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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

	For the	e 2009 calendar year, or tax year beginning , 2009, and end	ing		, 20
		applicable Please C Name of organization American Chemical Society North Jerse	y Section, I	D Employe	r identification number
		use IRS label or Doing Business As		22	6033933
$\overline{\Box}$	vame ch	print or Number and street (or PO box if mail is not delivered to street address) Room/	suite	E Telephon	e number
Ä.	nitial ret	tura See 4 Cameron Road		(732)	463-7271
	Terminat				
		trons. Piscataway, NJ 08854		G Gross rece	epts \$ 585,930
		F Name and address of principal officer Joseph Potenza	H(a) is the	s a oroun seturo fo	or affiliates? Yes No
		38 Hillcrest Drive, Piscataway, NJ 08854	4		cluded? Tyes No
T	Tax-exe	empt status			st. (see instructions)
J	Websi	rte: ▶ www.njacs.org	H(c) Group	exemption numb	per 🕨
		organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of form	ation: 1945	M State of	egal domicile NJ
Pa	art I	Summary			
	1 1	Briefly describe the organization's mission or most significant activities. The	mission of A	ACS NJ is I	to support and
u	۱ .	advance the chemical education and chemical enterprise within its jurisd	iction, while	maintainin	ig a devotion
& Governance	-	to the members of the section.			
Ĕ	.				·
Š	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 2	5% of its net ass		
9	3	Number of voting members of the governing body (Part VI, line 1a).		. 3	4
les	4	Number of independent voting members of the governing body (Part VI, line	1b)	. 4	4
Activities	5	Total number of employees (Part V, line 2a)		. 5	0
Ac		Total number of volunteers (estimate if necessary)		6	125
		Total gross unrelated business revenue from Part VIII, column (C), line 12.		7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0
			Prior Y		Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)		388,970	455,610
Revenue	9	Program service revenue (Part VIII) line AGECEIVED		105,812	115,035
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		243	15,285
	11	Other revenue (Part VIII, column (4) lines, 5, 6d, 8c, 9c, 18c, and 11e)	,	0	0
	1	Total revenue—add lines 8 through framust equal Part Vill, column (A), line 12)	<u>e</u>	495,025	585,930
		Grants and similar amounts paid (Part IX, column (A), lines 1-104	<u> </u>	298,944	368,329
co.		Benefits paid to or for members (Part IX, Columnity) line #T	ļ <u>-</u>	0	0
Expenses		Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0	0 %
ed:	1	Professional fundraising fees (Part IX, column (A), line 11e)	· · · · · ·	0	
ŋ	1	Total fundraising expenses (Part IX, column (D), line 25) ▶	-	202 220	
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		203,239	203,439
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).		502,183	571,768
- 0		Revenue less expenses. Subtract line 18 from line 12	Desiral and 6	-7,158	14,162
ets or			Beginning of C		End of Year
Assets	: ~V	Total assets (Part X, line 16)		579,506	593,668
A P	2 4	Total liabilities (Part X, line 26)		570 506	F02.669
Zi		Net assets or fund balances. Subtract line 21 from line 20	.]	579,506	593,668
F	art II	Signature Block Under penalties of penjury, I declare that I have examined this return, including accompanying so	andulan and state	monte and to	the best of my knowledge
		and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based	on all information	of which pre	parer has any knowledge
٥.		haquelia Chapan	1	Augus	ct 16, 2010
Si	-	Signature of difficer	L Da		110, auto
He	ere	V Jacqueline Erickson Treasurer			
		Type or print name and title			
_		Type or print name and title	Check if	Propagat's (d	entifying number
		Preparer's signature	self-	(see instruct)	
Pai	d	Track Snapsh 8/15/10	employed > Z	'	
Pre	parer's	Firm's name (or yours) Frank Graveski	[-n.	1 h 12 ·	3670320
Us	Only	if self-employed).	EIN	<u>▶ 13 ;</u>	3678330 3678330
1.4	41	address, and ZIP + 4 215 Blackburn Road, Summit, NJ 07901	Inioue	no ► (917	✓ Yes No
		IRS discuss this return with the preparer shown above? (see instructions)	·	··	
Fo	r Priva	cy Act and Paperwork Reduction Act Notice, see the separate instructions.	Cat. No. 1	1282Y	Form 990 (2009

1 Briefly describe the organization's insistor. The mission of ACS NJ is to support and advance the chemical education and chemical enterprise within its jurisdiction, while maintaining a devotion to the members of the section. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? □ Ves ☑ No If "Yes," describe these new services on Schedule O. 3 Did the organization cause services on Schedule O. 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 50((A)) and 50((A)) drognization and section 4947(a)(1) frusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code: 541700.) (Expenses \$ 352,230 including grants of \$ 346,707.) (Revenue \$ 358,526.) Project SEED provides summer research funds for economically disadvantaged high school students. 4b (Code: 541700.) (Expenses \$ 148,660 including grants of \$ 15,200.) (Revenue \$ 152,342.) Technical and Educational Programs 4c (Code: 541700.) (Expenses \$ 40,024 including grants of \$ 0.) (Revenue \$ 41,015.) Educational publications, newsletters, and Councilor Travel grograms.	Par	t III Statement of Program Service Accomplishments
Jurisdiction, while maintaining a devotion to the members of the section.	4	
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?		
the proor Form 990 or 990-E27 Ves No If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Ves No If "Yes," describe these changes on Schedule O. 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501c(s) and		jurisdiction, while maintaining a devotion to the members of the section.
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	4d	
	4e	

Par	t 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	√	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
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		✓_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		✓
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 similar funds or 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		✓
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		1
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		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11		✓
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		1
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		√
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		✓
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		1
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		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	L	lacksquare

Pa	The Checklist of Required Schedules (continued)			
•			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		V ✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	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		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
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	1	
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		✓
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		1
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		/
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			-3
•			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 <u>c</u>	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
h	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return (see instructions)			-:-
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		1
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	_	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
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.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		√
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	_6a_		✓_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	İ		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
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 benefit contract?	7e		√
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		/
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			1
а	Did the organization make any taxable distributions under section 4966?	9a		-
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	1419			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	amounts due or received from them.)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
	1 1		Yes	No
1a	Enter the number of voting members of the governing body		:	i
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			لبا
	any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3_		√
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		√
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5_		√
6	Does the organization have members or stockholders?	6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			١,
	of the governing body?	7a		/
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
	The governing body?	8a	✓	
_	Each committee with authority to act on behalf of the governing body?	8b	V	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	0-		
500	tion B. Policies (This Section B requests information about policies not required by the Inte	9a		
	enue Code.)	iiiai		
7.07	sitate deduction		Yes	No
100	Describe average time have local about on househor or officiates?	10a	√	 "
	Does the organization have local chapters, branches, or affiliates?	100		
Ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10b	1	
11	affiliates, and branches to ensure their operations are consistent with those of the organization? Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	100	•	
11	form?	11	1	
11Δ	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a		1
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
_	rise to conflicts?	12b		
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		✓
14	Does the organization have a written document retention and destruction policy?	14		✓
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		,	
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		 ,
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)	7.7	"	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	73	/
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	4.5	-	-
C	the organization's exempt status with respect to such arrangements?	16b	L	L
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed >			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(or	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			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of int	erest	
	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 recognization: Jacqueline Erickson, 33 Ronald Road, Lake Hiawatha, NJ 07034, 973-889-2368	rds o	f the	

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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 not compensate any current officer, director, or trustee. (A) (C) (E) (F) Reportable Estimated Name and Title Average Position (check all that apply) Reportable compensation compensation hours per amount of Individual trustee Institutional trustee employee Highest from related other from week organizations compensation the employee (W-2/1099-MISC) organization from the compensated (W-2/1099-MISC) organization and related organizations Dr. Joseph Potenza 10 Chair Ambarish Singh 2 **Chair-Elect** Elizabeth Howson 10 Secretary Jacqueline Erickson 2 Treasurer

Part VII Section A. Officers, Directors, Tru		/ Emp	loy			d Higl	hest			
(A)	(B)	D	1	•	C)	41-4		(D) Reportable	(E)	(F)
Name and title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
None						} !				
			-	┢	<u> </u>				· .	
										_
	 			_						<u> </u>
	-									
	-									
				-						
			<u> </u>	<u> </u>						
	-									
	<u> </u>		,							ļ
1b Total			ose	lıst	 ed a		<u>►</u>) wh	no received m	l ore than \$100,0	 000 in
reportable compensation from the organization										
										Yes N
3 Did the organization list any former office employee on line 1a? If "Yes," complete S							oyee	e, or highest o	compensated	3 🗸
4 For any individual listed on line 1a, is the sthe organization and related organizations										
individual	or accrue	 comp	oen	satı	on 1	from a	any	unrelated org		4
Section B. Independent Contractors	res, comp	nete .	SCII	ieau	ile u	1 101 5	ucn	person .		5
Complete this table for your five highest compensation from the organization.	ompensate	d ind	ере	ende	ent o	contra	icto	rs that receive	d more than \$	100,000 of
(A) Name and business ad	dress						_	(B) Description of s	ervices	(C) Compensation
None					-		-			
							-		_	
2 Total number of independent contractors (-			<u> </u>			

Part	VIII	Statement of Revenue	<u>.</u>			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b	Federated campaigns 1a				
giff ilar	d	Related organizations 1d 352,852				
sim,	е	Government grants (contributions).	:			
utio le	f	All other contributions, gifts, grants,				
ott ott		and similar amounts not included above 1f 41,500 Noncash contributions included in lines 1a-1f: \$ 8,123				
Son			455,610			
		Total. Add lines 1a–1f	433,010			
Program Service Revenue	2a	Educational Programs	96,232			
Rev	b	Ed Conferences and Meetings	18,803			
<u>.</u>	C		-			
Šer	d					
Ē	e					
ogre		All other program service revenue .				
<u>~</u>	g	Total. Add lines 2a–2f ▶	115,035			
	3	Investment income (including dividends, interest, and other similar amounts)	15,285			
	5	Royalties				
		(i) Real (ii) Personal				
İ	6a	Gross Rents				
	l	Less: rental expenses				
		Rental income or (loss)				
		Net rental income or (loss)				
		assets other than inventory				
		Less. cost or other basis and sales expenses .				
		Gain or (loss)				
enne		Net gain or (loss)				
⋧		of contributions reported on line 1c).				
ř		See Part IV, line 18 a				
Other Re		Less: direct expenses b Net income or (loss) from fundraising events ▶			1	
J					 	
		Gross income from gaming activities See Part IV, line 19				
		Less: direct expenses b Net income or (loss) from gaming activities			 	
	IVA	Gross sales of inventory, less returns and allowances a			1	
	Ь	Less: cost of goods sold b			<u></u>	
		Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
	11a					
	b					
	С					
		All other revenue			 	
		Total. Add lines 11a–11d ▶ Total revenue. See instructions ▶	585,930		 	-

Part IX Statement of Functional Expenses

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

	All other organizations must complete col	umn (A) but are no	t required to comp	piete columns (B),	(C), and (D).
	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				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	368,329	368,329		
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				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services See Part IV, line 17				
	Investment management fees			 	· · · · · · · · · · · · · · · · · · ·
	<u> </u>	3,654	3,654		
_	Other	0,007			
	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	45,549	45,549		
16	Occupancy	·		·	
17	Travel	29,923	29,923		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	102,409	102,409		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization.				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Printing and Publications	3,750	3,750		
b	Postage and Mailing	16,304	16,304		
С	Supplies	1,850	1,850		
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	571,768	571,768	- .	
26	Joint costs. Check here ▶ ☐ If following	3. 1,1 00	3,. 00		
-	SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X **Balance Sheet** (A) Beginning of year (B) End of year 229,289 1 231,751 2 2 Savings and temporary cash investments 3 3 4 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges . Land, buildings, and equipment, cost or 10a 10a other basis. Complete Part VI of Schedule D 10c b Less: accumulated depreciation 10b 350.217 11 361,917 Investments-publicly traded securities 11 12 12 Investments-other securities See Part IV, line 11 13 13 Investments-program-related See Part IV, line 11 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 579,506 16 16 593,668 17 17 Accounts payable and accrued expenses Grants payable 18 18 19 19 20 Tax-exempt bond liabilities 20 Liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities. Complete Part X of Schedule D 25 25 Total liabilities. Add lines 17 through 25 26 0 26 Organizations that follow SFAS 117, check here ▶ □ and Balances complete lines 27 through 29, and lines 33 and 34. 571,506 27 585,668 27 8,000 28 8,000 28 Fund 29 29 Organizations that do not follow SFAS 117, check here ▶ □ ŏ and complete lines 30 through 34. 30 Net Assets 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds 579,506 33 593,668 33 Total liabilities and net assets/fund balances 579,506 34 593,668

Page	1	2
, auc	•	

Pai	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🗌 Accrual 🔲 Other	,	•	:
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2 a		✓
	Were the organization's financial statements audited by an independent accountant?	2b		✓
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
ď	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:		. ,	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

SCHEDULE A

(Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

<u>Am</u>	<u>eric</u>	<u>an Chemical</u>	Society North	Jersey Section, Inc.					22 :		<u>6033933</u>	3	
Pa	rt I	Reason	for Public Ch	arity Status (All or	ganizatı	ons mus	t compl	ete this	part.) Se	e instru	ctions.		
The	orga	anization is n	ot a private foun	dation because it is:	(For lines	1 through	gh 11, ch	eck only	one box.)			
1		A church, co	onvention of chu	rches, or association	of churc	hes desc	ribed in s	section 1	70(b)(1)(/	A)(i).			
2		A school de	scribed in section	on 170(b)(1)(A)(ii). (Ati	tach Sch	edule E.)							
3		A hospital o	r a cooperative h	nospital service organ	nzation d	escribed	in sectio	on 170(b)	(1)(A)(iii).				
4		A medical re		ition operated in conj	unction v	with a ho	spital de	scnbed			I)(A)(iii).	Ente	r the
5			tion operated for (b)(1)(A)(iv). (Cor	the benefit of a colle							ıl unıt de	escrib	ed in
6		A federal, st	ate, or local gov	ernment or governme	ental unit	describe	d in sect	tion 170(b)(1)(A)(v)				
7		An organizat	ion that normally	receives a substantia	al part of			•			the gen	eral p	oublic
	\Box			(1)(A)(vi). (Complete F		`amalata	Dort II \						
8 9			•	d in section 170(b)(1) receives: (1) more that		-	-	m aantrib	udiono m	omborob	ın face	and a	~~~~
9		-	-	ed to its exempt function							•		
				ent income and unre									
			-	after June 30, 1975.						011 (0)	,	300	00000
10	\Box		•	nd operated exclusive				-	•	(a)(A)			
11	H	_	-	and operated exclusive	•	-	-				r to car	rn, oi	ıt the
• •	ب			blicly supported organ									
				at describes the type				•					
		a 🗌 Type		- ·		e III–Fun			-	_	Type		her
_	Ø			ify that the organizat	• •		-	-					
٠				n managers and othe									
			section 509(a)(2)				,		J			5	
f		If the organ	ization received	a written determinati	on from	the IRS	that it is	a Type	l Type II	or Type	III sun	nortir	na
•		_	, check this box			the mo	mai ii iş	a Type	i, type ii,	or type	in Sup	portii	' ⁹ [-
g		•	•	the organization acce		 . aift or c	ontributi	on from a	nv of the				<u> </u>
9		following pe		and organization door	prod any	giit oi o	On the batte	011 11 0111 0	y O: 1.10				
				r indirectly controls, e	either alo	ne or too	ether w	th persor	s describ	ed in (ii)		Yes	No
			•	ning body of the sup		-					11g(i)		√
			_	rson described in (i) a		-					11g(ii)		✓
				of a person described							11g(ııí)		√
h				ation about the suppo									
(i)	Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Did	you notify	(vi) l	s the	(vii) A	mount	of
	org	janization		(described on lines 1-9 above or IRC section		sted in your document?		nization in of your		on in col	su	pport	
				(see instructions))	governing	GOCGINETIC.		port?	U				
					Yes	No	Yes	No	Yes	No			
Non	e												
	_				ì	İ			1				
]	[
		_		_									
]						I		

Total

Par	(Complete only if you chec					and 170(b)(1)(A)(VI)
	tion A. Public Support					· · · · · · · · · · · · · · · · · · ·	
Cal	endar 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)					D	
6	Public support. Subtract line 5 from line 4.						l
	tion B. Total Support			·		1	
Ca	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4		1				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carned 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 .	: :		1	20	· · · · · · · · · · · · · · · · · · ·	
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>		-	ear as a section	
	tion C. Computation of Public Su			1 column (6)		14	%
14	Public support percentage for 2009 (line		•	i, column (t))		15	<u>%</u>
15 16a	Public support percentage from 2008 Sci 331/3 % support test—2009. If the organi			on line 13, and	Inne 14 is 331/3	•	
	and stop here. The organization qualifies						▶ [
b	331/3 % support test—2008. If the organization quality and stop here. The organization quality						
17a	10%-facts-and-circumstances test — 20 more, and if the organization meets the "facts-and-circum	acts-and-circu	mstances" test,	check this box	and stop here	. Explain in Part	IV how the
	10%-facts-and-circumstances test – 2008 more, and if the organization meets the "facts-and-circumstance test – 2008 more, and if the organization meets the "facts-and-circumstance test – 2008 more, and if the organization meets the "facts-and-circumstance test – 2008 more, and if the organization meets the "facts-and-circumstance test – 2008 more, and if the organization meets the "facts-and-circumstance test – 2008 more, and if the organization meets the "facts-and-circumstance test – 2008 more, and if the organization meets the "facts-and-circumstance test – 2008 more, and if the organization meets the "facts-and-circumstance test – 2008 more, and if the organization meets the "facts-and-circumstance test – 2008 more, and if the organization meets the "facts-and-circumstance test – 2008 more, and if the organization meets the "facts-and-circumstance test – 2008 more, and if the organization meets the "facts-and-circumstance test – 2008 more, and if the organization meets the "facts-and-circumstance test – 2008 more, and if the organization meets the "facts-and-circumstance test – 2008 more, and if the organization meets the "facts-and-circumstance test – 2008 more, and if the organization meets the "facts-and-circumstance test – 2008 more, and if the organization meets the organization meets the organization meets the organization meets and organization m	acts-and-circur ances" test The	mstances" test, e organization qu	check this box alifies as a publi	and stop here cly supported or	Explain in Part rganization	IV how the
18	Private foundation. If the organization did	I not check a b	ox on line 13, 16	Sa, 16b, 17a, or	17b, check this	box and see ins	tructions > 1
		·· <u>-</u> .			Cal	adula A (Earm 90)	

	ule A (Form 990 or 990-EZ) 2009	• • •	" ' ' '	.: 500(.)	(0)		Page 3
Par	t III Support Schedule for Organ (Complete only if you checke				(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.")	52,000	245,100	303,267	388,970	455,610	1,467,030
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	153,718	120,460	158,598	105,812	115,035	605,445
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						
6	Total. Add lines 1 through 5	205,718	365,560	461,865	494,782	570,645	2,072,475
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						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						2,072,475
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	205,718	365,560	435.770	494.782	570.645	2,072,475
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16,508	8,970	461	243	15,285	47,546
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	16,508	8,970	461	243	15,285	47,546
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.)	222,226	374,530	462,326	495,025	585,930	2,120,021

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)	15	98.1	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	98	%
Sec	tion D. Computation of Investment Income Percentage			
17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)).	17_	1.9	%
18	Investment income percentage from 2008 Schedule A, Part III, line 17	18	2	%
40-	201/ 0/ summent tracts 2000 If the experience did not about the boy on line 14 and line 15 in m		han 201/ 0/ and le	

19a 331/4 % support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 331/5 %, and line 17 is not more than 331/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization \blacktriangleright

331/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3 %, and line 18 is not more than 33½%, check this box and **stop here.** The organization qualifies as a publicly supported organization ightharpoonupPrivate foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ □

Part IV	Supplemental Information. Part II, line 17a or 17b; and	Complete this Part III, line 12.	part to provide the Provide any other	explanations required additional information.	by Part II, line 10; See instructions.
None					•
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Open to Public

Inspection

6033933

Employer identification number

22

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

American Chemical Society North Jersey Section, Inc. Form 990, Part III, item 4d - Other program Services Outreach Activities (National Chemistry Week/Earth Day/Street fairs) – These outreach activities are designed to educate the general public about the basics of science, chemistry in particular. During National Chemistry Week, a fair is held at Liberty Science Center, where we conduct hands-on demonstrations. National Chemistry Week and Earth Day poster contests are held for students in grades K-12. Street fairs are used to conduct hands-on demonstrations and educate people about chemistry. Education/Technical programming for members – Each of our topical groups, as well as some of our committees schedule technical programming on a regular basis. This includes organizing dinner speakers, mini-conferences and symposia in various areas of chemistry - organic, analytical and polymer science to name a few. Our Teacher Affiliates group hold monthly meetings where they discuss teaching techniques and provide classroom demonstrations for use at other schools. Education of students - In addition to the outreach activities, we support the education of students through the Chemistry Olympiad, Chemistry Olympics and Science Olympics. We provide prizes for top students in these competitions Form 990, Part VI, Line 11. Form 990 is sent to each member of the governing body, and any questions are answered by the Treasurer. Form 990, Part VI, Line 19. The organization makes its documents available to the public upon request.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships See separate instructions. Attach to Form 990.

OMB No 1545-0047

Open to Public

Employer Identification number

(f)
Direct controlling entity (f)
Direct controlling entity 6033933 Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it Public charity status (if section 501(c)(3)) (e) End-of-year assets 22 Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Exempt Code section (d) Total income (c)
Legal domicile (state
or foreign country) Legal domicile (state or foreign country) Washington, DC Primary activity Primary activity had one or more related tax-exempt organizations during the tax year.) Education American Chemical Society North Jersey Section, Inc. Name, address, and EIN of related organization (a)
Name, address, and EIN of disregarded entity 1155 Sixteenth Street, NW. Washington, DC 20036 American Chemical Society National Part I Part II

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

Cat No 50135Y

Schedule R (Form 990) 2009

Schedule R (Form 990) 2009

Yes No managing partner? Percentage ownership General or 9 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets 9 Disproportionate allocations? Yes No Ξ (f) Share of total income (g)
Share of end-of-year assets Type of entity (C corp, S corp, or trust) because it had one or more related organizations treated as a partnership during the tax year.) Share of total income Direct controlling entity € Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) (d)
I Direct controlling entity Primary activity (c)
Legal
domicile
(state or
foreign Name, address, and EIN of related organization Primary activity Name, address, and EIN of related organization Œ Part IV Part III

Schedule R (Form 990) 2009

1 -		Vac No
	:	┷
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?	in Parts II-IV?	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		la
b Gift grant or capital contribution to other organization(s)		1b
		ار ب
		7
d Loans or loan guarantees to or for other organization(s)		
e Loans or loan guarantees by other organization(s)		9
# Sala of accept to other organization(c)		14
יייייייייייייייייייייייייייייייייייייי		5
g Purchase of assets from other organization(s)		<u></u>
h Exchange of assets		<u>د</u>
i Lasso of facilities an imment or other assets to other organization(s)		;=
י במסול כן מכווונים; פלינורים מסוכים מסוכים כי סווים		
j Lease of facilities, equipment, or other assets from other organization(s)		
k Performance of services or membership or fundraising solicitations for other organization(s)	•	*
I Performance of services or membership or fundraising solicitations by other organization(s)		=
m Sharing of facilities equipment mailing lists or other assets		-E
Change of national and productions and the control of the control	•	-
ייייייין פון מייין פון אמנו מייין פון אמנו מייייייין פון פון פון פון פון פון פון פון פון פו		
		5
o Reimbursement paid to other organization for expenses		2 ,
p Reimbursement paid by other organization for expenses		10
a Other transfer of cash or property to other organization(s)	•	19
r Other transfer of cash or property from other organization(s)		1.
If the answer to any of the above is "Yes," see the instruc	relationships and transa	action thresholds.
	3	3
(a) Name of other organization	(b) Transaction type (a-r)	Amount involved
American Chemical Society National	S	\$394,352
(3)		
(4)		
(9)		
	Schedule	Schedule R (Form 990) 2009

Part VI Unr

Unrelated Organizations Taxable as a Partnership (Complete If the organization answered "Yes" to Form 990, Part IV, line 37.)

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.

(0)	9	(0)	Ð	3	€	(5)	3
Name, address, and EIN of entity	Primary activity	Legal domicile	Are all part	<u>ත</u>	Disproportionate		General or
		(state or foreign country)	section 501(c)(3) organizations?		alfocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?
			Yes	No	Yes No		Yes No
			_		•		

Schedule R (Form 990) 2009