

Return of Organization Exempt from Income Tax

2002

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2002 calendar year, or tax year beginning 2002, and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. Please use IRS label or print or type See specific instructions. ASSOCIATION OF BIOMOLECULAR RESOURCE FACILITIES 2019 GALISTEO STREET I SANTA FE, NM 87505. D Employer identification number 56-1659510. E Telephone number. F Accounting method X Cash Accrual Other (specify)

H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? Yes No X No. H (b) If Yes enter number of affiliates. H (c) Are all affiliates included? Yes No. H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No X No.

G Web site ABRF ORG

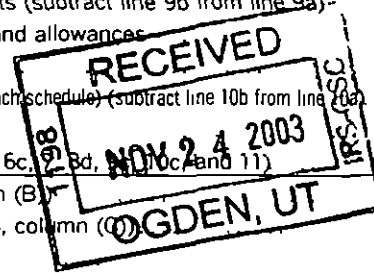
J Organization type (check only one) X 501(c) 3 (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 782,773

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with 21 rows and 4 columns. Row 1: Contributions, gifts, grants, and similar amounts received. 1a Direct public support 110,654. 1b Indirect public support. 1c Government contributions (grants). 1d Total (add lines 1a through 1c) (cash \$ 110,654 noncash \$). 2 Program service revenue including government fees and contracts (from Part VII, line 93) 538,120. 3 Membership dues and assessments 99,343. 4 Interest on savings and temporary cash investments 8,705. 5 Dividends and interest from securities 13,981. 6a Gross rents. 6b Less rental expenses. 6c Net rental income or (loss) (subtract line 6b from line 6a). 7 Other investment income (describe). 8a Gross amount from sales of assets other than inventory (A) Securities (B) Other. 8b Less cost or other basis and sales expenses. 8c Gain or (loss) (attach schedule). 8d Net gain or (loss) (combine line 8c, columns (A) and (B)). 9 Special events and activities (attach schedule). 9a Gross revenue (not including \$ of contributions reported on line 1a). 9b Less direct expenses other than fundraising expenses. 9c Net income or (loss) from special events (subtract line 9b from line 9a). 10a Gross sales of inventory, less returns and allowances. 10b Less cost of goods sold. 10c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a). 11 Other revenue (from Part VII, line 103) 11,970. 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, and 11) 782,773. 13 Program services (from line 44, column (B)) 523,820. 14 Management and general (from line 44, column (C)) 52,389. 15 Fundraising (from line 44, column (D)). 16 Payments to affiliates (attach schedule). 17 Total expenses (add lines 16 and 44 column (A)) 576,209. 18 Excess or (deficit) for the year (subtract line 17 from line 12) 206,564. 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 1,041,415. 20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 1 -29,324. 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 1,218,655.



NOV 15 2003 POSTMARK DATE

SCANNED DEC 17 03

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) SEE STM 2 (cash \$ 19,320 non-cash \$)	22 19,320	19,320		
23 Specific assistance to individuals (att sch)	23			
24 Benefits paid to or for members (att sch)	24			
25 Compensation of officers, directors, etc.	25			
26 Other salaries and wages	26			
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31 6,539.	2,500	4,039	
32 Legal fees	32			
33 Supplies	33 217		217.	
34 Telephone	34 947.		947.	
35 Postage and shipping	35 4,230		4,230.	
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38 87,662	81,996.	5,666	
39 Travel	39 1,928.		1,928	
40 Conferences, conventions, and meetings	40 360,499	360,499.		
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 19,642	19,642		
43 Other expenses not covered above (itemize)				
a SEE STATEMENT 3	43a 75,225.	39,863	35,362.	
b	43b			
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22-43) Organizations completing columns (B) - (D), carry these totals to lines 13-15	44 576,209	523,820.	52,389.	0.

Joint Costs Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to program services \$ _____, (iii) the amount allocated to management and general \$ _____, and (iv) the amount allocated to fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? BIOMOLECULAR RESEARCH AND PUBLICATION
 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others)

Program Service Expenses
 (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)

a SEE STATEMENT 4	(Grants and allocations \$ 19,320.)	523,820.
b	(Grants and allocations \$)	
c	(Grants and allocations \$)	
d	(Grants and allocations \$)	
e Other program services	(Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), program services)		523,820.

Part IV Balance Sheets (See Instructions)

Note		(A)		(B)
Where required attached schedules and amounts within the description column should be for end of year amounts only		Beginning of year		End of year
ASSETS	45 Cash – non interest-bearing	157,989.	45	275,752
	46 Savings and temporary cash investments	533,011.	46	397,352.
	47a Accounts receivable		47a	
	b Less allowance for doubtful accounts		47b	47c
	48a Pledges receivable		48a	
	b Less allowance for doubtful accounts		48b	48c
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)		51a	
	b Less allowance for doubtful accounts		51b	51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments – securities (attach schedule) SEE ST 5 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	272,242.	54	450,400.
	55a Investments – land, buildings, & equipment basis		55a	
	b Less accumulated depreciation (attach schedule)		55b	55c
	56 Investments – other (attach schedule)		56	
	57a Land, buildings, and equipment basis		57a	
	b Less accumulated depreciation (attach schedule)		57b	57c
	58 Other assets (describe ► SEE STATEMENT 6)	78,173.	58	95,151.
59 Total assets (add lines 45 through 58) (must equal line 74)	1,041,415.	59	1,218,655.	
LIABILITIES	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ►)		65	
66 Total liabilities (add lines 60 through 65)	0.	66	0.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	1,029,665	67	1,206,905
	68 Temporarily restricted	11,750	68	11,750
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	1,041,415	73	1,218,655
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	1,041,415	74	1,218,655

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

Part VI Other Information (See instructions)

Yes No

76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity			X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes			X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X		
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	X		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement			X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?			X
b	If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a	Enter direct or indirect political expenditures. See line 81 instructions	81a	0	
b	Did the organization file Form 1120-POL for this year?			X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?			X
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	82b	N/A	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?		X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?			X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A	
c	Dues, assessments, and similar amounts from members	85c	N/A	
d	Section 162(e) lobbying and political expenditures	85d	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX			X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>			
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			0.
90a	List the states with which a copy of this return is filed <u>NEW MEXICO</u>			
b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90b		0
91	The books are in care of <u>SCIENTIFIC ASSOCIATION MGMT</u> Telephone number <u>505/989-4735</u> Located at <u>2019 GALISTEO STREET-I, SANTA FE, NM</u> ZIP + 4 <u>87505</u>			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax exempt interest received or accrued during the tax year <u>92</u>			N/A

Part VII Analysis of Income-Producing Activities (See instructions)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a CONFERENCE REVENUE					538,120
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					99,343
95 Interest on savings & temporary cash invmnts			14	8,705	
96 Dividends & interest from securities			14	13,981	
97 Net rental income or (loss) from real estate					
a debt financed property					
b not debt financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b MISC REVENUE					11,970
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				22,686.	649,433
105 Total (add line 104, columns (B), (D), and (E))					672,119

Note Line 105 plus line 1d Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
1	SEE STATEMENT 11

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End of year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

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

Date 11/15/03
ary TREASURER

SCHEDULE A
(Form 990 or 990-EZ)

**Organization Exempt Under
Section 501(c)(3)**

OMB No 1545 0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2002

Department of the Treasury
Internal Revenue Service

Supplementary Information — (See separate instructions)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization **ASSOCIATION OF BIOMOLECULAR
RESOURCE FACILITIES** Employer identification number
56-1659510

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions List each one If there are none, enter 'None')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions List each one (whether individuals or firms) If there are none, enter 'None')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
FASEB - FEDERATION AMERICAN SOCIETIES 9650 ROCKVILLE PIKE, BETHESDA, MD 20814	MEETING MANAGEMENT	72,963.
Total number of others receiving over \$50 000 for professional services	0	

Part III Statements About Activities (See instructions)

	Yes	No
<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>N/A</u></p> <p>(Must equal amounts on line 38, Part VI A, or line 1 of Part VI-B)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.</p>		X
<p>2 During the year, has the organization either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)</p> <p style="text-align: center;">SEE STATEMENT 12</p> <p>a Sale, exchange, or leasing of property?</p>		X
<p>b Lending of money or other extension of credit?</p>		X
<p>c Furnishing of goods, services, or facilities?</p>		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	X	
<p>e Transfer of any part of its income or assets?</p>		X
<p>3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)</p>		X
<p>4 Do you have a section 403(b) annuity plan for your employees?</p>		X
<p>Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments</p>		

Part IV Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5** A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7** A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8** A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ _____
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV A)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)
- 11b** A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12** An organization that normally receives **(1) more than 33-1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions - subject to certain exceptions, and **(2) no more than 33-1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above, or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting*

Note. You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	101,750	149,000	100,180	217,028.	567,958
16 Membership fees received	47,205	55,755	81,723	70,335	255,018
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	419,696.	481,145.	285,195		1,186,036.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	34,785	27,659.	23,045	14,147	99,636.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. SEE STMT 13	9,600.	6,319	5,120.	5,400	26,439.
23 Total of lines 15 through 22	613,036	719,878.	495,263	306,910.	2,135,087.
24 Line 23 minus line 17	193,340	238,733	210,068	306,910	949,051.
25 Enter 1% of line 23	6,130	7,199	4,953	3,069	

26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24 **N/A**

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts

c Total support for section 509(a)(1) test. Enter line 24, column (e)

d Add Amounts from column (e) for lines 18 _____ 19 _____
22 _____ 26b _____

e Public support (line 26c minus line 26d total)

f **Public support percentage** (line 26e (numerator) divided by line 26c (denominator))

27 Organizations described on line 12.

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year
(2001) _____ 0 (2000) _____ 0 (1999) _____ 0 (1998) _____ 0.

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year
(2001) _____ 0 (2000) _____ 0 (1999) _____ 0 (1998) _____ 0.

c Add Amounts from column (e) for lines 15 _____ 567,958. 16 _____ 255,018
17 _____ 1,186,036 20 _____
21 _____

d Add Line 27a total _____ 0 and line 27b total _____ 0

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) **27f** 2,135,087

g **Public support percentage** (line 27e (numerator) divided by line 27f (denominator)) **27g** 94 10 %

h **Investment income percentage** (line 18, column (e) (numerator) divided by line 27f (denominator)) **27h** 4 67 %

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

Part V Private School Questionnaire (See instructions)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	
		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement) ----- ----- -----		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement) ----- -----		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement) ----- ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75 50, 1975 2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)
(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group Check **b** if you checked 'a' and limited control' provisions apply

Limits on Lobbying Expenditures

(The term 'expenditures' means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table --		
If the amount on line 40 is --		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is --		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter 0 if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter 0 if line 41 is more than line 38	44	

Caution. If there is an amount on either line 43 or line 44 you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI A) (See instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members legislators, or the public.
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h)

Yes	No	Amount

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities

STATEMENT 1
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

ROUNDING		\$	-1
UNREALIZED LOSSES-VANGUARD			-29,323
	TOTAL	\$	<u>-29,324</u>

STATEMENT 2
FORM 990, PART II, LINE 22
GRANTS AND ALLOCATIONS

CASH GRANTS AND ALLOCATIONS

DONEE'S NAME	VARIOUS TRAVEL AWARDS		
AMOUNT GIVEN		\$	9,320.
CLASS OF ACTIVITY	ABRF AWARD		
DONEE'S NAME:	JOHN FENN		
RELATIONSHIP OF DONEE	CONFERENCE PARTICIPANT		
AMOUNT GIVEN.			10,000.

TOTAL GRANTS AND ALLOCATIONS \$ 19,320

STATEMENT 3
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A)	(B)	(C)	(D)
	<u>TOTAL</u>	<u>PROGRAM</u>	<u>MANAGEMENT</u>	<u>FUNDRAISING</u>
		<u>SERVICES</u>	<u>& GENERAL</u>	
ADMINISTRATIVE MANAGEMENT FEES	20,608		20,608	
BANK AND CREDIT CARD FEES	2,959		2,959	
BOARD AND COMMITTEE EXPENSES	8,745	7,871	874	
DUES, LICENSES & PERMITS	7,645	7,500	145	
INSURANCE-GENERAL	2,973.		2,973	
RESEARCH GROUPS AND MEETINGS	27,145	19,857.	7,288	
WEB SITE MAINTENANCE	5,150	4,635.	515	
TOTAL	\$ <u>75,225</u>	\$ <u>39,863.</u>	\$ <u>35,362.</u>	\$ <u>0</u>

STATEMENT 4
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

<u>DESCRIPTION</u>	<u>GRANTS AND</u>	<u>PROGRAM</u>
	<u>ALLOCATIONS</u>	<u>SERVICE</u>
		<u>EXPENSES</u>
RESEARCH GROUPS & COMMITTEES - THE ABRF MAINTAINS RESEARCH GROUPS IN 13 AREAS OF INTEREST AMINO ACIDS ANALYSIS, CARBOHYDRATE ANALYSIS, DNA SEQUENCING, FRAGMENT ANALYSIS, MICRO ARRAYS, MOLECULAR INTERACTIONS, NUCLEIC ACIDS, PEPTIDE		

STATEMENT 4 (CONTINUED)
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

<u>DESCRIPTION</u>	<u>GRANTS AND ALLOCATIONS</u>	<u>PROGRAM SERVICE EXPENSES</u>
SYNTHESIS, PROTEOMICS, QUALITY AND COMPLIANCE, EDMAN SEQUENCING, EMERGING PROTEIN TECHNOLOGY, AND SURVEYS EACH GROUP DESIGNS AND CONDUCTS RESEARCH STUDIES, THE RESULTS OF WHICH ARE PUBLISHED AT THE ANNUAL CONFERENCE, AT THE ANNUAL CONFERENCE, ON THE ABRF WEB SITE, AND IN THE JOURNAL OF BIOMOLECULAR TECHNIQUES		19,857.
CONFERENCES - AN ANNUAL CONFERENCE ON "THE NEW BIOLOGY TECHNOLOGIES FOR RESOLVING MACROMOLECULAR COMMUNICATIONS" WAS HELD IN AUSTIN, TEXAS, MARCH 9-12, 2002 THE CONFERENCE WAS ATTENDED BY OVER 1,000 PARTICIPANTS. THE CONFERENCE INCLUDED SCIENTIFIC PRESENTATIONS IN ALL AREAS OF BIOMOLECULAR RESEARCH, AS WELL AS AN EXHIBITION OF SCIENTIFIC INSTRUMENTATION AND SERVICES.	19,320	421,967
PUBLICATIONS - THE JOURNAL OF BIOMOLECULAR TECHNIQUES IS PUBLISHED QUARTERLY AND IS SENT TO ALL MEMBERS THE JOURNAL INCLUDES PEER REVIEWED SCIENTIFIC PAPERS PERTAINING TO THE DEVELOPMENT AND APPLICATION OF ADVANCED TECHNOLOGIES, AS WELL AS NEWS, REVIEWS, AND RESEARCH GROUP AND COMMITTEE REPORTS		
THE WEB SITE INCLUDES TIMELY INFORMATION OF INTEREST TO MEMBERS AND AN ELECTRONIC BULLETIN BOARD FOR COMMUNICATION AMONG THOSE WITH SCIENTIFIC MUTUAL INTERESTS		81,996
	<u>\$ 19,320</u>	<u>\$ 523,820</u>

STATEMENT 5
FORM 990, PART IV, LINE 54
INVESTMENTS - SECURITIES

<u>OTHER PUBLICLY TRADED SECURITIES</u>	<u>VALUATION METHOD</u>	<u>AMOUNT</u>
U. S MUTUAL FUND ACCOUNTS	MARKET VALUE	\$ 450,400.
	TOTAL	\$ 450,400
TOTAL INVESTMENTS - SECURITIES		<u>\$ 450,400</u>

STATEMENT 6
FORM 990, PART IV, LINE 58
OTHER ASSETS

DEPOSITS	\$	29,936
NET INTANGIBLE ASSETS		65,215
	TOTAL \$	<u>95,151</u>

STATEMENT 7
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS

NET UNREALIZED LOSS ON INVESTMENTS	\$	-29,323
PROGRAM AD RECEIVABLE		-9,556
	TOTAL \$	<u>-38,879</u>

STATEMENT 8
FORM 990, PART IV-A, LINE D(2)
OTHER AMOUNTS

DEFERRED REVENUE ADJUSTMENT	\$	145,204.
	TOTAL \$	<u>145,204</u>

STATEMENT 9
FORM 990, PART IV-B, LINE B(4)
OTHER AMOUNTS

ACCRUED EXPENSE ADJUSTMENT	\$	14,936
	TOTAL \$	<u>14,936.</u>

STATEMENT 10
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
SUSAN HARDIN UNIVERSITY OF HOUSTON HOUSTON, TX 77204-5001	BOARD MEMBER AS NEEDED	\$ 0.	\$ 0.	\$ 0
A L BURLINGAME UCSF SAN FRANCISCO, CA 94143-0446	BOARD MEMBER AS NEEDED		0	0.

STATEMENT 10 (CONTINUED)
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
LAUREY STEINKE UNIV OF NEBRASKS MEDICAL CTR OMAHA, NE 68198-4525	SECY/TREASURER AS NEEDED	\$ 0	\$ 0	\$ 0.
MARK LIVELY WAKE FOREST UNIVERSITY WINSTON-SALEM, NC 27157-3001	PRESIDENT AS NEEDED	0	0.	0.
TED THANNHAUSER 149 BIOTECHNOLOGY-CORNELL UNIV ITHACA, NY 14853	BOARD MEMBER AS NEEDED	0.	0.	0
LEN C PACKMAN 80 TENNIS COURT ROAD CAMBRIDGE CB2 1GA, UK	BOARD MEMBER AS NEEDED	0	0.	0
PRESTON HENSLEY EASTERN POINT ROAD-PRIZER GLOB GROTON, CT 06340	BOARD MEMBER AS NEEDED	0.	0	0
KRISTINE SWIDEREK 1201 EASTLAKE AVENUE EAST SEATTLE, WA 98102	BOARD MEMBER AS NEEDED	0.	0.	0.
TOTAL		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

STATEMENT 11
FORM 990, PART VIII
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

<u>LINE #</u>	<u>EXPLANATION OF ACTIVITIES</u>
93A	REVENUE FROM ANNUAL CONFERENCES AND WORKSHOPS, MEMBER DUES, AND MISCELLANEOUS SALES IN FURTHERANCE OF RESEARCH IN THE AREA OF BIOMOLECULAR RESOURCE AND PUBLICATION THESE ACTIVITIES REPRESENT THE REASON FOR THE ORGANIZATION'S EXEMPT STATUS
94	SAME AS LINE 93A
103	SAME AS LINE 93A

STATEMENT 12
SCHEDULE A, PART III, LINE 2
TRANSACTIONS WITH TRUSTEES, DIRECTORS, ETC.

REIMBURSEMENT OF BOARD MEMBER OUT-OF-POCKET EXPENSES UNDER AN ACCOUNTABLE REIMBURSEMENT PLAN.

STATEMENT 13
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME

DESCRIPTION	(A) 2001	(B) 2000	(C) 1999	(D) 1998	(E) TOTAL
OTHER INCOME	\$ 9,600	\$ 6,319	\$ 5,120	\$ 5,400	\$ 26,439
TOTAL	<u>\$ 9,600</u>	<u>\$ 6,319</u>	<u>\$ 5,120</u>	<u>\$ 5,400</u>	<u>\$ 26,439</u>

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Name of Exempt Organization: ASSOCIATION OF BIOMOLECULAR RESOURCE FACILITIES
Employer identification number: 56-1659510
2019 GALISTEO STREET I
SANTA FE, NM 87505

Check type of return to be filed (file a separate application for each return)
[X] Form 990
Form 990 BL
Form 990 EZ
Form 990-PF
Form 990-T (Section 401(a) or 408(a) trust)
Form 990 T (trust other than above)
Form 1041 A
Form 4720
Form 5227
Form 6069
Form 8870

Stop Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

If the organization does not have an office or place of business in the United States, check this box
If this is for a Group Return, enter the organizations four digit Group Exemption Number (GEN)
whole group, check this box
If it is part of the group, check this box and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3 month extension of time until 11/15, 20 03
5 For calendar year 2002, or other tax year beginning 20 and ending 20
6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
7 State in detail why you need the extension ADDITIONAL INFORMATION HAS RECENTLY BEEN RECEIVED WHICH WILL AFFECT THE RETURN IN ORDER TO FILE AN ACCURATE AND COMPLETE RETURN, ADDITIONAL TIME TO FILE IS HEREBY REQUESTED

8a If this application is for Form 990-BL, 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$
b If this application is for Form 990 PF, 990 T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$
c Balance due Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$

Signature and Verification

Under penalties of perjury I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge and belief it is true correct and complete and that I am authorized to prepare this form

Signature: [Handwritten Signature] Title: CPA Date: 8/14/03

Notice to Applicant - To be Completed by the IRS

We have approved this application Please attach this form to the organization's return
We have not approved this application However, we have granted a 10 day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return Please attach this form to the organization's return
We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10 day grace period
We cannot consider this application because it was filed after the due date of the return for which an extension was requested
Other

EXTENSION APPROVED
AUG 20 2003
LINDA WELSH, OFF. FILED DIRECTOR

Director By

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3 month extension returned to an address different than the one entered above

Name: BARBARA A. BORREGO, P C, CPA
Number and street (include suite, room, or apartment number) or a P O box number: 3056 AGUA FRIA STREET
City or town, province or state, and country (including postal or ZIP code): SANTA FE, NM 87507