

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No 1545-0687

2017

For calendar year 2017 or other tax year beginning _____, and ending _____

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue ServiceA ☐ Check box if
address changed

B Exempt under section

☒ 501(c)(3) **013**☐ 408(e) ☐ 220(e)☐ 408A ☐ 530(a)☐ 529(a)Print
or
TypeName of organization (☐ Check box if name changed and see instructions.)**AMERICAN SOCIETY FOR MICROBIOLOGY**

Number, street, and room or suite no. If a P.O. box, see instructions.

1752 N STREET, NW

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

WASHINGTON, DC 20036D Employer identification number
(Employees' trust, see
instructions)**38-1616141**E Unrelated business activity codes
(See instructions)**541800 531120**C Book value of all assets
at end of year**149,201,406.**

F Group exemption number (See instructions.) ▶

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trustH Describe the organization's primary unrelated business activity. ▶ **ADVERTISING AND DEBT FINANCED RENTAL INCOME**I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No

If "Yes," enter the name and identifying number of the parent corporation. ▶

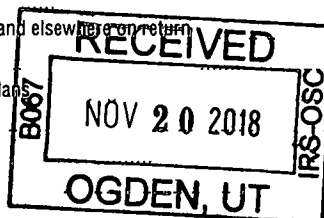
J The books are in care of ▶ **THE ORGANIZATION**Telephone number ▶ **(202) 737-3600****Part I Unrelated Trade or Business Income**

	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance ▶			
1c			
2 Cost of goods sold (Schedule A, line 7)			
3 Gross profit. Subtract line 2 from line 1c			
4a Capital gain net income (attach Schedule D)			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c Capital loss deduction for trusts			
4c			
5 Income (loss) from partnerships and S corporations (attach statement)			
6 Rent income (Schedule C)			
7 Unrelated debt-financed income (Schedule E)			
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10 Exploited exempt activity income (Schedule I)			
11 Advertising income (Schedule J)			
12 Other income (See instructions; attach schedule)			
12			
13 Total. Combine lines 3 through 12	1,543,781.	950,969.	592,812.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)

(Except for contributions, deductions must be directly connected with the unrelated business income)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	26,839.
20 Charitable contributions (See instructions for limitation rules) STATEMENT 3 SEE STATEMENT 1	20	32,300.
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	
22b	22b	
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	140,436.
27 Excess readership costs (Schedule J)	27	98,474.
28 Other deductions (attach schedule) SEE STATEMENT 2	28	3,060.
29 Total deductions. Add lines 14 through 28	29	301,109.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	291,703.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	291,703.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	290,703.



Part III Tax Computation**35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34

35c 96,624.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:

Tax rate schedule or Schedule D (Form 1041)

36

37 Proxy tax. See instructions

37

38 Alternative minimum tax

38

39 Tax on Non-Compliant Facility Income. See instructions

39

40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies

40 96,624.

Part IV Tax and Payments**41a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)

41a

b Other credits (see instructions)

41b

c General business credit. Attach Form 3800

41c

d Credit for prior year minimum tax (attach Form 8801 or 8827)

41d

e Total credits. Add lines 41a through 41d

41e

42 Subtract line 41e from line 40

42 96,624.

43 Other taxes. Check if from: Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)

43

44 Total tax. Add lines 42 and 43

44 96,624.

45 a Payments: A 2016 overpayment credited to 2017

45a 24,983.

b 2017 estimated tax payments

45b 53,500.

c Tax deposited with Form 8868

45c 41,700.

d Foreign organizations: Tax paid or withheld at source (see instructions)

45d

e Backup withholding (see instructions)

45e

f Credit for small employer health insurance premiums (Attach Form 8941)

45f

g Other credits and payments:

Form 2439

Form 4136 Other Total

45g

46 Total payments. Add lines 45a through 45g

46 120,183.

47 Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐

47

48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed

48

49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid

49 23,559.

50 Enter the amount of line 49 you want: Credited to 2018 estimated tax 23,559. Refunded

50 0.

Part V Statements Regarding Certain Activities and Other Information (see instructions)**51** At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country hereYes No
☐ ☐
☐ ☒ X**52** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.Yes No
☐ ☐
☐ ☒ X**53** Enter the amount of tax-exempt interest received or accrued during the tax year \$Yes No
☐ ☐
☐ ☐

Sign Here

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

Signature of officer

Date 11/13/18

Title DIRECTOR OF FINANCE

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

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check self-employed if

PTIN

ELIZABETH HELLER

11/13/2018

P00397829

Firm's name TATE AND TRYON

Firm's EIN 52-1855942

2021 L STREET, NW SUITE 400

Firm's address WASHINGTON, DC 20036

Phone no. (202) 293-2200

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Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3				
4a Additional section 263A costs (attach schedule)	4a		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B)

0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
		STATEMENT 4	STATEMENT 5
(1) HEADQUARTERS BUILDING	624,387.	173,244.	256,837.
(2)			
(3)			
(4)			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)
STATEMENT 6	STATEMENT 7		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1) 10,165,000.	9,521,810.	100.00 %	624,387.
(2)		%	
(3)		%	
(4)		%	
Totals		Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
		624,387.	430,081.
Total dividends-received deductions included in column 8			0.

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Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)	
Totals			0.	0.	

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) MEETINGS	510,700.	STMT 8 166,098.	344,602.		STMT 9 140,436.	140,436.
(2) CERTIFICATION	211,557.	237,298.	-25,741.			
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26
Totals		722,257.	403,396.			140,436.

Schedule J - Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4) STATEMENT 10	197,137.	117,492.	79,645.	1,815,540	6,344,004	98,474.
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	197,137.	117,492.				98,474.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2017)

FORM 990-T

CONTRIBUTIONS

STATEMENT 1

DESCRIPTION/KIND OF PROPERTY

METHOD USED TO DETERMINE FMV

AMOUNT

CHARITABLE CONTRIBUTIONS

N/A

151,902.

TOTAL TO FORM 990-T, PAGE 1, LINE 20

151,902.

FORM 990-T

OTHER DEDUCTIONS

STATEMENT 2

DESCRIPTION

AMOUNT

TAX PREPARATION FEES

3,060.

TOTAL TO FORM 990-T, PAGE 1, LINE 28

3,060.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 3

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2012	67,263
FOR TAX YEAR 2013	
FOR TAX YEAR 2014	116,037
FOR TAX YEAR 2015	155,263
FOR TAX YEAR 2016	256,654

TOTAL CARRYOVER	595,217
TOTAL CURRENT YEAR 10% CONTRIBUTIONS	151,902

TOTAL CONTRIBUTIONS AVAILABLE	747,119
TAXABLE INCOME LIMITATION AS ADJUSTED	32,300

EXCESS 10% CONTRIBUTIONS	714,819
EXCESS 100% CONTRIBUTIONS	0
TOTAL EXCESS CONTRIBUTIONS	714,819

ALLOWABLE CONTRIBUTIONS DEDUCTION	32,300
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TOTAL CONTRIBUTION DEDUCTION	32,300
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FORM 990-T

SCHEDULE E - DEPRECIATION DEDUCTION

STATEMENT 4

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
STRAIGHT LINE DEPRECIATION		69,155.	
DEPRECIATION - BUILDING		61,528.	
DEPRECIATION - BUILDING IMPROVEMENTS		42,561.	
- SUBTOTAL -	1		173,244.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A)			173,244.

FORM 990-T

SCHEDULE E - OTHER DEDUCTIONS

STATEMENT 5

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
TELEPHONE		1,878.	
CONTRACT SERVICES		36,007.	
SECURITY		42,606.	
SUPPLIES		1,135.	
PRINTING		8.	
POSTAGE		183.	
UTILITIES		38,737.	
REPAIRS AND MAINT		16,537.	
LEGAL		-87.	
INSURANCE		3,258.	
TAXES		86,042.	
CUSTODIAL		28,316.	
MANAGEMENT FEE		8,535.	
MISCELLANEOUS		-8,564.	
PROFESSIONAL SERVICES		996.	
OFFICE EQUIPMENT		1,250.	
- SUBTOTAL -	1		256,837.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			256,837.

FORM 990-T

AVERAGE ACQUISITION DEBT ON OR
ALLOCABLE TO DEBT-FINANCED PROPERTY

STATEMENT 6

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ACQUISITION DEBT		10,165,000.	
- SUBTOTAL -	1		10,165,000.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4			10,165,000.

FORM 990-T

AVERAGE ADJUSTED BASIS OF OR
ALLOCABLE TO DEBT-FINANCED PROPERTY

STATEMENT 7

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ADJUSTED BASIS OF RENTED PROPERTY			
- SUBTOTAL -	1	9,521,810.	9,521,810.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 5			9,521,810.

FORM 990-T	SCHEDULE I - EXPENSES DIRECTLY CONNECTED WITH PRODUCTION OF UNRELATED BUSINESS INCOME	STATEMENT 8
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DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
DIRECT EXPENSES			166,098.	
	- SUBTOTAL -	1		166,098.
DIRECT EXPENSES			237,298.	
	- SUBTOTAL -	2		237,298.
TOTAL OF FORM 990-T, SCHEDULE I, COLUMN 3				403,396.

FORM 990-T	SCHEDULE I - EXPENSES NOT DIRECTLY CONNECTED WITH PRODUCTION OF UNRELATED BUSINESS INCOME	STATEMENT 9
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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DIRECT EXPENSES		140,436.	
- SUBTOTAL -	1		140,436.
TOTAL OF FORM 990-T, SCHEDULE I, COLUMN 6			140,436.

FORM 990-T

SCHEDULE J - INCOME FROM PERIODICALS
REPORTED ON A SEPARATE BASIS

STATEMENT 10

NAME OF PERIODICAL	GROSS ADV INCOME	DIRECT ADV COST	GAIN (LOSS)	CIRC INCOME	RDRSHIP COSTS	EXCESS RDRSHIP COSTS
MICROBE	77,890.	45,892.	31,998.	13,985.	454,748.	31,998.
JOURNAL OF BACTERIOLOGY	193.	4,246.	-4,053.			
INFECTION & IMMUNITY	9,829.	5,860.	3,969.	257,231.	899,503.	3,969.
ANTIMICROBIAL AGENTS & CHEMO	15,138.	9,625.	5,513.	342,001.	1371145.	5,513.
JOURNAL OF CLINICAL MICROBIOLOGICAL REVIEWS	54,200.	12,221.	41,979.	625,003.	1104724.	41,979.
MOLECULAR & CELLULAR BIOLOGY	4,000.	5,026.	-1,026.			
CLINICAL AND MICROBIOLOGY REVIEW	1,981.	3,300.	-1,319.			
APPLIED & ENVIRONMENTAL JOURNAL OF VIROLOGY	23,000.	12,851.	10,149.	557,591.	1811163.	10,149.
CVI	5,472.	2,389.	3,083.	12,563.	447,482.	3,083.
MMBR	3,000.	1,217.	1,783.	7,166.	255,239.	1,783.
MBIO	1,434.	6,853.	-5,419.			
TO FM 990-T, SCH J	197,137.	117,492.	79,645.	1815540.	6344004.	98,474.