatıon's	collectio	n?	Yes	No	
Pal	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		n Form 9	990, Pa	rt IV, lıne	9, or re	ported an am	ount o	on Forn	n 990,
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	stodian or other inte	ermediary	for conti	rıbutıons oı	other as		Yes	┌ No	
b	If'	'Yes," explain the arrangement in P	art XIII and comple	te the foll	lowing ta	ble			Amou	nt	
c		ginning balance	·		_		10	:			
d		ditions during the year					10	1			
e		stributions during the year					16	<u> </u>			
f		ding balance					1f				
2a		ne organization include an amount o	n Form 990 Part X	line 21 i	for escro	w or custo			Yes	┌ No	
 b										,	г
	rt V	es," explain the arrangement in Part Endowment Funds. Comple									
		Zildovillelle i dilabi dompie	(a)Current year	(b) Prio		b (c) Two y		(d)Three years be		e)Four ye	ars back
1a	Begir	nning of year balance	2,243,732		2,174,477	+	2,065,081	1,974,	-		992,951
b	Cont	ributions								:	1,005,414
c	Net i losse	nvestment earnings, gains, and is	-11,231		93,040)	130,333	157,	080		2,689
d		ts or scholarships · · · ·									
е	and p	r expenditures for facilities orograms 	22,373		22,174		19,430	65,	232		24,633
f		nistrative expenses	1,457		1,611		1,507	1,	457		1,731
g		of year balance	2,208,671		2,243,732	2	2,174,477	2,065,	081		1,974,690
2	Provi	de the estimated percentage of the	current year end ba	lance (lın	e 1g, col	lumn (a)) h	eld as				
а		d designated or quasi-endowment 🕨	·	•							
ь		anent endowment ► 100 000 %									
		anent endowment P									
С		orarily restricted endowment Fercentages on lines 2a, 2b, and 2c	should equal 100%	1							
3a		here endowment funds not in the po			hat are l	held and ad	lministere	ed for the			
Ju		ization by	ssession of the orga	inizacion (.nac are i	nera ana ac	sccrc	d for the		Yes	No
	(i) un	related organizations							3a(i)		No
		elated organizations							3a(ii)		No
b		es" on 3a(II), are the related organiz							3b		
4		ribe in Part XIII the intended uses		endowm	ent funds	5					
Pa	rt VI	Land, Buildings, and Equip Complete if the organization a		Form 90	9∩ Part	TV line 1	I 1a See	Form 990 Da	rt X I	ıne 1∩	
		Description of property	answered res to	101111 5.	(a)	11, 1116	(b)	Accumu			ok value
_				Co	st or othe (investme	I .	t or other b (other)	asıs (c)depreci	ation		
				⊢							
		gs		· ·							
		nold improvements		·			574,		61,949		313,040
		nent		·			2,208,	865 2,0	37,004		171,861
					(D) 1				_		101.7
Iota	ı ı. A dd	lines 1a through 1e <i>(Column (d) mus</i>	st equal Form 990, Pa	art X, colur	nn (B), li	ne 10(c).)			•		484,901

See Form 990, Part X, line 12.	piete ir the organiz		
(a) Description of security or category (including name of security)		(b) Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			
(2)Closely-held equity interests (3)Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.	•		
Complete if the organization answered	Yes' on Form 990,	Part IV, line 11c. _{Se}	ee 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)	þ-		
Part IX Other Assets. Complete if the organization (a) Descrip		rm 990, Part IV, line	11d See Form 990, Part X, line 15 (b) Book value
(a) Descrip	rcion		(b) book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.	.)		
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.	nization answered "	Yes' on Form 990,	Part IV, line 11e or 11f.
1. (a) Description of liability	(b) Book value		
Federal Income taxes			
DUE TO THE FEDERATION	110,197	/	
DEFERRED RENT	580,840	0	
		_	
		_	
		7	
		1	
		\dashv	
		4	
		_	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	691,037	7	

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	14,018,653
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a -4,372,987		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	-4,007,136
3	Subtract line 2e from line 1	3	18,025,789
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	C
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	18,025,789
Part	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	14,639,111
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	365,851
3	Subtract line 2e from line 1	3	14,273,260
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII) 4b		
C	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	14,273,260

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
•	IN ACCORDANCE WITH GAAP, THE SOCIETY HAS CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2015
PART XI, LINE 2D - OTHER ADJUSTMENTS	REIMBURSED EXPENSE 365,851
PART XII, LINE 2D - OTHER ADJUSTMENTS	REIMBURSED EXPENSE 365,851

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

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As Filed Data -

DLN: 93493266007156

OMB No 1545-0047

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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

AMERICAN SOCIETY FOR BIOCHEMISTRY AND MOLECULAR BIOLOGY INC

(a) Region

Employer identification number

52-6050165

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

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eliqibility for the grants or assistance, and the selection criteria

No

- For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(L) Negron	offices in the region	employees, agents, and independent contractors in region	region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program service, describe specific type of service(s) in region	for and investments in region
(1) EUROPE	0		GRANTS TO RECIPIENTS LOCATED IN REGION		24,000
(2) SOUTH AMERICA	0		GRANTS TO RECIPIENTS LOCATED IN REGION		15,000
(3)					
(4)					
(5)					
3a Sub-total	0	0			39,000
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			39,000

(b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures

Complete		zation answered "Y ded. T		es Outside the Unit It IV, line 15, for any (e) Amount of		eived more than \$5,	(h) Description	duplicated if (i) Method of
organization	section and EIN (if applicable)	(5) 11.091011	grant	cash grant	cash disbursement	of non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
(1)		EUROPE	EDUCATIONAL GRANT	24,000				
(2)		SOUTH AMERICA	EDUCATIONAL GRANT	15,000				
(3)								
(4)								
				ecognized as charitie				

2 Schedule F (Form 990) 2015 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) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)		
(1)					,				
(2)		+			1		1		
(3)		†	·		'				
(4)		+			+		1		
(5)		+ +			†		 		
(6)		+			†		1		
(7)		+			†		1		
(8)		+ +			<u> </u>				
(9)		+ + +					1		
(10)		+ +	·		<u> </u>				
(11)		+ + +			1				
(12)		+ + +							
(13)		+ +	·		<u>'</u>		'		
(14)		†			1				
(15)		+ + +			1				
(16)		1			1				
(17)					1				
(18)					1				

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)	ত	Yes	Γ	Νo
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; do not file with Form 990)	Г	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)	Г	Yes	্	Νo
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)	V	Yes	Γ	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)	Г	Yes	্ব	Νo
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; do not file with Form 990)	Г	Yes	∀	No

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015 Page **5**

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	GRANT RECIPIENTS ARE REQUIRED TO SUBMIT PERIODIC DOCUMENTATION TO SUBSTANTIATE THE USE OF GRANT FUNDS

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Schedule I

(Form 990)

Department of the

Grants and Other Assistance to Organizations,

Governments and Individuals in the United States
Complete if the organization answered "Yes," on 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.

DLN: 93493266007156OMB No 1545-0047

2015

Open to Public Inspection

Internal Revenue Service	7 111011	nation about benedule	1 (1 01111 550) and 105 III.	50140010115 15 40 <u>171717</u>	<u></u>		
Name of the organization	CHEMICEDY AND					Employer identif	ication number
AMERICAN SOCIETY FOR BIO MOLECULAR BIOLOGY INC	CHEMISIRY AND					52-6050165	
Part I General Inform	ation on Grants	s and Assistance					
Does the organization main the selection criteria usedDescribe in Part IV the org	to award the grants ganızatıon's procedı	or assistance? ires for monitoring the	use of grant funds in th	United States			⊽ Yes ┌ เ
Part II Grants and Other As			Domestic Governments. additional space is need		nization answered "Yes" (on Form 990, Part IV, lin	e 21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount 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)							EDUCATIONAL GRANT
(2)							EDUCATIONAL GRANT
(3)							EDUCATIONAL GRANT
2 Enter total number of secti	on 501(c)(3) and g	overnment organizatio	ns listed in the line 1 ta	ble			
3 Enter total number of other	r organizations liste	d in the line 1 table .					

PART I, LINE 2

Gr	rants and Other Assistance to Domestic Individuals. Complete If the organization answered "Yes" on Form 990, Part IV, line 22
Ρa	art III can be duplicated if additional space is needed

(a)Type of grant or assistanc	ce	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance	
See Additional Data Table							
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.							
Return Reference Explanation							

GRANT RECIPIENTS ARE REQUIRED TO SUBMIT PERIODIC DOCUMENTATION TO SUBSTANTIATE THE USE OF GRANT FUNDS

Schedule I (Form 990) 2015

Software ID:

Software Version:

EIN: 52-6050165

Name: AMERICAN SOCIETY FOR BIOCHEMISTRY AND

MOLECULAR BIOLOGY INC

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
	recipients	cusii gruiic	non cash assistance	THV, applaisal, other)	
CONCEPT ASSESSMENT	29	70,292			
WANG AWARD	1	39,720			
OUTREACH COMMITTEE	15	30,384			
STUDENT CHAPTERS AWARDS	14	16,940			
STADTMAN AWARD	1	11,522			
BERT & NATALIE VALIEE AWARD	1	11,217			
YOUNG INVESTIGATOR AWARD	2	7,000			
MERCKAWARD	1	7,000			
COHN AWARD	1	6,246			
MAC UNGRAD SCHOLARSHIPS	3	6,000			
LIPMANN AWARD	1	3,930			
DELANO AWARD	1	3,264			
ROSE AWARD	1	3,201			
AVANTI AWARD	1	3,000			
DIVERSITY IN SCIENCE AWARD	1	3,000			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.								
(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance			
EXEMPLARY CONTRIBUTION TO EDUCATION	1	3,000						

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DLN: 93493266007156

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

MOLECULAR BIOLOGY INC

Compensation Information

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

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

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Internal Revenue Service Name of the organization AMERICAN SOCIETY FOR BIOCHEMISTRY AND

Employer identification number

52-6050165

Pai	rt I Questions Regarding Compensatio	n			
				Yes	No
1a		ovided any of the following to or for a person listed on Form I 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		rganızatıon follow a wrıtten policy regardıng payment or escribed above? If "No," complete Part III to explaın	1b		
2	Did the organization require substantiation prior to directors, trustees, officers, including the CEO/Exe	reimbursing or allowing expenses incurred by all cutive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all t used by a related organization to establish compens				
	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 on Form 990, or a related organization	, Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	payment?	4a		No
b	Participate in, or receive payment from, a suppleme	ental nonqualified retirement plan?	4b		No
C	Participate in, or receive payment from, an equity-b		4c		No
	If "Yes" to any of lines 4a-c, list the persons and pr	rovide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organiza	tions must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A compensation contingent on the revenues of	A, line 1a, did the organization pay or accrue any			
а	The organization?		5a		No
b	Any related organization?		5b		No
	If "Yes," on line 5a or 5b, describe in Part III				
6	For persons listed on Form 990, Part VII, Section A compensation contingent on the net earnings of	A, line 1a, did the organization pay or accrue any			
а	The organization?		6a		No
b	Any related organization?		6b		No
	If "Yes," on line 6a or 6b, describe in Part III				
7	For persons listed on Form 990, Part VII, Section Apayments not described in lines 5 and 6? If "Yes,"	A, line 1a, did the organization provide any non-fixed describe in Part III	7		No
8	Were any amounts reported on Form 990, Part VII,	paid or accured pursuant to a contract that was			
		n Regulations section 53 4958-4(a)(3)? If "Yes," describe			1
	ın Part III		8	$oxed{oxed}$	No
9	If "Yes" on line 8, did the organization also follow th section $53 \ 4958-6(c)$?	ne rebuttable presumption procedure described in Regulations	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 on 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	` '	(E) Total of columns	(F) Compensation in	
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990	
1 BARBARA A GORDON EXECUTIVE DIRECTOR	(i)	289,572	0	0	26,500	4,346	320,418	0	
	(ii)	0	0	0	0	0	0	0	
2 STEPHEN MILLER DEPUTY EXECUTIVE DIR &	(i)	202,203	0	0	20,220	15,728	238,151	0	
CF0	(ii)	0	,,			0	0	0	
3 WAYNE IOBST MANAGER - IT	(i)	131,960	0	0	13,196	7,677	152,833	0	
	(ii)	0	,,	0	1	0	0	0	

Schedule J (Form 990) 2015

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

Schedule J (Form 990) 2015

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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 990-EZ 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.

Name of the organization AMERICAN SOCIETY FOR BIOCHEMISTRY AND MOLECULAR BIOLOGY INC **Employer identification number**

52-6050165

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE SOCIETY HAS FIVE MEMBERSHIP CATEGORIES REGULAR MEMBERS, ASSOCIATE MEMBERS, AFFILIATE MEMBERS, GRADUATE MEMBERS, AND UNDERGRADUATE MEMBERS OF THESE, REGULAR, ASSOCIATE, AND AFFILIATE MEMBERS MAY VOTE. ONLY REGULAR MEMBERS MAY HOLD OFFICE.
FORM 990, PART VI, SECTION A, LINE 7A	THE PRESIDENT, SECRETARY, TREASURER, AND SIX COUNCILORS ARE ELECTED BY THE SOCIETY MEMBERS HIP TO TERMS OF THREE YEARS EACH, EXCEPT THAT THE PRESIDENT'S TERM IS TWO YEARS WITH AN AD DITIONAL YEAR AS PAST PRESIDENT THREE ADDITIONAL COUNCILORS ARE APPOINTED BY THE PRESIDEN T TO THREE YEAR TERMS
FORM 990, PART VI, SECTION B, LINE 11	FORM 990 IS NOT PROVIDED TO THE GOVERNING BODY BEFORE FILING, BUT IS REVIEWED BY BOTH THE EXECUTIVE DIRECTOR AND DIRECTOR OF FINANCE.
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF THE SOCIETY PERFORMS AN ANNUAL REVIEW PROCESS TO DETERMINE ANY COMPENSATION I NCREASE FOR TOP MANAGEMENT. THE EXECUTIVE DIRECTOR PERFORMS AN ANNUAL REVIEW PROCESS TO DE TERMINE ANY COMPENSATION INCREASE FOR OFFICERS AND KEY EMPLOYEES
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST