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SCANNED AUG 3 0

Short Form Return of Organization Exempt From Income

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section of the policy organization organization organization organization organization.

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

OMB No 1545-1150

2009

Open to Public Inspection

.2009, and ending 20 A For the 2009 calendar year, or tax year beginning C Name of organization B Check if applicable D Employer identification number Please Address change American Chemical Society's New York Section, Inc. 131926773 lahel or Name change Number and street (or P O box, if mail is not delivered to street address) E Telephone number print or Initiat return type. c/o St. John's University, 8000 Utopia Parkway 516-783-6281 Terminated Specific City or town, state or country, and ZIP + 4 F Group Exemption Amended return Instruc-Application pending Jamaica, New York 11439 Number ▶ G Accounting Method: ✓ Cash ☐ Accrual • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶ H Check ▶ ☑ if the organization is not required to attach Schedule B (Form 990, I Website: ➤ www.newyorkacs.org J Tax-exempt status (check only one) — ✓ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 990-EZ. or 990-PF). If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. 149,369 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Part I 67.745 1 1 2 Program service revenue including government fees and contracts 2 8.265 3 3 45,734 Membership dues and assessments . . . 13,646 4 Investment income 4 5a Gross amount from sale of assets other than inventory 5a 0 h C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c 0 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Gross revenue (not including \$ _ ___ of contributions Less: direct expenses other than fundraising expenses 6b C Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . 6c 0 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 0 7c 8 Other revenue (describe ► Meals. Mid-Atlantic Regional Meeting 13,979 8 9 149.369 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 10 10 48.853 11 Benefits paid to or for members 0 11 12 Salaries, other compensation, and employee benefits 0 12 Expenses 13 28,579 Professional fees and other payments to independent contractors . . . 13 14 2,269 14 15 15 11,608 16 Other expenses (describe Travel, food, supplies, fees for meetings, conferences 56,489 16 17 147,798 Total expenses. Add lines 10 through 16 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 1,571 Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 473.225 ğ 20 48.016 Other changes in net assets or fund balances (attach explanation) 20 522.812 Net assets or fund balances at end of year. Combine lines 18 through 20 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (B) End of year (A) Beginning of year 22 Cash, savings, and investments 433,538 22 487,094 Land and buildings 0 23 23 0 24 Other assets (describe Gold Medals for Nichols Awards 39687 24 35,718 25 473225 25 522,812 26 Total liabilities (describe ▶ 0 26 Net assets or fund balances (line 27 of column (B) must agree with line 21) 522,812 27 473,225 27

Form **990-EZ** (2009)



| | (2000) | | | | | i age a | |
|--|--|---|-----------------------------------|--|---------|----------------------------|--|
| Par | t III Statement of Program Service Accom | plishments (See the instr | uctions for Part II | l.) | | Expenses | |
| What is the organization's primary exempt purpose? Education and Professional Development Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise | | | | | | | |
| | |)(3) and 501(c)(4) lizations and section | | | | | |
| | ner, describe the services provided, the number of | of persons benefited, and c | other relevant info | rmation for | | (a)(1) trusts, optional | |
| each | program title. | | | | | hers.) | |
| 28 | Nichols Medal Symposium and Banquet honors an e | xceptionally distinguished c | hemist. It is an all (| day event | | | |
| | at which the honoree and three colleagues present le | ectures about their research. | The symposium is | followed | | | |
| | by a reception and banquet. | _ | | | | | |
| | (Grants \$ 14,500) If this amount | includes foreign grants, ch | eck here | . ▶ 🗆 | 28a | 37,605 | |
| 29 | Project SEED provides summer research funds for h | igh school students from lov | v income families. | | | | |
| | | | | | | | |
| | | | | | | | |
| | (Grants \$ 18,500) If this amount | includes foreign grants, ch | eck here | <u>,. ▶ □</u> | 29a | 21,300 | |
| 30 | Undergraduate Research Symposium brings togethe | er college students from insti | tutions within the s | ection to | | | |
| | present their work in a public forum. | | | | | | |
| | | | | | | | |
| | (Grants \$ 9778) If this amount | includes foreign grants, che | eck here | . ▶ 🗆 | 30a | 9,632 | |
| 31 | Other program services (attach schedule) | | | | | | |
| | | includes foreign grants, che | eck here | . ▶ 🗆 | 31a | 27,523 | |
| 32 | Total program service expenses (add lines 28a t | <u> </u> | | <u> ▶</u> | 32 | 90,060 | |
| Par | t IV List of Officers, Directors, Trustees, and Key | | | ,, | | ctions for Part IV.) | |
| | (a) Name and address | (b) Title and average hours per week | (c) Compensation (If not paid, | (d) Contribution (d) Co | | (e) Expense account and | |
| | (a) Name and address | devoted to position | enter -0) | deferred compe | nsation | other allowances | |
| Bart | para Hillary - Dept of Chemistry, SUNY Old Westbury | Chair, 5 hours | | | | | |
| PO E | Box 210 Old Westbury, NY 11568 | Chair, 5 hours | 0 | | 0 | 0 | |
| Fran | k Romano -2490 Sycamore Avenue | Chair-Elect, 2 hours | | | | | |
| | tagh, NY 11783 | Cilair-Liect, 2 ilouis | 0 | | 0 | 0 | |
| Marg | garet Mandziuk | Secretary, 3 hours | | | | | |
| 16 E | ast 8th Street, Apt 4R, New York, NY 10003 | Secretary, 5 nours | 0 | | 0 | 0 | |
| | hen Z. Goldberg - Dept of Chemistry, Adelphi Univ. | Treasurer, 3 hours | | | | | |
| PO E | Box 701, Garden City, NY 11530 | Treasurer, 5 flours | 0 | | 0 | 0 | |
| Marc | Walters - Dept of Chemistry, New York University | Past Chair, 1 hour | | | | | |
| 31 W | Vashington Square Pace, Room, 101, NY, NY 10003 | r ast Ollan, 1 Hour | 0 | | 0 | 0 | |
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| Part | V , Other Information (Note the statement requirements in the instructions for Part V.) | | | |
|------|--|-------------|-------|----------|
| | | | Yes | No |
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | 33 | | ✓ |
| 34 | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes | 34 | | ✓ |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. | | | |
| а | Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? | 35a | | ✓ |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 35b | | |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | | ✓ |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0 | | | |
| b | Did the organization file Form 1120-POL for this year? | 37b | | ✓ |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? | 38a | | ✓ |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved | : | | ' |
| 39 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on line 9 | | | |
| 40a | Gross receipts, included on line 9, for public use of club facilities | | | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0 | | | i |
| L | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit | | | |
| b | transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | ✓ |
| · c | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on | | | |
| - | organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | |
| d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization | | | |
| e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | | √ |
| 41 | List the states with which a copy of this return is filed. ▶ | | | • |
| 42a | The organization's books are in care of ▶ Stephen Z. Goldberg Telephone no. ▶ 5 | 16-87 | 7-414 | 7 |
| | | 11530 | -0701 | |
| b | 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 | | Yes | |
| | account)? | 42b | | _ |
| | 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. | | | |
| С | At any time during the calendar year, did the organization maintain an office outside of the U.S.? | 42c | | ✓ |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here | | . 1 | ▶ □ |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | | | |
| | | | | |
| | | | Yes | No |
| 44 | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44 | | 1 |
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ | 45 | | ✓ |



| Form 990 | -EZ (2009) | | | | Page 4 |
|--------------|---|--|-------------------------------------|---|--|
| Part V | Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and | section 4947(a)(1) none 47(a)(1) nonexempt chari ad 51. | xempt charitab itable trusts mus | le trusts only. All tanswer question | section is 46–49b |
| | Did the organization engage in direct or indirect candidates for public office? If "Yes," complete: | | | in opposition to | Yes No 46 ✓ |
| | Did the organization engage in lobbying activities | | | | 47 V |
| | Is the organization a school as described in section | | | | 48 ✓ |
| | Did the organization make any transfers to an ex | | | | 49a ✓ |
| | If "Yes," was the related organization a section 5 | | | | 49b |
| 50 | Complete this table for the organization's five hi employees) who each received more than \$100, | ghest compensated emplo 000 of compensation from | the organization. | officers, directors, to If there is none, ent | rustees and key er "None." |
| | (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
| None | | | | | |
| | | - | | | |
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| | | <u>-</u> | | | |
| | | , | | | |
| f | Total number of other employees paid over \$100 | 0.000 | <u> </u> | .ll | |
| | Complete this table for the organization's five \$100,000 of compensation from the organizatio (a) Name and address of each independent contractor | n. If there is none, enter "N | lone." | | (c) Compensation |
| None | | | | | |
| | | | | | |
| | | | | | • |
| | | | | | |
| | | | | | |
| | Total number of other independent contractors | each receiving over \$100,0 | 00 ▶ | | |
| | Under penalties of perjury, I declare that I have examin | ed this return, including accompa | nving schedules and sta | atements, and to the bes | of my knowledge |
| | and belief, it is true, correct, and complete Declaration | of preparer (other than officer) is | based on all information | n of which preparer has a | ny knowledge |
| Sign Here | They | | 1 | 8/9/10 | |
| Here | Signature of officer | - 191 | surer | Date | |
| | Type or print name and title | soldling Trees | SWF CI | | |
| Paid | Preparer's | Date | Check if | Preparer's identifying num | ber (See instructions) |
| Prepare | er's signature | | self- employed ▶ |][| |
| Use On | yours if self-employed), | | EI | | |
| May th | address, and ZIP + 4 let IRS discuss this return with the preparer show | n above? See instructions | Pt | none no. ► | Yes 🗌 No |
| ay iii | 5 ii. 5 dioddoc tille fotdiff With the preparer show | | <u> </u> | For | m 990-EZ (2009) |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

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

OMB No 1545-0047
2009

Open to Public Inspection

| Intern | al Rev | enue Service | ► AC | tach to Form 990 or Fo | 7111 990-L | Z. 300 | Separate_ | IIISU UCUC | | | Inspection |
|--------------------------|---|---|--|---|---|---|--|--|---|---|--|
| Name of the organization | | | | | | | | | Employer identification numb | | |
| | | | | ork Section, Inc. | | | | | 13 | | 926773 |
| Pai | rt I | Reason | for Public Ch | arity Status (All or | ganizatıc | ons must | t comple | ete this | part.) Se | e instruc | ctions. |
| The 1 2 3 4 | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | | | | |
| 5 | | • | ion operated for (b)(1)(A)(iv). (Cor | the benefit of a colleg | ge or univ | versity ov | vned or c | perated | by a gove | ernmenta | I unit described in |
| 6 | | A federal, sta | ate, or local gove | ernment or governme | ntal unit | described | d ın sect i | ion 170(t |)(1)(A)(v) | | |
| 7 | | | | receives a substantia 1)(A)(vi). (Complete P | | its suppo | rt from a | governm | ental uni | t or from | the general public |
| 9 | | An organization receipts from support from | ion that normally n activities relate n gross investme | I in section 170(b)(1)(receives: (1) more that do its exempt funct ent income and unre- after June 30, 1975. | an 33⅓ % tions—su lated bus | of its sup bject to d siness tax | pport from certain ex kable inc | ceptions ome (les | , and (2) s section | no more | than 331/3 % of its |
| 10 11 e | | An organizate purposes of 509(a)(3). Cha Type By checking persons other | tion organized a one or more public heck the box that I b I this box, I cert | ify that the organizat n managers and other | rely for the nizations of suppo Type tion is no | ne benefit described rting orga ne III-Fund nt controll | t of, to point of in sectionality in the contraction of the contractio | perform to on 509(a) and com integrated tly or inc | he function (1) or section of the function of | ons of, o ction 509(es 11e thr d y one or | (a)(2). See section rough 11h. Type III-Other more disqualified |
| f g | | If the organi | zation received, check this box t 17, 2006, has | a written determinati | | | | | | | Ill supporting |
| | | (i) A person | who directly or | indirectly controls, ening body of the supp | | | | h person | s descrit | oed in (ii) | Yes No |
| | | | · · · · · · | rson described in (i) a | | | | | | | 11g(ii) |
| | | (iii) A 35% c | ontrolled entity | of a person described | d in (i) or | | | | | | 11g(iii) |
| <u>h</u> | Nam | | | ation about the support (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the o | | (v) Did y the organ col (i) | ou notify nization in of your | organızat (i) organı | s the ion in col zed in the S ? | (vii) Amount of support |
| | | | | | Yes | No | Yes | No | Yes | No | |
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Total



| Par | (Complete only if you check | | | | | and 170(b)(1 | I)(A)(vi) |
|--------|--|-------------------------------------|---------------------------------|--------------------------------------|------------------------------------|---------------------------------|---------------------------------------|
| | tion A. Public Support | | T222 | | 4 n 0000 | | , , , , , , , , , , , , , , , , , , , |
| Ca | lendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | - | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | <u> </u> | <u> </u> | <u> </u> | J | <u> </u> |
| | tion B. Total Support lendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| _ | | (a) 2000 | (5) 2000 | (0) 2007 | (6) 2000 | (6) 2000 | (i) rota. |
| 7 8 | Amounts from line 4 | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 . | | | · | L | | <u></u> |
| 12 | Gross receipts from related activities, etc. | | | | | 12 | |
| 13 | First five years. If the Form 990 is for organization, check this box and stop he | re | <u> </u> | | | | |
| | tion C. Computation of Public Su | | | 4 1 (0) | | | 0/ |
| 14 | Public support percentage for 2009 (line | | iviaea by line 1 | i, column (f)) | | 14 | <u>%</u> % |
| 15 | Public support percentage from 2008 Sci | | II, line 14 | | | 10 | |
| 16a | 331/2 % support test – 2009. If the organiand stop here. The organization qualifies | as a publicly | supported orga | nization | | | ▶ □ |
| b | 331/3 % support test—2008. If the organibox and stop here. The organization qua | ilifies as a pub | licly supported | organization . | | | ▶ □ |
| 17a | 10%-facts-and-circumstances test—20 more, and if the organization meets the "forganization meets the "facts-and-circumstances" and circumstances test—20 more, and if the organization meets the "facts-and-circumstances" and circumstances test—20 more, and if the organization meets the "facts-and-circumstances" and circumstances test—20 more, and if the organization meets the "facts-and-circumstances" and circumstances test—20 more, and if the organization meets the "facts-and-circumstances" and circumstances test—20 more, and if the organization meets the "facts-and-circumstances" and circumstances test—20 more, and if the organization meets the "facts-and-circumstances" and circumstances the " | acts-and-circu | mstances" test, | check this box | and stop here | . Explain in Part | t IV how the |
| b | 10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstant" | acts-and-circur ances" test. The | nstances" test, organization qu | check this box alifies as a publi | and stop here. cly supported or | Explain in Part ganization . | IV how the |
| 18 | Private foundation. If the organization did | I not check a be | ox on line 13, 16 | a, 16b, 17a, or | 17b, check this | box and see ins | structions ► |

| Sched | dule A (Form 990 or 990-EZ) 2009 | | | | | | Page 3 |
|-----------------|--|-------------------|-----------------|-------------------|-----------------|-------------------|-----------------|
| | Support Schedule for Organ (Complete only if you checked | | | | (2) | | |
| Sec | tion A. Public Support | | | | | | |
| Ca | lendar year (or fiscal year beginning in) 🕨 | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 111,628 | 105,242 | 108,151 | 129,007 | 113,479 | 567,507 |
| 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 | 19,892 | 17,247 | 15830 | 16965 | 8,265 | 78,199 |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | 404 500 | 400 400 | 400 000 | 445.070 | 404.744 | 0.45 707 |
| 6 | Total. Add lines 1 through 5 | 131,520 | 122,489 | 123,982 | 145,972 | 121,744 | 645,707 |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons . | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7c from line 6.) | | | | | | 645,707 |
| Sec | tion B. Total Support | | | | | <u></u> | |
| Ca | ılendar year (or fiscal year beginning in) 🕨 | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 9 | Amounts from line 6 | 131,520 | 122,489 | 123,982 | 145,972 | 121,744 | 645,707 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 12,500 | 12,914 | 558 | 15,699 | 13,646 | 55,347 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c 11 | Add lines 10a and 10b | 12,500 | 12,914 | 558 | 15,699 | 13,646 | 55,347 |
| 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.) | 144,020 | 135,403 | 124,540 | 161,671 | 135,390 | 701,054 |
| 14 | First five years. If the Form 990 is for torganization, check this box and stop tion C. Computation of Public Su | here | | | | | n 501(c)(3) |
| | | · • | | | • | | 02 04 |
| 15 16 Soc | Public support percentage for 2009 (lin Public support percentage from 2008 Stion D. Computation of Investment | Schedule A, Pa | rt III, line 15 | | | 15 16 | 92 % |
| | tion D. Computation of Investmen | | | | | 47 | 8 % |
| 17 | Investment income percentage for 200 | • | • • | - | | 17 | 8 % 6 % |
| 18 19a | | anization did no | ot check the bo | x on line 14, a | nd line 15 is n | nore than 331/3 9 | %, and line _ |
| b | 17 is not more than 33½%, check this b 33½% support tests—2008. If the organ line 18 is not more than 33½%, check this | ization did not d | check a box on | line 14 or line 1 | 19a, and line 1 | 6 is more than | 331/3 %, and |

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

| Schedule A (Fo | orm 990 or 990-EZ) 2009 | | | | ē. Page 4 |
|----------------|--|----------------------------------|------------------------------------|------------------------|---------------------------------------|
| Part IV | Supplemental Information. (Part II, line 17a or 17b; and P | Complete this Part III, line 12. | part to provide Provide any otl | the explanations requi | red by Part II, line 10; |
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American Chemical Society's New York Section, Inc. Form 990-EZ 2009

Part I - Revenue, Expenses Changes in Net Assets or Fund Balances

Line 10 - Grants and similar amounts paid

| Project SEED | \$ | 21,300 |
|-------------------------------------|-----------|--------|
| Indicator Publication | \$ | 8,240 |
| Nichols Awards | \$ | 6,000 |
| ACS Subsection Support | \$ | 5,980 |
| Leadership Development Conference | \$ | 2,550 |
| Biochemical Topical Group | \$ | 2,240 |
| Nanoscience Topical Group | \$ | 800 |
| NY Polytech Student Affiliate Grant | \$ | 500 |
| Other Misc. Awards and Grants | <u>\$</u> | 1,243 |
| Total Line 10 | \$ | 48,853 |

Line 20 - Other changes in net assets or fund balances

Net assets increased by \$48,016 as a result of the increase in value of our investment portfolio.

Part III - Statement of Program Service Accomplishments

Line 31 - Other Program Services

| Indicator Publication | \$ | 8,240 |
|-------------------------------------|-----------|--------|
| ACS Subsection Support | \$ | 5,980 |
| Leadership Development Conference | \$ | 2,550 |
| Biochemical Topical Group | \$ | 2,240 |
| High School Chemistry Olympiad | \$ | 2,100 |
| National Chemistry Week Program | \$ | 1,387 |
| Chemagination | \$ | 1,321 |
| Retired Chemists | \$ | 827 |
| Nanoscience Topical Group | \$ | 800 |
| NY Polytech Student Affiliate Grant | \$ | 500 |
| All Other | <u>\$</u> | 1,578 |
| Total Line 31 | \$ | 27,523 |