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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	or the	2008 ca	lendar year, or tax year beginning $$ JUL 1 , $$ 2008 $$ and ending $$	JUN 30, 2009	
В	heck if	Please	C Name of organization	D Employer identific	ation number
ε	pplicable	use IRS			
	_Addres	s label or print or	SPECTROSCOPY SOCIETY OF PITTSBURGH		
	Name change	type	Doing Business As	25-6	048968
	∃inıtıal _return	See	Number and street (or P.O. box if mail is not delivered to street address) Room/suiti		
	Termin ation	Specific Instruc-	300 PENN CENTER BOULEVARD 332	(412)825-3220 <u> </u>
	Ameno return		City or town, state or country, and ZIP + 4	G Gross receipts \$	528,542.
	Application	a-	PITTSBURGH, PA 15235	H(a) Is this a group re	
	pendir	F Nar	ne and address of principal officer:D. PENSENSTADLER	for affiliates?	Yes X No
		300	PENN CENTER BLVD. NO 332, PITTSBURGH, P.	A H(b) Are all affiliates inc	luded?Yes No
			us: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527	If "No," attach a	list. (see instructions)
			W.SSP-PGH.ORG	H(c) Group exemption	
Κ.	Type of	organizatio	on: X Corporation	r of formation: 1950 N	State of legal domicile: PA
P	art I	Summ			·
بو			scribe the organization's mission or most significant activities: THE SPECT		
Activities & Governance	١.	PITTS	BURGH IS ORGANIZED TO PROMOTE THE INCREA	SE OF KNOWLE	DGE OF
er i	2	Check th	is box 🕨 📖 if the organization discontinued its operations or disposed of mo	re than 25% of its assets	
Š	3	Number o	of voting members of the governing body (Part VI, line 1a)	3	
ঞ	4	Number o	of independent voting members of the governing body (Part VI, line 1b)	. 4	5
es	5	Total nun	nber of employees (Part V, line 2a)	5	0
<u>X</u>			nber of volunteers (estimate if necessary)	6	150
Act		_	ss unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
-3	Ь	Net unrel	ated business taxable income from Form 990-T, line 34	. 7b	0.
2010.	1		<u> </u>	Prior Year	Current Year
e 🔊	1		cions and grants (Part VIII, line 1h)	397,080.	514,586.
. @ & 2 Revenue		_	service revenue (Part VIII, line 2g)	2,020.	1,755.
₩ .			nt income (Part VIII, column (A), lines 3, 4, and 7d)	12,422.	9,688.
⊒	1		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	761. 4 12,283.	2,513. 528,542.
	+		enue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)		289,990.
SCANNED Expenses	1		nd similar amounts paid (Part IX, column (A), lines 1-3)	405,169.	209,990.
2			paid to or for members (Part IX, column (A), line 4)	·	· · · · · · · · · · · · · · · · · · ·
Ses	1		other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	1		anal fundraising fees (Part IX, column (A), line 11e)		
W X			draising expenses (Part IX, column (D), line 25)	124,663.	230,599.
	17	Other ex	penses (Part IX, column (A), lines 1/1a-11d	529,832.	520,589.
			penses Add lines 13-17 (must equal Part X column (A) (12 P3)	<117,549.	
달		Revenue	less expenses. Subtract line 18 from line 12		End of Year
Assets or	20	Total acc	ets (Part X, line 16)	Beginning of Year 204,341.	195,017.
SSO	21		ets (Part X, line 16)	201,3110	1337017.
let /	22		ilities (Part X, line 26) ts or fund balances. Subtract line 21 ton Tre 25	204,341.	195,017.
ΓP	art II		iture Block	201,011	2,0,02
<u> </u>		Under pen	alties of perjury, I declare that have examined this return, including accompanying schedules and statement	s, and to the best of my knowled	ge and belief, it is true, correct,
		and comp	ete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	ge /	1
Sig	ın	1	Samuel Langer Start In	1 5-//	3/10
He	_	Sig	nature of officer	Date	/
• • • •		► H	JB MACDONALD, TREASURER /MMEDIATE FOR	MER CHRIRE	naN
		► Tyi	pe or print name and title	<i>1172</i> • • • • • • • • • • • • • • • • • • •	
_		Preparer			er's identifying number structions)
Pa		signatur	EUGENE J. LOGAN Shelio	self- employed (see in	,
	parer's	Firm's nar		EIN ▶	
US	e Only	self-emplo	yed), \ 339 SIXTH AVENUE, 8TH FL		
		address, a ZIP + 4	PITTSBURGH, PA 15222-2525	Phone no. ► 4	12-281-2501
Ma	v the I	RS discu	ss this return with the preparer shown above? (see instructions)		X Yes No

Form **990** (2008)

478,515. (Must equal Part IX, Line 25, column (B))

Form **990** (2008)

Total program service expenses ▶ \$

Form 990 (2008) SPECTROSCOPY SOCIETY OF PITTSBURGH
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
•	If "Yes." complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C. Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; 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		Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11		X
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S ? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16	<u> </u>	X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	ļ	Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	ļ
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.			- T
_	If "No", go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	040		
_	any tax-exempt bonds?	24c		-
d 250	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 504(s)(3) and 504(s)(4) argenizations. Bid the organization ongoing in an execution with a	24d		
258	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	250		x
.	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a	25a	-	 ^
IJ		25b		x
26	prior year? If "Yes," complete Schedule L, Part I	200	 	+*
حں	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial	<u> </u>		
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	1	X
	2. To a policer rolated to such an individual in 1705, complete seriouse L, Fait III		990	(2008)
				,

Form 990 (2008) SPECTROSCOPY SOCIETY OF PITTSBURGH

Part IV | Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee	- 、		
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			ļ
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		Х
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35	l	X
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	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X

Form **990** (2008)

25-6048968 SPECTROSCOPY SOCIETY OF PITTSBURGH Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 0 U.S. Information Returns Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements. 0 filed for the calendar year ending with or within the year covered by this return 2a 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 this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? X b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 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)? X 4a b If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 5c Tax Shelter Transaction? X 6a Did the organization solicit any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). X a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? 7a 7b b If "Yes." did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7d d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal X 7e X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7**f X g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g X 7h h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. 9a a Did the organization make any taxable distributions under section 4966? 9b b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: N/A 10 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: N/A

Form 990 (2008)

11a

11b

a Gross income from members or shareholders

amounts due or received from them.)

b Gross income from other sources (Do not net amounts due or paid to other sources against

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Form 990 (2008) SPECTROSCOPY SOCIETY OF PITTSBURGH 25-6048968 Pa

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O See instructions. In Editer the number of voting members of the agreeming body before the circumstances of the operation of the comment of the comments of the agreeming body before the circumstances of the operation of the comment of the	Sec	tion A. Governing Body and Management			
a Firster the number of voting members of the governing body be lister the number of voting members of the governing body be lister the number of voting members of the governing body be lister the number of voting members of the governing body be lister the number of voting members of the governing body be lister the number of voting members of the governing the				Yes	No
table the number of voting members in that are independent. be Enter the number of voting members that are independent. be Enter the number of voting members that are independent. be Enter the number of voting members that are independent. be Enter the number of voting members that are independent. be Enter the number of voting members and independent of the control over management duries customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a smanagement company or other person? Control of officers, directors or trustees, or key employees to a smanagement company or other person? Does the organization become sware during the year of a material diversion of the organization is assets? Enter the number of voting members or stockholders, or other persons who may elect one or more members of the governing body? Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body subject to approval by members, stockholders, or other persons? Does the organization have members and stockholders, or other persons who may elect one or more members of the governing body? Does the organization have members of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each of the government we will be provided to the organization to a was field? All organizations must describe in Schedule 0 the provises and provided the remains and addresses in Schedule 0. The provises and provi		For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
Dut any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, directors, trustees, or key employee? 3		processes, or changes in Schedule O See instructions.			
Dut any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, directors, trustees, or key employee? 3	1a	Enter the number of voting members of the governing body			1
officer, director, trustee, or key employee? Dot the organization designate control over management dubies customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Dot the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Dot the organization have members or stockholders? 6 Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 5 Pare any designation have members or stockholders, or other persons who may elect one or more members of the governing body? 5 Does the organization have members or stockholders, or other persons? 6 Does the organization have members or stockholders, or other persons? 7 Does the organization have members or stockholders, or other persons? 8 Does the organization have blocal chapters, branches, or affiliates? 9 Does the organization have written policios and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10 Was a copy of the Form 990 provided to the organization's governing body before it was fleat? All organizations must describe in Schedule Ot the organization's governing body before it was fleat? All organizations must describe in Schedule Ot the organization's governing body before it was fleat? All organizations must describe in Schedule Ot the organization have a written conflict of interest policy? If 'No,' go to line 13 12 Does the organization have a written conflict of interest policy? If 'No,' go to line 13 13 J X 14 S X 15 Section B. Policies 16 Dot the organization have a written written policy? 16 Dot the process of determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the debetation and decision: 18 The organization ScQ	b	Enter the number of voting members that are independent		l	-
of officers, directors or fustesses, or key employees to a management company or other person? 3	2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	<u>.</u>		_ • _ '
of officers, directors or fustees, or key employees to a management company or other person? 4		officer, director, trustee, or key employee?	2		Х
Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	ł		
5 Did the organization become awaire during the year of a material diversion of the organization's assets? 6 Does the organization have members or stockholders? 7 Does the organization have members or stockholders? 8 Did the organization development of the governing body? 9 Are any descions of the governing body subject to approval by members, stockholders, or other persons? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 9 The governing body? 10 Descion organization have local chapters, branches, or affiliates? 10 If yes, "does the organization have local chapters, branches, or affiliates? 10 Was a copy of the Form 990 provided to the organization to evaluate of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10 Was a copy of the Form 990 provided to the organization to governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization buses to review the Form 990 11 Is there ary officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization is an analysis of the organization required to disclose annually interests that could give nise to conflicts? 12a Does the organization have a written occument required to disclose annually interests that could give nise to conflicts? 12b Obset the organization have a written whistleblower policy? 13		of officers, directors or trustees, or key employees to a management company or other person?	3		
Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8b Each committee with authority to act on behalf of the governing body? 8b Each committee with authority to act on behalf of the governing body? 8b If "Yes," does the organization have local chapters, branches, or affiliates? 9c Does the organization have local chapters, branches, or affiliates? 10 Was a copy of the Form 990 provided to the organization is governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10 Was a copy of the Form 990 provided to the organization uses to review the Form 990 10 Was a copy of the Form 990 provided to the organization supports the Form 990 10 Was a copy of the Form 990 provided to the organization uses to review the Form 990 11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organizations mailing address? If "Yes," provide the names and addresses in Schedule O 11 X Section B. Policies 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give nee to conflicts? 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give nee to conflicts? 12c Does the organization have a written whistleblower policy? 13 A X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneo	4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		
Ta Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? A rea ny decisions of the governing body subject to approval by members, stockholders, or other persons? To X B Dot the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Ba X B	5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b	6	Does the organization have members or stockholders?	6		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 8 Desire the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 11 Is there any officer, director or trustee, or key employee isted 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 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give nies to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 13 Does the organization have a written whistleblower policy? 14 Describe the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: a The organization have a written whistleblower policy? 15 Did the organization have a written policy or procedure requiring the organization with a taxable entity during the year? 16 If "ves," has the organization of the following persons include a review and approval by independent persons, comparability data, and contemporaneous subs	7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
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taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶PA 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website X Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶		Describe the process in Schedule O. (see instructions)			7
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In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶PA 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website X Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ SPECTROSCOPY SOCIETY OF PITTSBURGH - 412-825-3220		taxable entity during the year?	16a		X
exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed PA 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website X Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: SPECTROSCOPY SOCIETY OF PITTSBURGH - 412-825-3220	b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation		1	-
Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶PA 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply □ Own website		in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	-	<u> </u>	٠, -
 List the states with which a copy of this Form 990 is required to be filed ▶PA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply		exempt status with respect to such arrangements?	16b		
Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: SPECTROSCOPY SOCIETY OF PITTSBURGH - 412-825-3220	Sec	tion C. Disclosure			
Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: SPECTROSCOPY SOCIETY OF PITTSBURGH - 412-825-3220	17	List the states with which a copy of this Form 990 is required to be filed PA			
public inspection. Indicate how you make these available. Check all that apply Own website X Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: SPECTROSCOPY SOCIETY OF PITTSBURGH - 412-825-3220	18		e for		-
Own website X Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: SPECTROSCOPY SOCIETY OF PITTSBURGH - 412-825-3220		·			
 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: SPECTROSCOPY SOCIETY OF PITTSBURGH - 412-825-3220 					
statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: SPECTROSCOPY SOCIETY OF PITTSBURGH - 412-825-3220	19		and fin	ancial	
State the name, physical address, and telephone number of the person who possesses the books and records of the organization: SPECTROSCOPY SOCIETY OF PITTSBURGH - 412-825-3220		·			
SPECTROSCOPY SOCIETY OF PITTSBURGH - 412-825-3220	20	·	ation: l	>	
				_	

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

Section A: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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, and 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 the organization did no (A) Name and Title	(B) Average	(C)					(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	heck		that	Highest compensated Co	 compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
HUB MACDONALD CHAIRMAN-ELECT	3.00	x		х			0.	0.	0.
MELISSA VISNIKAR TREASURER	6.00	x		x			0.	0.	0.
DAVID F. PENSENSTADLER CHAIRMAN	10.00	x		x			 0.	0.	0.
MITCHELL JOHNSON FORMER CHAIR	2.00	х		х	_		 0.	0.	0.
MAGGIE HALL SECRETARY	3.00	x		х			0.	0.	0.
		_	_	_	_		 		
		_							

Par	t VII Section A. Officers, Directors, Tr		mpie T	oyee			High	est						
	(A) Name and title	(B) (C) Average Position							(D) Reportable	(E) Reportable		(F) Estimated		
		hours per week	Individual trustee or director		all	that	Highest compensated and employee		compensation from the organization (W-2/1099-MISC)	compensation from related organization: (W-2/1099-MIS	n I s	ame comp fro orga	ount o other ensati m the nization	f Ion Ion
	,		Individua	Institutio	Officer	Key emp	Highest	Former					nizatio	
							-					,	<u> </u>	
													-	
										W-1-1				
							<u> </u>							
								-						
	Total						▶		0.		0.			0.
2	Total number of individuals (including thos compensation from the organization	e in 1a) who re	ceiv	ed n	nore	tha	ın \$1	100,	000 in reportable					C
	compensation from the organization												Yes	No
3	Did the organization list any former officer	, director or tru	ustee	e, ke	у еп	nplo	yee,	orl	highest compensated e	mployee on		1-		;
	line 1a? If "Yes," complete Schedule J for					_4				1 1		3	_	X
4	For any individual listed on line 1a, is the s and related organizations greater than \$15	-							•	tne organization		4		X
5	Did any person listed on line 1a receive or									rices rendered to			一十	
	the organization? If "Yes," complete Scheen	dule J for such	pers	son								5		Х
	tion B. Independent Contractors Complete this table for your five highest or	ampanestad in	<u> </u>						that received many than	\$100,000 =6 ===		-4 6-		
1	the organization NONE	ompensated in	neb	enue	en c	JOHN	raci	QI S	triat received more trian	\$100,000 01 0011	ipens	auon ii	OITI	
	(A)								(B)			(C		-
	Name and business	s address							Description of	services	<u> </u>	ompen	sation	1
									·			-		
					-					·				
	Total number of males and a section of the section	(malue - Ab		4)					then \$100,000					
	Total number of independent contractors from the organization	(including thos	e in	1) W	110 r	ece	ived	пю	าย แาลก จ เบบ,บบบ in con	ipensation		-		
												Form C	000 (2	000

including \$ contributions reported on line 1c) See Part IV, line 18 b Less. direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities

10 a Gross sales of inventory, less returns

and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 611710 2,513 11 a MISC. INCOME

2,513.

1,755

528,542.

d All other revenue Total. Add lines 11a-11d Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e

Contributions, and other simi

Program Service Revenue

Other Revenue

Ō.

2,513

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do r 7b, 8	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			·	
	organizations in the U.S. See Part IV, line 21	274,990.	274,990.		'
2	Grants and other assistance to individuals in				
	the U.S See Part IV, line 22	15,000.	15,000.	,	,
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				-
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified		·		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying .				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	26 022	26 022		
12	Advertising and promotion	36,933.	36,933.		
13	Office expenses	4 2 274	12 271		
14	Information technology	13,371.	13,371.		
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	29,867.	29,867.		
19	Conferences, conventions, and meetings	43,007.	43,00/.	······································	
20	Interest Payments to affiliates				
21 22	Depreciation, depletion, and amortization				
22 23	Insurance				
23 24	Other expenses. Itemize expenses not covered				
24	above. (Expenses grouped together and labeled		- *		
	miscellaneous may not exceed 5% of total expenses shown on line 25 below.)	, , ,		, ,	· - ,
а	EDUCATION	96,758.	96,758.		<u></u>
b	GENERAL ADMINISTRATION	42,074.		42,074.	·
c	TECHNOLOGY PROGRAMS	7,850.	7,850.		
d	GRANT & SCHOLARSHIP ADM	1,466.	1,466.		
е		0.			
f	All other expenses	2,280.	2,280.		
25	Total functional expenses. Add lines 1 through 24f	520,589.	478,515.	42,074.	0.
26	Joint Costs. Check here I If following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

Form **990** (2008)

<u> </u>			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	65,864.	2	66,836.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			19.7 ·
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
		Part II of Schedule L		6	
sts	7	Notes and loans receivable, net		7	
Assets	8	inventories for sale or use	·	8	
•	9	Prepaid expenses and deferred charges		9	
	10a		·-		
	b	Less: accumulated depreciation. Complete		, "	
		Part VI of Schedule D	105 000	10c	105 601
	11	Investments - publicly traded securities	135,977.	11	125,681.
	12	Investments - other securities. See Part IV, line 11	2,500.	12	2,500.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	-
	15	Other assets. See Part IV, line 11	204 241	15	105 017
	16	Total assets. Add lines 1 through 15 (must equal line 34)	204,341.	16	195,017.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	<u> </u>
	20	Tax-exempt bond liabilities		20	
ies	21	Escrow account liability. Complete Part IV of Schedule D	,	21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
퍨		highest compensated employees, and disqualified persons. Complete Part II			133 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
_		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		24	
	24	Unsecured notes and loans payable		25	
	25	Other liabilities. Complete Part X of Schedule D	0.	26	0.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here	1	20	
' A		lines 27 through 29, and lines 33 and 34.			n=
Fund Balances	27	Unrestricted net assets	165,187.	27	149,507
lan	28	Temporarily restricted net assets	39,154.		45,510
B	29	Permanently restricted net assets	33,232	29	25,520
Ĕ		Organizations that do not follow SFAS 117, check here	2 4 2		
	ļ	complete lines 30 through 34.			
Net Assets or	30	Capital stock or trust principal, or current funds	7.	30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	204,341.	33	195,017
	34	Total liabilities and net assets/fund balances	204,341.	34	195,017
Pa	rt XI		<u> </u>		<u> </u>
					Yes No
1	Acc	ounting method used to prepare the Form 990 [.] X Cash Accrual	Other		
2a	Wer	e the organization's financial statements compiled or reviewed by an independen	t accountant?		2a X
b	Wer	e the organization's financial statements audited by an independent accountant?			2b X
С	c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,				
	revie	ew, or compilation of its financial statements and selection of an independent acc	ountant?		2c X
3а	As a	a result of a federal award, was the organization required to undergo an audit or a	udits as set forth in the Sin	gle Au	
	Act	and OMB Circular A-133?			3a X
b	If "Y	es." did the organization undergo the required audit or audits?			3b

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

Open to Public

OMB No 1545-0047

Name of the organization

Inspection Employer identification number 25-6048968

			SPECTRO	SCOPY SOCIET	Y OF	PITTS	BURGH			2	5-6048968	
Pa	r t T	Reason 1	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	.) (see ins	tructions)			_
The	organ	ization is not a	private foundation	because it is (Please ch	eck only o	ne organiz	ation.)				<u> </u>	_
1		A church, cor	nvention of churches	s, or association of chur	ches desci	nbed in se	ction 170	(b)(1)(A)(i)				
2		A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)							
3		A hospital or	a cooperative hospi	tal service organization of	described	n section	170(b)(1)(A)(iii). (Att	ach Sche	dule H.)		
4		A medical res	earch organization of	operated in conjunction	with a hos	pıtal descr	rbed in se	ction 170	(b)(1)(A)(iii	i). Enter t	he hospital's name,	
		city, and state	e.									
5		An organizati	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governi	nental uni	describ	ed in	_
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)								
6		A federal, sta	te, or local governm	ent or governmental uni	t described	in sectio	n 170 (b)(1	I)(A)(v).				
7	X	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	general	public described in	
		section 170(b)(1)(A)(vi). (Comple	te Part II.)								
8		A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)						
9		An organizati	on that normally rec	eives: (1) more than 33 ⁻	1/3% of its	support fi	rom contri	butions, m	nembershij	p fees, ar	nd gross receipts from	
		activities rela	ted to its exempt fur	nctions - subject to certa	an exception	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross investment	t
		income and u	inrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization	after June 30, 1975.	
		See section	509(a)(2). (Complete	the Part III.)								
10		An organizati	on organized and or	perated exclusively to te	st for publ	c safety S	See sect io	n 509(a)(4	I). (see ins	tructions)	
11		An organizatı	on organized and op	perated exclusively for the	ne benefit (of, to perfo	rm the fur	nctions of,	or to carry	y out the	purposes of one or	
		more publicly	supported organiza	itions described in secti	on 509(a)(1	1) or section	on 509(a)(2	2). See se o	ction 509(a	a)(3). Che	eck the box that	
		describes the	type of supporting	organization and compl	ete lines 1	1e through	11h.				_	
		a L Type I	b L	_l Type II	: Тур	e III - Func	tionally inf	egrated		d	Type III - Other	
е		By checking	this box, I certify tha	it the organization is not	controlled	I directly o	r ındırectly	by one o	r more disc	qualified	persons other than	
		foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	itions des	cribed in s	ection 509	3(a)(1) or	section 509(a)(2).	
f		If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	∍ III			_
		supporting or	rganization, check th	nis box								┙
g	l	Since August	t 17, 2006, has the c	organization accepted ar	ny gift or co	ontribution	from any	of the foll	owing pers	sons?		
		(i) A perso	n who directly or ind	rectly controls, either a	lone or tog	ether with	persons o	described	ın (ii) and (ııi) below	- 	_
		the gove	erning body of the si	upported organization?							11g(i)	_
			•	n described in (i) above?							11g(ii)	
		(iii) A 35% d	controlled entity of a	person described in (i)	or (ii) above	в?					11g(iii)	_
h	1	Provide the f	ollowing information	about the organizations	the organ	ization sup	oports.					
			1	(10) T (,							
(i) Name	of supported	(ii) EIN	(iii) Type of organization			(v) Did you		(vi) Is organizátio	the form	(vii) Amount of	
	orga	anization		(described on lines 1-9		sted in your document?			(i) organiz	ed in the	support	
				above or IRC section	Yes	No	Yes	No	Yes	No		
				(see instructions))	103	140	163		163			_
						1						
		··-			 	ļ			 		·	_
					 	-		-	 		······································	-
												_
					 			<u> </u>				-
												_
Tat	al		-		-	· `	,].		

9	Net income from unrelated business						
	activities, whether or not the			ľ			
	business is regularly carried on						
10	Other income Do not include gain		Į.				
	or loss from the sale of capital						1
	assets (Explain in Part IV.)	40,626.	781.	572.	761.	2,513.	
11	Total support. Add lines 7 through 10			11- 4	15 To 252		2501025.
12	Gross receipts from related activities,	etc. (see instruction	ns) .			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, thırd,	fourth, or fifth tax	year as a sectio	n 501(c)(3)	
	organization, check this box and stop						▶□
Sec	ction C. Computation of Publ	ic Support Per	centage				
14	Public support percentage for 2008 (line 6, column (f) dıv	ided by line 11, col	umn (f))		14	96.21 %
15	Public support percentage from 2007	' Schedule A, Part I	/-A, line 26f			15	95.98 %
16a	33 1/3% support test - 2008. If the o	organization did not	check the box on li	ne 13, and line 14	1 is 33 1/3% or n	nore, check this b	
	stop here. The organization qualifies	as a publicly suppo	rted organization				▶ X
ь	33 1/3% support test - 2007. If the	organization did not	check a box on line	13 or 16a, and li	ne 15 is 33 1/3%	or more, check t	this box
	and stop here. The organization qual	lifies as a publicly su	ipported organizati	on			
17a	10% -facts-and-circumstances tes	t - 2008. If the orga	nization did not che	ck a box on line 1	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstanc	es" test, check this	box and stop her	re. Explain in Pa	rt IV how the orga	inization
	meets the "facts-and-circumstances"	test The organizati	on qualifies as a pu	blicly supported	organization		
t	10% -facts-and-circumstances tes	t - 2007. If the orga	nization did not che	ck a box on line 1	13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets to	he "facts-and-circum	nstances" test, che	ck this box and st	t <mark>op here.</mark> Explair	n in Part IV how th	10
	organization meets the "facts-and-circ	cumstances" test. T	he organization qua	alifies as a publicly	y supported orga	anızatıon	▶□
18	Private foundation. If the organization	on did not check a b	ox on line 13, 16a,	16b, 17a, or 17b,	check this box a	and see instructio	ns 🕨 🔲
					Sche	edule A (Form 99	0 or 990-EZ) 2008

Pa	edule A (Form 990 or 990 EZ) 2008 rt III Support Schedule for C	rganizations	Described in	Section 509(a)(2) (Complete only	of you checked the bo	Page 3 ox on line 9 of Part I.)
_	ction A. Public Support					· · · · · · · · · · · · · · · · · · ·	
Cale	endar'year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")	!		•			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that				_		
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
-	· i		*—			 	
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge					+	
-	Total. Add lines 1 · 5				·	+	
7 a	Amounts included on lines 1, 2, and		I				
_	3 received from disqualified persons				 		
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	į					
,	Add lines 7a and 7b			<u> </u>	 	 	
	Public support (Subtract line 7c from line 6)		, ,	114 8 4 4	-1 11		
	ction B. Total Support	4 ** \$ pr	<u> </u>	<u> </u>	1/ =		
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6	(a) 2004	(D) 2003	(0) 2000	(u) 2007	(e) 2000	(I) Total
-	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income				}		
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b				-		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12)		1	, t		ā -q'. (.) ' ' '	L
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth	tax year as a sect	ion 501(c)(3) organi	zation,
	check this box and stop here						▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15				column (f))		15	%
16	Public support percentage from 2007					16	%
	ction D. Computation of Inve					•	
17						17	%
18		•	•			18	
	a 33 1/3% support tests - 2008. If the				ne 15 is more than	<u> </u>	
13	more than 33 1/3%, check this box a						▶□
ı	b 33 1/3% support tests - 2007. If the	<u>-</u>	•	•			and
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization		_				
20	r ivate loundation. If the organization	in did not check a	DOX OF BITE 14, 13	sa, or rab, check		hedule A (Form 90	00 or 000 E7) 2000

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

SPECTROSCOPY SOCIETY OF PITTSBURGH

Employer identification number 25-6048968

Par			s or Acco	unts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.		·
		(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year	<u> </u>		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds may be	e used only	
	for chantable purposes and not for the benefit of the donor	or donor advisor or other impermissible pr	rivate benefit	? Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, I	Part IV, line 7	•
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply).		
	Preservation of land for public use (e.g., recreation or	pleasure) Preservation of an his	stoncally imp	ortant land area
	Protection of natural habitat	Preservation of certif	ied historic s	tructure
	Preservation of open space			
2	Complete lines 2a-2d if the organization held a qualified con	servation contribution in the form of a con	nservation ea	sement on the last day
	of the tax year.			
				Held at the End of the Year
а	Total number of conservation easements	_	2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d	
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	ne organizatio	n during the taxable
	year▶	-	_	-
4	Number of states where property subject to conservation ea	asement is located >		
5	Does the organization have a written policy regarding the pe		and	
	enforcement of the conservation easements it holds?	, , , , , , , , , , , , , , , , , , ,		Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, a	and enforcing easements during the year	•	
7	Amount of expenses incurred in monitoring, inspecting, and	l enforcing easements during the year	\$	
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 170	0(h)(4)(B)(ı)	
	and section 170(h)(4)(B)(ii)?	_		Yes No
9	In Part XIV, describe how the organization reports conserva	tion easements in its revenue and expens	e statement,	and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	s the organiza	ation's accounting for
	conservation easements.		_	_
Pa	t III Organizations Maintaining Collections	of Art, Historical Treasures, or C	Other Simi	lar Assets.
	Complete if the organization answered "Yes" to Form	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116, n	ot to report in its revenue statement and t	balance shee	t works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pu	ublic service,	provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	e items.		
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bala	nce sheet wo	orks of art, historical treasures,
	or other similar assets held for public exhibition, education,	•		
	these items:	•		
	(i) Revenues included in Form 990, Part VIII, line 1		•	\$
	(ii) Assets included in Form 990, Part X		•	\$
2	If the organization received or held works of art, historical tr	easures, or other similar assets for financi	ial dain, provi	· de
_	the following amounts required to be reported under SFAS	·	3, 10.041	==
а	Revenues included in Form 990, Part VIII, line 1		•	\$
h	Assets included in Form 990, Part X			\$
	, account and a min offin occ, i are a	•		*

		SCOPY SOCI						<u> 25-60</u>			ıge 2
Par	t III Organizations Maintaining Co	ollections of A	rt, Histo	rical Tr	easures,	or Oth	er Simil	ar Asse	ts (conti	nued)	
3	Using the organization's accession and other	records, check any	y of the follo	owing tha	at are a signi	ficant us	e of its co	lection ite	ms (chec	k all	
	that apply):										
а	Public exhibition	C	d Lo	an or exc	hange progr	rams					
b	Scholarly research	€	• 🔲 Otl	ner							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and expla	in how they	further t	he organizat	tion's exe	empt purp	ose in Par	t XIV		
5	During the year, did the organization solicit or	receive donations	of art, histo	ncal trea	sures, or oth	ner simila	r assets				
	to be sold to raise funds rather than to be ma	intained as part of	the organiz	ation's c	ollection?				Yes		No
Par	t IV Trust, Escrow and Custodial	Arrangements	S. Complete	ıf organ	ization answ	rered "Ye	s" to Forn	n 990, Par	t IV, line	9, or	
	reported an amount on Form 990, Part	t X, line 21									
1a	Is the organization an agent, trustee, custodia	an or other interme	diary for co	ntribution	ns or other a	ssets no	t included				
	on Form 990, Part X?		-						Yes] No
b	If "Yes," explain the arrangement in Part XIV a	and complete the fo	ollowing tab	ole [.]		•					
		•	J						Amount	t	
С	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year					•	1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990. Part X. line	e 21?						Yes		No
	If "Yes," explain the arrangement in Part XIV	,						_			
Par		organization answ	ered "Yes"	to Form	990, Part IV,	line 10.					
		(a) Current year	(b) Prio		(c) Two year		(d) Three	years back	(e) Four	vears	back
1a	Beginning of year balance	•			,		,	- '	<u> </u>		
ь	Contributions		",1=_ "	٠, '		^ ,	,- "i	J.	,	* _ '	-
С	Investment earnings or losses	********			- , ,			,	,	-	
d	Grants or scholarships			, ,	- ,	-	,	, ă',	, ~,		- ·
e	Other expenditures for facilities		- ` ` ` `	. ,		, ,	,	•	,	- ' '	
_	and programs		,	, .			1 .	. * _	٠,		,]
f	Administrative expenses		``,	-	, ,				٠ ٠,		,,
g	End of year balance	· · · · · · · · · · · · · · · · · · ·	^ , *,	: 		-1 (1)	-23	,	S. 2		, -
2	Provide the estimated percentage of the year	end balance held	as:			- 1	-		٠		<u> </u>
a	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
-		<u></u>									
	Are there endowment funds not in the posses	ssion of the organiz	zation that a	are held a	and administ	ered for	the organi	zation			
-	py.						une engan		[Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	listed as required	on Schedul	e R?					3b	o	
4	Describe in Part XIV the intended uses of the	•							<u> </u>		
	t VI Investments - Land, Building) Part X line	10		· · · · · · · · · · · · · · · · · · ·			
	Description of investment	(a) Cost or o			t or other		Depreciation	on T	(d) Boo	k valu	
	Dodonphon of investment	basis (invest	1		(other)	(5)	- oprociali	~"	(4) 500	value	-
12	Land							- 			
	Buildings					 					
	Leasehold improvements					 					
	Equipment					 					
	Other					 					
	I. Add lines 1a-1e. (Column (d) should equal Fo	om 990 Part Y col	lumn (P) Jin	e 10/c) i				•			0.
, ordi		nni aau, rail A, COI	(U), III	- 10(0 <i>).)</i>							-

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

▶

Total. (Column (b) should equal Form 990, Part X, col (B) line 25)

			oken		23-604	10300 Page 4
	rt XI Reconciliation of Change in Net Assets from Form 990 to	rınar	iciai Stat	r - r		E20 E40
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		528,542.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		520,589.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		7,953.
4	Net unrealized gains (losses) on investments			4		<17,277.
5	Donated services and use of facilities			5	·	
6	Investment expenses			6		
7	Prior period adjustments			7		
8	Other (Describe in Part XIV)	-		8		
9	Total adjustments (net). Add lines 4-8			9		<17,277.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	-1- 14	liala Dania	10	D 1	<9,324.
	t XII Reconciliation of Revenue per Audited Financial Statemer	its w	ith Revei	nue per	1 1	500 E40
1	Total revenue, gains, and other support per audited financial statements				1	528,542.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		l		4 _	
a	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b			- ⋅ ·	
C	Recoveries of prior year grants	2c		_	 -	
d	Other (Describe in Part XIV)	_2d	<u>i</u>			•
e	Add lines 2a through 2d				2e	0.
3	Subtract line 2e from line 1	-			3	528,542.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		ı			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	ļ			
þ	Other (Describe in Part XIV)	4b		_		•
С	Add lines 4a and 4b				4c	0.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		MON F		5	528,542.
	rt XIII Reconciliation of Expenses per Audited Financial Stateme	ents v	with Expe	enses pe		- FOO FOO
1	Total expenses and losses per audited financial statements				1	520,589.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	۱.	ı			
a	Donated services and use of facilities	2a	<u> </u>		 1* :-1	
b	Prior year adjustments	2b			-	
С	Losses reported on Form 990, Part IX, line 25	2c				
đ	Other (Describe in Part XIV)	2d	<u> </u>		the grant of	•
е	Add lines 2a through 2d				2e	0.
3	Subtract line 2e from line 1				3	520,589.
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			- de - ce -	
b	Other (Describe in Part XIV)	4b	<u> </u>			•
С	Add lines 4a and 4b				4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)				5	520,589.
	rt XIV Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	, lines	1a and 4; Pa	art IV, lines	; 1b and 2b, P	'art V, line 4; Part
X; Pa	art XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.					
_						
				-		

SCHEDULE 1								OMB No 1545-0047	١
(Form 990)			Grants and Governn	Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.	to Organizations to U.S.	_		2008	
Department of the Treasury Internal Revenue Service		▼ Complete if the		n answered "Yes," on F ➤ Attach to Form 990.	" on Form 990, Pe n 990.	organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.		Open to Public Inspection	
Į <u> </u>	SPECTROSCOPY	Y SOCIETY	OF	PITTSBURGH				Employer identification-number 25–6048968	اہ ۃِ
Part General Info	General Information on Grants and Assistance	Assistance		or assistance the	grantees' eligibility	for the grants or ass	of the mants or assistance, the grantees' eligibility for the grants or assistance, and the selection	Iton	
critera used to aw	criteria used to award the grants or assistance?	ubstaritiate u ic		ol desistance, and				X Yes	°N [
2 Describe in Part IV	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	dures for monit	oring the use of grant	funds in the United	States.				ı
art II	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	vernments and	Organizations in the	United States. C	omplete if the orga	Inization answered "Y	es* on Form 990, Part	IV, line 21, for any	ı
recipient tha	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	300. Check this	box if no one recipier	nt received more th	an \$5,000. Use Pe	rt IV and Schedule I-1	(Form 990) if addition	al space is needed	\dashv
1 (a) Name and add or gove	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
								ACS CHEM. ED. SUBGROUP	
ACS EDUCATION GROUP	£.							OLYMPICS/2008 NATIONAL	
4325 ROSANNA DRIVE								CHEMISTRY WEEK/CARNEGIE	
ALLISON PARK, PA 15101	5101			9,500.	0.			SCIENCE CENTER	1
AMATEHR ASTRONOMERS ASSOCIATION OF	S ASSOCIATION OF								
PITTSBURGH INC	- 1090 SUGAR RUN		_		,				
	PA 15367			1,500.	0			SUPPORT FOR AAAP	1
								JOSEPH FELDMAN	
DUQUESNE UNIVERSITY	*		•					GRANT/PROJECT	
308 MELLON HALL								SEED/2008-09 PITTCON	
PITTSBURGH, PA 15282	82			7,000.	0.			LECTURES	١
STREAM RESTORATION,	, INC.							מאחום טואט מטמ המטממווס	
D-1	ROAD			003	c			WATERSHED CELEBRATION	
Vaccontage derinar and vmettons	AGCC3CGECAGG								
5320 SPECTRUM DRIVE	E SECTION SECT							SAS CLEVELAND SEC, 2009	
FREDERICK MD 21703				500.	0			MAY CONFERENCE	
								FOR 2008-09 PITTCON	
UNIVERSITY OF PITTSBURGH	SBURGH							LECTURE/2009 FRANCIS	
219 PARKMAN AVENUE								CLIFFORD PHILLIPS LECTURE	X X
PITTSBURGH, PA 15260	09			4,500.	0.			SUPPORT	
2 Enter total number	Enter total number of section 501(c)(3) and government organizations	government or	ganizations					•	1
3 Enter total number	Enter total number of other organizations						•	•	
LHA For Privacy Act	For Privacy Act and Paperwork Reduction Act Notice, see the I	n Act Notice,	see the Instructions	nstructions for Form 990.				Schedule I (Form 990) 2008	8

Page 2

25-6048968

Schedule I (Form 990) 2008 SPECTROSCOPY SOCIETY OF PITTSBURGH

| Fart III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV. Ine 22.

Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-	(a) Method of valuation	(f) Description of non-cash assistance
	recipients	cash grant	cash assistance	(book, FMV, appraisal, other)	
EDUCATION	10	15,000.	0.		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	n required in Part I,	line 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: THE GR	GRANTS THAT	T ARE GIVEN	IN ARE USED FOR	FOR	
Y EQUIP		THE EQUIPMENT	AND	THE EQUIPMENT	
IS ORDERED BY THE SCIENCE WEEK CHA	CHAIRMAN. T	THIS ASSURES	WE GET	GOOD PRICING	
AND ALSO THAT THE INTENDED EQUIPMENT	IS	ORDERED.			

Department of the Treasury Internal Revenue Service SCHEDULE 1-1 (Form 990)

Attach to Form 990 to list additional information for Continuation Sheet for Schedule I (Form 990) Part II and Part III, Schedule I (Form 990).

Open to Public OMB No 1545-0047 2008 Inspection

Employer identification number

SUPPORT FOR CREATIVITY IN SCIENCE/ENGINEERING FAIR SCIENCE AND TECHNOLOGY JAS REGION 8 SCIENCE BOWL (h) Purpose of grant or assistance CARNEGIE SCI. CENTER ROJECTS FOR 2008-09 OR 2008-09 PITTCON WV REGIONAL SCI. CMU VAN PROGRAM 25-6048968 PSGA SUPPORT ECTURE SUPPORT ACTION CAMPS, FAIR (g) Description of non-cash assistance (book, FMV, appraisal, other) (f) Method of Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.) valuation 0 0 ö ٥. ö Ö ö ٥. (e) Amount of non-cash assistance 500. 500. 5,000, 5,000 1,200 550 10,000 2,000 (d) Amount of cash grant OF PITTSBURGH (c) IRC Code if applicable SPECTROSCOPY SOCIETY (p) EIN FAIRMONT STATE FOUNDATION, INC. WEST VIRGINIA REGIONAL SCIENCE PENN STATE GREATER ALLEGHENY (a) Name and address of organization or government 279 OLD HICKORY RIDGE ROAD CARNEGIE MELLON UNIVERSITY UNIVERSITY PARK, PA 16802 FIRST ROBOTICS TEAM 291 CARNEGIE SCIENCE CENTER BOWL - 316 WAGNER ROAD 104 CHEMISTRY BUILDING 4000 UNIVERSITY DRIVE PENN STATE UNIVERSITY ONE ALLEGHENY AVENUE PITTSBURGH, PA 15213 MCKEESPORT, PA 15132 MORGANTOWN, WV 26501 PITTSBURGH, PA 15212 WASHINGTON, PA 15301 2917030 SANDY TRAIL Name of the organization 1201 LOCUST AVENUE FAIRMONT, WV 26554 4400 FIFTH AVENUE ERIE , PA 16510 PJAS REGION 8 Part

Enter total number of other organizations

Enter total number of Section 501(c)(3) and government organizations

Department of the Treasury Internal Revenue Service
Name of the organization SCHEDULE 1-1 (Form 990)

▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990). Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047

SPECTROSCOPY SOCIETY OF PITTSBURGH

Open to Public Inspection Employer identification number 25-6048968

Part I Continuation of Grants and Other Assistance to Governments	Assistance to Govern	vernments and Organizations	and Organizations in the U.S. (Schedule I (Form 990), Part II.)	S. (Schedule I (Fo	rm 990), Part II.)		•
(a) Name and address of organization or government	(p) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCI TECH FESTIVAL ONE ALLEGHENY AVENUE PITTSBURGH, PA 15212			2,000	0			SCI TECH PESTIVAL
PITTSBURGH REGIONAL SCIENCE & ENGINEERING FAIR - ONE ALLEGHENY AVENUE - PITTSBURGH, PA 15212			2,500.	0.			SSP SPONSOR OF PRSEF
CARNEGIE LIBRARY OF PITTSBURGH 4400 FORBES AVENUE PITTSBURGH, PA 15213			3,000.	0.			SSP GRANT FOR CARNEIGIE LIBRARY-REFERENCES
THE CHEMICAL HERITAGE FOUNDATION 315 CHESNUT STREET PHILADELPHIA, PA 19106			5,000.	0.			SUPPORT FOR THE CHEMICAL HERITAGE FOUNDATION
WILSON COLLEGE P.O. BOX 9000 ASHEVILLE, NC 28815			6,000.	0.			FLUORESCENCE SPECTROPHOTOMETER
SAINT VINCENT COLLEGE 300 FRASER PURCHASE ROAD LATROBE, PA 15650			.000,8	0			MCT DETECTOR WITH SWITCHING MECHANISM FOR FTIR
SAINT FRANCIS UNIVERSITY P.O. BOX 600 LORETTO, PA 15940			000'9	0.			THERMO NANODROP 1000/LAPTOP
PENN STATE YORK 1031 EDGECOMB AVENUE YORK, PA 17403			3,635.	•0		:	SCANNING DOUBLE BEAM UV/VISIBLE SPEC.
2 Enter total number of Section 501(c)(3) and government organizations	nd government or	ganizations					

3 Enter total number of other organizations
832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Department of the Treasury Internal Revenue Service
Name of the organization SCHEDULE 1-1 (Form 990)

▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990). Continuation Sheet for Schedule I (Form 990)

Open to Public OMB No 1545-0047 2008 Inspection

SPECTROSCOPY SOCIETY OF PITTSBURGH

Employer identification number 25-6048968

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)	Assistance to Go	vernments and Organ	nizations in the U.	S. (Schedule I (Fo	m 990), Part II.)		•
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARIETTA COLLEGE 215 FIFTH STREET MARIETTA, OH 45750			.000,3	0			DELTA NU ADVANTAGE 633 RAMAN SYSTEM
GROVE CITY COLLEGE 100 CAMPUS DRIVE GROVE CITY, PA 16127			6,000.	0.			FLUORESCENCE SPECTROMETER
GLENVILLE STATE COLLEGE 200 HIGH STREET GLENVILLE, WV 26351			.000,9	0			PROMEGA GIOMAX 20/20 LUMINOMETER
GANNON UNIVERSITY 109 UNIVERSITY SQUARE GANNON UNIVER ERIE, PA 16541			6,000.	.0			10 SPEC 20 SPECTROPHOTOMETERS
ALLEGHENY COLLEGE 520 N. MAIN STREET MEADVILLE, PA 16335			11,000.	0			TEMP-CONTROLLED CURVETTE HOLDER
ASHLAND UNIVERSITY 401 COLLEGE AVENUE ASHLAND, OH 44805			6,000.	0			X-RAY FLUORESCENCE DETECTOR
YALE UNIVERSITY 225 PROSPECT STREET NEW HAVEN, CT 06520			40,000.	0.			2009 COLLEGE STARTER GRANT AWARD
DOE/SOUTHWESTERN SCIENCE BOWL P.O. BOX 10940 PITTSBURGH, PA 15236			2,000.	0.			ANNUAL DONATION TO DOE/SW SCIENCE BOWL
2 Enter total number of Section 501(c)(3) and government organizations	d government org	ganizations					

Enter total number of Section 501(c)(3) and government organizations

Department of the Treasury Internal Revenue Service SCHEDULE 1-1 (Form 990)

Name of the organization

Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990). Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047 Open to Public Inspection

OF PITTSBURGH SOCIETY

Employer identification number 25-6048968

SUPPLY (FRANKLIN REGIONAL PRIPLE E SEMINAR FUNDING TOOLS (h) Purpose of grant SPECTRUM TUBE POWER or assistance CLASSROOM KITS LAB SUPPLIES LAB SUPPLIES AB SUPPLIES LAB SUPPLIES TOT PLATES (SE (g) Description of non-cash assistance appraisal, other) (f) Method of (book, FMV, valuation Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.) °. ٥. ö Ö Ö ö °. ö (e) Amount of non-cash assistance 525. 195. (d) Amount of cash grant 1,500 25,100 1,152 1,240 1,145 533, (c) IRC Code section if applicable (p) EIN SPECTROSCOPY ENERGY ENVIRONMENTAL AND ECONOMICS SOUTH BUFFALO ELEMENTARY SCHOOL H.D. BERKEY ELEMENTARY SCHOOL PLEASANT HILLS MIDDLE SCHOOL (a) Name and address of organization or government CLAIRTON ELEMENTARY SCHOOL CRAFTON ELEMENTARY SCHOOL AVELLA ELEMENTARY SCHOOL PITTSBURGH HIGH SCHOOLS 404 OLD CLAIRTON ROAD PITTSBURGH, PA 15236 PITTSBURGH, PA 15205 PITTSBURGH, PA 15236 1739 VICTORIA AVENUE PITTSBURGH, PA 15236 501 WADDELL AVENUE CLAIRTON, PA 15025 FREEPORT, PA 16229 562 FREEPORT ROAD 1874 CRAFTON BLVD ARNOLD, PA 15068 1000 AVELLA ROAD AVELLA, PA 15312 P.O. BOX 10940 VARIOUS

² Enter total number of Section 501(c)(3) and government organizations Enter total number of other organizations

Department of the Treasury Internal Revenue Service
Name of the organization SCHEDULE 1-1 (Form 990)

Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990). Continuation Sheet for Schedule I (Form 990)

Open to Public OMB No 1545-0047 2008 Inspection

Employer identification number

25-6048968

SPECTROSCOPY SOCIETY OF PITTSBURGH

Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

Tari I Colliniation of digital delica and Caller Assistance to document	Assistance to do			o de constante de la constante	(m. 100), 1 dit ii.)		
(a) Name and address of organization or government	(p) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROPEL EAST SCHOOL 1611 MONROVILLE AVE. TURTLE CREEK, PA 15145			426.	0.			KITS, THERMOMETERS, BALANCES
ROGERS ELEMENTARY SCHOOL 600 13TH STREET HUNTINGTON, WV 25701			144.	0.			MAP OF PA, CLASS SUPPLIES
ROSS ELEMENTARY SCHOOL 90 HOUSTON ROAD PITTSBURGH, PA 15237			620.	0.			CLASSROOM TOOLS
DAVID LEECH ELEMENTARY SCHOOL 200 SIBERIAN AVE. LEECHBURG, PA 15656			177.	0.			CLASSROOM TOOLS
NEW ENGLAND ELEMENTARY 2000 CLAIRTON ROAD WEST MIFFLIN, PA 15122			785.	0			CLASSROOM CALCULATOR, PUZZLES
FAIRMONT ELEMENTARY SCHOOL 1060 ATLANTIC AVENUE BRACKENRIDGE, PA 15014			400	0			SCALES
MOORE ELEMENTARY SCHOOL 3809 DALEWOD STREET BRENTWOOD, PA 15227			1,825.	•0			GEO-SAFARI QUIZ BOWL
MCCLELLAN ELEMENTARY SCHOOL 360 SCHOOL LANE PITTERINGH PA 15236			1 68	0			SCALES, BEAKERS, CLASSROOM JEOPARDY
I 🛬	nd government org	Janizations					

3 Enter total number of other organizations 832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

(Form 990)
Department of the Treasury
Internal Revenue Service
Name of the organization SCHEDULE 1-1

▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990). Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047 2008

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Open to Public Inspection
Employer identification number
25-6048968

SPECTROSCOPY SOCIETY OF PITTSBURGH [Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)	OPY SOCIE Assistance to Go	SOCIETY OF PITTS not to Governments and Organ	PITTSBURGH and Organizations in the U	.S. (Schedule I (Fo	rm 990), Part II.)	2	25-6048968
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OSBORNE ELEMENTARY SCHOOL 1414 BEAVER ROAD SEWICKLEY, PA 15143			170.	• 0			QUESTION QUEST SCIENCE SET
WILSON CHRISTIAN ACADEMY 1900 CLAITRON ROAD WEST MIFFLIN, PA 15122			1,112.	0.			ELECTRICAL CIRCUITS KIT
ELROY ELEMENTARY SCHOOL 3129 ELROY AVENUE PITTSBURGH, PA 15227			1,825.	0			GEO SAFARI/JEOPARDY
VICTORY ELEMENTARY SCHOOL 1819 GEORGETOWN ROAD HARRISVILLE, PA 16038			1,991.	0.			TREBUCHET CLASS KIT, SPECTROSCOPY EQUIP
MOTHER OF SORROWS SCHOOL 3264 EVERGREEN ROAD MURRYSVILLE, PA 15688			009	•0			CLASSROOM JEOPARDY
CLARA BARTON ELEMENTARY 764 BEVERLY ROAD WEST MIFFLIN, PA 15122			785.	0.			CLASSROOM CALCULATOR CENTER, LEGO
HOMEVILLE ELEMENTARY SCHOOL 4315 ELIZA STREET WEST MIFFLIN, PA 15122			785.	0.			CLASSROOM CALCULATOR, MAG SCI BOARDS
NEW EMERSON ELEMENTARY SCHOOL 1922 PENNSYLVANIA AVENUE WEST MIFFLIN, PA 15122			785.	•0			CLASSROOM CALCULATOR, MAG SCI BOARDS
2 Enter total number of Section 501(c)(3) and government organizations	ind government org	ganizations			•		

3 Enter total number of other organizations
832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Department of the Treasury Internal Revenue Service **SCHEDULE 1-1** (Form 990)

Name of the organization

Attach to Form 990 to list additional information for Continuation Sheet for Schedule I (Form 990) Part II and Part III, Schedule I (Form 990).

Open to Public OMB No 1545-0047 Inspection

OF PITTSBURGH

SPECTROSCOPY SOCIETY

Employer identification number 25-6048968

ELEM SCHOOL SCI. OLYMPIAD 3/8" DOWEL RODS, SCALES, (h) Purpose of grant or assistance MATERIALS MANUALS PCMINCG PCMNCG CMINCG CMINCG PCMINCG PCMINCG (g) Description of non-cash assistance appraisal, other) (f) Method of (book, FMV, valuation Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II) Ö ٥. ö ö Ö Ö ٥. ٥. (e) Amount of assistance non-cash 580. 2,024, 5,000 5,000 5,000 5,000 5,000 5,000 (d) Amount of cash grant (c) IRC Code section if applicable Enter total number of Section 501(c)(3) and government organizations (p) EIN (a) Name and address of organization or government FAIRMOUNT ELEMENTARY SCHOOL GUSTAVUS ADOLPHUS COLLEGE 500 WASHINGTON STREET SE 800 WEST COLLEGE AVENUE 7900 W. DIVISION STREET RIVER FOREST, IL 60305 BRACKENRIDGE, PA 15014 GREEN MOUNTAIN COLLEGE 45 S. NATIONAL AVENUE FOND DU LAC, WI 54935 GAINESVILLE, GA 30501 1060 ATLANTIC AVENUE DOMINICAN UNIVERSITY ST. PETER, MN 56082 MOORHEAD, MN 56562 ONE BRENNAN CIRCLE POULTNEY, VT 05764 4878 WICKLOE DRIVE GIBSONIA, PA 15044 BRENAU UNIVERSITY CONCORDIA COLLEGE MARIAN UNIVERSITY SCIENCE OLYMPIAD 901 STH STREET Parti

Department of the Treasury Internal Revenue Service
Name of the organization SCHEDULE 1-1 (Form 990)

▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990). Continuation Sheet for Schedule I (Form 990)

Open to Public Inspection Employer identification number OMB No 1545-0047 2008

SPECTROSCOPY SOCIETY OF PITTSBURGH

25-6048968

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)	Assistance to Go	vernments and Organizations	nizations in the U	S. (Schedule I (Fo	ım 990), Part II.)		
	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisa, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MCLENNAN COMMUNITY COLLEGE 1400 COLLEGE DRIVE WACO, TX 76708			5,000.	•0			PCMVCG
NORTHCENTRAL TECHNICAL COLLEGE 1000 W. CAMPUS DRIVE WAUSAU, WI 54401			5,000.	0.			PCMNCG
NORTH WESTERN COLLEGE 101 7TH STREET SW ORANGE CITY, IA 51041			5,000.	.0	į		PCMNCG
UNIVERSITY OF NEW ENGLAND 11 HILLS BEACH ROAD BIDDEFORD, ME 04005			*000'5	•0			PCMNCG
WARREN WILSON COLLEGE P.O. BOX 9000 ASHEVILLE, NC 28815			.000,2	•0			PCMNCG
FRIENDS OF THE CORPUS CHRISTI 1900 NORTH CHAPARRAL CORPUS CHRISTI, TX 78401			1,500.	0.			PCHACG
2 Enter total number of Section 501(c)(3) and government organization	nd government orc	ganizations					

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

SPECTROSCOPY SOCIETY OF PITTSBURGH

Employer identification number 25-6048968

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

Open to Public Inspection 2008

OMB No 1545-0047

Employer identification number 25-6048968

Direct controlling

Ē

entity

End-of-year assets ▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. Œ Total income 0 Legal domicile (state or foreign country) Ō ▶ See separate instructions. SPECTROSCOPY SOCIETY OF PITTSBURGH Primary activity 8 Identification of Disregarded Entities Name, address, and EIN of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service Part I

(A)	(B)	(0)	(<u>Q</u>)	Œ)	(F)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling
of related organization		foreign country)	section	status (if section 501(c)(3))	entity
THE PITTSBURGH CONFERENCE ON ANALYTICAL	PREMIER ANNUAL CONFERENCE			_	
CHEMISTRY AND APPLIED SPECTROSCOPY -, 300	AND EXPOSITION ON				
PENN CENTER BLVD, NO. 332, PITTSBURGH, PA	LABORATORY SCIENCE.	PENNSYLVANIA	9	501(C)(3)	N/A
THE SOCIETY FOR ANALYTICAL CHEMISTS OF					
PITTSBURGH - 25-6072976, 300 PENN CENTER	EDUCATION IN THE FIELD OF				
BLVD, NO. 332, PITTSBURGH, PA 15235	APPLIED SPECTROSCOPY	PENNSYLVANIA		PF	N/A

Part II Identification of Related Tax-Exempt Organizations

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Page 2

(*)	(8)	9	Q	(E)		(E)	<u>(5)</u>	£	(E)	3
Name, address, and EIN of related organization	ctivity	Legal domicile (state or foreign country)	Direct	Predominant income (related, investment, unrelated)		Share of total income	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box me 20 of Schedule. EX-1 (Form 1065)	General or managing partner?
							į			
						, ,				
Part IV Identification of Related Organizations Taxable as a Corporation or Trust	ganizations Taxable as a Cor	poration or	Trust							
(A) Name, address, and EIN of related organization	N. C	<u>.</u>	(B) Primary activity	(C) Legal domictle (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total rp, Income		(G) Share of Peend-of-year ovassets	(H) Percentage ownership
		7-1-								
							_			
			,							
832162 12-23-08								SS	Schedule R (Form 990) 2008	90) 2008

Page 3

Schedule R (Form 990) 2008 SPECTROSCOPY SOCIETY OF PITTSBURGH

Part V Transactions With Related Organizations

			┡	ı
Note. Complete line 1 if any entity is listed in Parts II, III, or IV			Yes	_1
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			-	\neg
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	•	1a	×	1
b Gift, grant, or capital contribution to other organization(s)		q.	×	
c Gift, grant, or capital contribution from other organization(s)		1 c	X	1
d Loans or loan quarantees to or for other organization(s)		Đ	×	l
		9	×	1
			 -	Г
f Sale of assets to other organization(s)		=	×	7
1 Directors are careful from other constraints		5	×	I.
		2 ;	; }	.l.
h Exchange of assets		=	<	.l
i Lease of facilities, equipment, or other assets to other organization(s)		=	×	
		-		
j Lease of facilities, equipment, or other assets from other organization(s)		1	×	1
k Performance of services or membership or fundraising solicitations for other organization(s)		¥	×	1
l Performance of services or membership or fundraising solicitations by other organization(s)		=	×	1
m Sharing of facilities, equipment, mailing lists, or other assets		重	×	ł
n Shannq of paid employees		Ę	×	1
			-	Г
o Rembursement paid to other organization for expenses		9	×	7
		2	×	1
				Г
a Other transfer of cash or organization(s)		۶	×	7
		-	×	1
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	nsaction thresholds.			1 - 1
(A)	(8)	(0)		!
Name of other organization(s)	Fransaction type (a-r)	Amount involved	olved	i
(1) THE PITTSBURGH CONFERENCE ON ANALYTICAL CHEMISTRY AND APPLIED SPECTROSCOPY	۵	514	,586.	•
(2)				1 1
			l	ŀ
(6)				1
(4)		ļ		- 1
(5)				
(9)				
832163 12-23-08	Schedul	Schedule R (Form 990) 2008	90) 200	œ

25-6048968

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Page 4

Schedule R (Form 990) 2008 SPECTROSCOPY SOCIETY OF PITTSBURGH

Part VI Unrelated Organizations Taxable as a Partnership

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

mat was not a related organization. See Instructions regarding exclusion to contain inspections practically		(3)	9	(E)	Œ	(5)	Ξ
<u> </u>		· :) .			IGI 177 OPOC	
Name, address, and EIN	Primary activity	Legal domicite (state or foreign	section 501(c)(3)	Snare of end-of- year assets	tionate	amount in box 20	managing
סו פוווון)		country)	Yes No			of Schedule K-1 (Form 1065)	
			·				
					_		
							-
							··
						Schedule R (Form 990) 2008	n 990) 2008

Form 8	3868 (Rev 4-2009)			Page 2
• If v	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this be	ox .		X
	Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed		8868	
	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).			
Par	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no c	opies r	eeded).	
	Name of Exempt Organization	Emp	loyer identification n	umber
Туре	or			
print	SPECTROSCOPY SOCIETY OF PITTSBURGH	2	<u>5-6048968</u>	
File by textende		For II	RS use only	
due dat	• for 300 penn center boulevard, no. 332	1		
filing the return. S	lee City, town or post office, state, and ZIP code. For a foreign address, see instructions.			17 4.
instructi	ons PITTSBURGH, PA 15235			1. A. A. C.
Chec	k type of return to be filed (File a separate application for each return):			
X	Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A	Fo	orm 5227 🔲 Fori	m 8870
	Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720	Fo	orm 6069	
STOP	! Do not complete Part II if you were not already granted an automatic 3-month extension on a previou	sly file	d Form 8868.	
	TREASURER			
	a books are in the care of ► 300 PENN CENTER BLVD PITTSBURGH, PA	150	25	
• The	books are in the care of SOU FERN CENTER BLVD PITISBURGH, PA	152	33	
	ephone No. ► 412-825-3220 FAX No. ►			_
	the organization does not have an office or place of business in the United States, check this box			
	his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the			
box I		memo	ers the extension is to	or.
	1104000 01 000100 0 1101101 0 1101101 0 110110	TIIN	30, 2009	
-			Change in accounting	
	•		Change in accounting	benoa
7	State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION NECESS	ARV	TO FILE A	
	COMPLETE AND ACCURATE RETURN.	/111(1	10 1111 11	
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
00	nonrefundable credits. See Instructions.	8a	\$	
ь	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.	8ь	\$	
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.	8c	s N/	A
	Signature and Verification	1 30	<u> </u>	
linder	penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the	e bestin	f my knowledge and helic	ef.
it is tru	re, correct, and complete, and that ham authorized to prepare this form	. 2021 0	,,omougo una som	,
Signat		Date	> 2/4/10	
Signat	The state of the s		Form 9969 /Day	4-2000

ALPERN ROSENTHAL 339 SIXTH AVE., PGH., PA 15222