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Department of the Treasury Internal Revenue Service

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)

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

OMB No 1545-0047

2009

Open to Public Inspection

			C Name of organization	-01-2009 and ending 12-31-2	009	D Employer id	entification number
	iress ch	· · · · · · · · · · · · · · · · · · ·	AMERICAN OIL CHEMISTS' SO	OCIETY	36-21798		
☐ Nar	ne cha		Doing Business As			E Telephone n	
Inıt	ıal retu		Number and street (or P O 1	pox if mail is not delivered to street add	dress) Room/suite	(217) 359- G Gross receipts	
Ter	mınate		2710 S BOULDER DRIVE			G Gloss receipts	5 \$ 5,739,412
	ended		City or town, state or countr URBANA, IL 618026996	y, and ZIP + 4	_	1	
App	olication	pending	,				
			ame and address of principa I HINTON	lofficer		ıs a group retui	
		2710	S BOULDER DRIVE		affilia	ates?	⊤Yes 🔽 No
		URBA	ANA,IL 618037190		1	ll affiliates inclu	
	x-exem	npt status 🔽 5010	(c) (3) ◀ (insert no)	(a)(1) or	l l	o," attach a lis [.] up exemption n	t (see instructions)
		:: ► http://www.a		· · · · · · · · · · · · · · · · · · ·		up exemption if	umber P
K Forr	n of org	ganization 🔽 Corpoi	ration Trust Association	Other ►	L Year of fo	ormation 1909	M State of legal domicile IL
Pa		Summary					
Governance		TO BE A GLOBA PERSONAL EXC	ELLENCE, AND TO PROVI	HE EXCHANGE OF IDEAS, INF DE HIGH STANDARDS OF QU DLOGY OF FATS, OILS, SURFA	ALITY AMONG	THOSE WITH	A PROFESSIONAL
30Ve	,	Check this hov	If the organization disco	ntinued its operations or dispos	ed of more than	25% of its not	20000
	2		•	body (Part VI, line 1a)			assets 313
Activities &	4			ne governing body (Part VI, line			1 13
Ĭ	5	•	employees (Part V , line 2a)		,		5
୍ଦ୍	6	Total number of	volunteers (estimate if nece	ssary)		•	1,050
	7a	Total gross unre	lated business revenue from	n Part VIII, column (C), line 12		7	'a 388,029
	Ь	Net unrelated bu	siness taxable income from	Form 990-T, line 34			'b 23,588
					or Year	Current Year	
ā	8		and grants (Part VIII, line 1)		257,928 4,813,930	291,480	
Rayenue	10	=		g)		71,629	4,363,880
2	11			5, 6d, 8c, 9c, 10c, and 11e)	-	4,781	10,597
	12		-add lines 8 through 11 (mu	line	5 4 4 9 9 6 9	4700405	
	13			column (A), lines 1–3)		5,148,268	4,729,135
	14			olumn (A), line 4)	•	37,039	03,300
	15	•		nefits (Part IX, column (A), line	s 5-		
Expenses		10)				2,165,820	2,162,063
<u>₹</u>	16a			mn (A), line 11e)			0
五	Ь	=	xpenses (Part IX, column (D), line	•	-	2 472 476	0.555.464
	17 18	•		11a-11d, 11f-24f) ual Part IX, column (A), line 25		2,478,476 4,701,935	2,555,164 4,780,533
	19	•		om line 12		446,333	-51,398
Net Assets or Fund Balances			.,		Beginnin	g of Current Year	End of Year
SS et	20	Total assets (P	art X, line 16)			5,261,667	5,229,758
	21	Total liabilities	(Part X, line 26)			2,106,025	2,070,774
	22		und balances Subtract line	21 from line 20		3,155,642	3,158,984
Pai	rt II	Signature B					
				mined this return, including accompany on of preparer (other than officer) is ba			
Sign Here		***** Signature of off	icer		2010 Date	-06-22	
			EXECUTIVE VICE PRESIDENT				
		Type or print na	ime and title	T_	Ta	T	
Paid	_	Preparer's signature DEN	ISE V MARTIN CPA	Date	Check if self-empolyed	Preparer's ident (see instruction	
•	arer's	Firm's name (or you if self-employed),	urs MARTIN HOOD FRIESE & A		EIN Þ		
Use (צוווכ	address, and ZIP +	4 2507 SOUTH NEIL STREET		-		
			CHAMPAIGN, IL 61820			Phone no 🕨 (<u>, </u>
Mayt	he IR	S discuss this ret	turn with the preparer showr	above? (see instructions) .			▼Yes 「No

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

TO BE A FORUM FOR THE EXCHANGE OF IDEAS, INFORMATION, AND EXPERIENCE AMONG THOSE WITH A PROFESSIONAL INTEREST IN THE SCIENCE AND TECHNOLOGY OF FATS, OILS, AND RELATED SUBSTANCES IN WAYS THAT PROMOTE PERSONAL EXCELLENCE AND PROVIDE FOR HIGH STANDARDS OF QUALITY

2	Did the organization the prior Form 990			ervices during the year	which were not listed on	┌ Yes ┌ No
	If "Yes," describe	these new services on S	chedule O			
3	Did the organization	on cease conducting, or	make sıgnıfıcar	nt changes in how it co	nducts, any program	┌ Yes ┌ No
	If "Yes," describe	these changes on Sched	ule O			
4	Section 501(c)(3)		ions and secti	on 4947(a)(1) trusts a	largest program services by ire required to report the amo service reported	•
4a	(Code) (Expenses \$	903,424	ıncludıng grants of \$	63,306) (Revenue \$	1,143,119)
	MEMBERSHIP - MEME	BERSHIP EXPENSE RELATED TO	O MEMBER SERVIO	CES AND PRODUCTION OF D	DIRECTORY	
4b	(Code) (Expenses \$	1,520,941	ıncludıng grants of \$) (Revenue \$	1,142,475)
	EDUCATION/MEETING MEMBERSHIP	GS & CONFERENCE-ANNUAL M	IEETINGS, WORLD	CONFERENCE AND OTHER	SHORT COURSES FOR SOCIETY ME	MBERS FOR EDUCATION OF
4c	(Code) (Expenses \$	1,187,721	ıncludıng grants of \$) (Revenue \$	1,238,825)
	TECHNICAL DEPARTM TECHNICAL METHOD		SSIONAL ACTIVITI	ES RELATED TO TESTING MA	ATERIALS AND OTHER TECHNICAL P	ROGRAMS AND PUBLICATION OF
4d	Other program se	ervices (Describe in Sch	nedule O) See	also Additional Data fo	or Description	
	(Expenses \$	644,297 ind	luding grants o	of \$) (Revenue \$	980,412)
4e	Total program se	rvice expenses ⊧ \$	4,256,38	13		

Dart TV	Checklis	t of De	auired	Schadula	
allutv	CHECKIIS	LUIKE	uuneu	Scheuule	18

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
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	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? 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	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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	Yes	
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 U S? If "Yes," complete Schedule F, Part II	15		No
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 U S ? If "Yes," complete Schedule F, Part III	16	Yes	
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		No
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		Νο
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		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
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		No
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
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 any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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	25a		No
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		No
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		No
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		No
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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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 owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
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	Yes	
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	Yes	
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		No
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		No
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	Yes	

Form 990 (2009)									
Part V	Statements Regarding Other IRS Filings and Tax Compliance								
						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 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
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)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
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)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ►UK See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	-		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	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		No
	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).	l_		
	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	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	file Form 8282?	7с		No
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		
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		
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.			
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		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	4		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

2710 S BOULDER URBANA,IL 61801 (217) 359-2344

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

Se	ction A. Governing Body and Management			
			Yes	No
	Enteration control for the control of the control o			
1a b	Enter the number of voting members of the governing body 1a 13 Enter the number of voting members that are independent 1b 13			
ъ 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any			
2	other officer, director, trustee, or key employee?	2		Νo
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		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
	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?	10b	Yes	
11		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
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		Νο
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?	16b		
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed IL			
18	Section 6104 requires an organization to make its Form 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			
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. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	nızatıor	n ⊫ -
	MARLA BAILEY	-		

Part VIII 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, and current key employees 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, or 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 i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	ched	ckal)	I		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	organization (W- 2/1099-MISC) (W- 2/1099- MISC) MISC)		compensation from the organization and related organizations		
See add'l data										

For	n 990 (2009)			Page 8
1 b	Total	0		27,929
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►1			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address (B) Description of services		(C Comper	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization \(\mathbb{E}\)0			
		F	orm 99	0 (2009)

Form 99								Page 9
Part V	<u> </u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
#\$E	1a	Federated camp	paigns 1a					
ă Pă	ь	Membership du	es 1b					
ું. B	С	Fundraising eve	ents 1c					
<u>≅</u> ,≅	d		ations 1d					
ώ E	e	Government grants						
Contributions, gifts, grants and other similar amounts	f	sımılar amounts no		291,480				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	g		butions included in					
and and	h	lines 1a-1f \$ Total. Add lines	s 1a-1f	▶	291,480			
				Business Code				
Program Service Revenue	2a	TECHNICAL PROGR	RAMS	541,700	1,238,825	1,238,825		
æ	ь	EDUCATION & MEE	TINGS	541,700	1,142,475	1,142,475		
92 <u>1</u>	С	PUBLICATIONS		541,700	886,125	886,125		
ž.	d	MEMBERSHIP DUES	5	541,700	708,426	708,426		
Ē	e	ADVERTISING		541,800	388,029		388,029	
210°	f	All other progra	ım service revenue					
Ě	g	Total. Add lines	s 2a-2f		4,363,880			
	3	Investment inc	ome (including dividen	ds, interest				
			ar amounts)	-	56,966			56,966
	4		tment of tax-exempt bond	· · · · ·				
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross Rents	(i) iteal	(II) I CISOIIII				
	ь	Less rental						
	С	expenses Rental income						
	d	or (loss) Net rental incor	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	1,016,489					
	b	Less cost or other basis and	1,010,277					
	c	sales expenses Gain or (loss)	6,212					
	d	Net gaın or (los	s)		6,212	6,212		
A.	8a	Gross income fi events (not incl						
Other Revenue		\$	reported on line 1c)					
- di			а					
Ě	Ь		penses b loss) from fundraising	avents 🕨				
•	c 9a		rom gaming activities	events				
	ь	See Part IV , lin						
	c		loss) from gaming acti	vities				
	10a	Gross sales of I	• •					
	ь	Less cost of go	oods sold b					
	с		loss) from sales of inve	entory 🗠				
		Miscellaneous	s Revenue	Business Code				
	11a	MISCELLANEO	ous	541,700	10,597	10,597		
	b							
	С							
	d	All other revenu		L				
	e	Total. Add lines	> 110-110		10,597			
	12	Total revenue.	See Instructions .	▶[4,729,135	3,992,660	388,029	56,966

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).									
			(B)	(D).	(D)					
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	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	57,306	57,306							
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	6,000	6,000							
4	Benefits paid to or for members									
5	Compensation of current officers, directors, trustees, and key employees	181,384	157,757	23,627						
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	1,589,155	1,382,154	207,001						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	69,954	60,842	9,112						
9	Other employee benefits	173,999	151,334	22,665						
10	Payroll taxes	147,571	128,349	19,222	<u> </u>					
11	Fees for services (non-employees)									
а	Management									
ь	Legal	12,815	7,699	5,116						
с	Accounting	15,400	9,251	6,149						
d	Lobbying									
e	Professional fundraising See Part IV, line 17									
f	Investment management fees				_					
g	Other				_					
12	Advertising and promotion									
13	Office expenses				-					
14	Information technology				_					
15	Royalties									
16	Occupancy	76,838	46,161	30,677	_					
17	Travel	·	,	·	-					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	856,902	856,902							
20	Interest	45,686	36,176	9,510						
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	87,070	71,475	15,595						
23	Insurance	14,315	8,600	5,715						
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	TECHNICAL DEPARTMENT EX	513,748	513,748		-					
b	MEMBERSHIP DEPARTMENT E	292,621	267,007	25,614	-					
С	PRINTING & PUBLICATIONS	202,091	202,091							
d	100th ANNIVERSARY EXPEN	112,437	67,547	44,890	_					
e	DIRECT G & A	85,633	81,647	3,986	_					
f	All other expenses	239,608	144,337	95,271	_					
25	Total functional expenses. Add lines 1 through 24f	4,780,533	4,256,383	524,150	0					
26	Joint costs. Check here ► ☐ 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	,,	,,							

Pa	rt X	Balance Sheet							
				(A) Beginning of year		(B) End of year			
	1	Cash—non-interest-bearing		781,630	1	838,822			
	2	Savings and temporary cash investments		1,721,732	2	1,158,998			
	3	Pledges and grants receivable, net	•						
	4	Accounts receivable, net		468,597	4	391,108			
	5	Receivables from current and former officers, directors, trustees, key e highest compensated employees Complete Part II of	mployees, and						
Assets		Schedule L			5				
	6	Receivables from other disqualified persons (as defined under section 4 persons described in section 4958(c)(3)(B). Complete Part II of	1958(f)(1)) and						
		Schedule L			6				
	7	Notes and loans receivable, net			7	_			
	8	Inventories for sale or use		51,327	8	67,546			
⋖	9	Prepaid expenses and deferred charges		264,862	9	243,822			
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D 10a	2,346,904						
	ь	Less accumulated depreciation 10b	665,056	1,698,888	10c	1,681,848			
	11	Investments—publicly traded securities		139,340	11	707,587			
	12	Investments—other securities See Part IV, line 11			12				
	13	Investments—program-related See Part IV, line 11		13					
	14	Intangible assets		14					
	15	Other assets See Part IV, line 11	135,291	15	140,027				
	16	Total assets. Add lines 1 through 15 (must equal line 34)		5,261,667	16	5,229,758			
	17	Accounts payable and accrued expenses .		232,511	17	317,645			
	18	Grants payable			18				
	19	Deferred revenue		1,064,953	19	1,000,011			
	20	Tax-exempt bond liabilities			20				
<u>ē</u>	21	Escrow or custodial account liability $\it Complete Part IV of Schedule D$.			21				
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified							
ä		persons Complete Part II of Schedule L			22				
	23	Secured mortgages and notes payable to unrelated third parties		808,561	23	753,118			
	24	Unsecured notes and loans payable to unrelated third parties			24				
	25	Other liabilities Complete Part X of Schedule D			25				
	26	Total liabilities. Add lines 17 through 25		2,106,025	26	2,070,774			
,		Organizations that follow SFAS 117, check here ▶ 🔽 and complete lin	es 27						
Fund Balance		through 29, and lines 33 and 34.							
<u> </u>	27	Unrestricted net assets		2,799,942	27	2,784,896			
8	28	Temporarily restricted net assets		44,184	28	61,664			
Ξ	29	Permanently restricted net assets		311,516	29	312,424			
		Organizations that do not follow SFAS 117, check here ▶ ☐ and comp	let e						
ō	20	lines 30 through 34.			_				
ets	30	Capital stock or trust principal, or current funds			30				
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31				
	32	Retained earnings, endowment, accumulated income, or other funds		0.455.040	32	0.450.004			
Net	33	Total net assets or fund balances		3,155,642	33	3,158,984			
	34	Total liabilities and net assets/fund balances		5,261,667	34	5,229,758			

Part XI Financial Statements and Reporting

			Yes	No
L	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	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			
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		No
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)

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization AMERICAN OIL CHEMISTS' SOCIETY

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

Public Charity Status and Public Support

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

Inspection **Employer identification number**

									36-2179819		
	rt I			olic Charity State						ructions	
he	organız	zation is	not a private	foundation because	ıtıs (Forlır	nes 1 throug	h 11, check d	only one box)		
1	\sqcap	A churc	h, conventio	on of churches, or as:	sociation of c	hurches se	ction 170(b)((1)(A)(i).			
2	\sqcap	A schoo	ol described	ın section 170(b)(1)	(A)(ii). (Atta	ach Schedul	e E)				
3	\sqcap	A hospi	tal or a coop	erative hospital serv	/ice organiza	tıon descrıb	ed in section	170(b)(1)(A	A)(iii).		
4	Γ		cal research l's name, cit	organization operate y, and state	d in conjunc	tion with a h	ospital descr	ıbed ın secti	on 170(b)(1)	(A)(iii). Ente	erthe
5	Γ	An orga	nızatıon ope	rated for the benefit	of a college o	or university	owned or ope	erated by a g	jovernmental	unıt describ	_ ed in
		section	170(b)(1)(A	\)(iv). (Complete Pa	rt II)						
6	\vdash	A federa	al, state, or l	ocal government or q	governmenta	l unıt descri	bed in sectio i	n 170(b)(1)((A)(v).		
7	\vdash	A n orga	nızatıon that	t normally receives a	substantial	part of its s	upport from a	government	al unit or fron	n the general	public
		describe section		A)(vi) (Complete Pa	rt II)						
8	\vdash	A comm	nunity trust o	described in section	170(b)(1)(A)(vi) (Comp	olete Part II)				
9	굣	Anorga	nızatıon that	t normally receives	(1) more tha	n 331/3% of	ıts support fı	rom contribu	tions, membe	rship fees, a	nd gross
		receipts	from activit	ties related to its exe	empt function	ns—subject	to certain exc	eptions, and	d (2) no more	than 331/3%	of
		ıts supp	ort from gro	ss investment incom	ne and unrela	ted busines:	s taxable inco	ome (less se	ction 511 tax	() from busin	esses
		acquire	d by the orga	anızatıon after June 3	30,1975 Se	e sect ion 50	9(a)(2). (Cor	mplete Part :	III)		
10	Γ	Anorga	nızatıon orga	anızed and operated	exclusively t	o test for pu	ıblıc safety S	ee section 5	09(a)(4).		
11	Γ	one or r	nore publicly	anized and operated v supported organization vies the type of suppo b	tions describ rting organiz	ed in sectionation	n 509(a)(1) d	or section 50 11e through	09(a)(2) See	•	a)(3). Check
e	Γ	other th section	an foundatio 509(a)(2)	x, I certify that the o	er than one o	r more publi	cly supported	d organizatio	ns described	in section 50	09(a)(1) or
f		check t	his box	eceived a written det						supporting o	organization,
g			ugust 17, 20 g persons?	006, has the organiz	ation accept	ed any gift o	r contribution	n from any of	fthe		
				ectly or indirectly co	ntrols, either	alone or too	gether with pe	ersons desci	rıbed ın (ıı)		Yes No
		and (III)	below, the g	overning body of the	the supporte	ed organizat	ion?			11g(i)	
				r of a person describ						11g(ii)	
		(iii) a 3	5% controll	ed entity of a person	described in	(ı) or (ıı) ab	ove?			11g(iii)	
h				g information about t							
				•	• •	J	. ,				
(i) Name of supported organization		of rted	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see	(iv) Is the organizati col (i) list your govei documei	on in ed in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga in the U	on in anized	(vii) A mount of support?
				instructions))	Yes	No	Yes	No	Yes	No	1
				,,							

Total

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	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) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
_	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averagest	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

	ction A. Public Support						
Cale	ndar 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")	712,037	938,214	828,878	952,540	999,906	4,431,57
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	4,896,281	4,472,259	4,055,463	4,113,157	3,655,454	21,192,61
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	5,608,318	5,410,473	4,884,341	5,065,697	4,655,360	25,624,18
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons						
b	A mounts 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				48,578	2,709	51,28
c	Add lines 7a and 7b				48,578	2,709	51,28
8	Public Support (Subtract line 7c from line 6)						25,572,90
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6	5,608,318	5,410,473	4,884,341	5,065,697	4,655,360	25,624,18
	C						
10a	Gross income from interest,						
10a	dividends, payments received on securities loans, rents, royalties and income from similar sources	31,666	67,335	92,989	71,629	63,178	326,79
10a b	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	31,666	67,335	92,989	71,629	63,178	326,79
	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes)	31,666 31,666	67,335 67,335	92,989	71,629 71,629	63,178 63,178	326,79 326,79
b	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		·	·			· · · · · · · · · · · · · · · · · · ·
b	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 Net income from unrelated business activities not included in line 10b, whether or not the		·	·			· · · · · · · · · · · · · · · · · · ·
ь с 11	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 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c,	31,666	67,335	92,989	71,629	63,178	326,79
b c 11 12	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 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	31,666 103,971 5,743,955	56,652 5,534,460	92,989 17,936 4,995,266	71,629 4,781 5,142,107	10,597 4,729,135	326,79 193,93 26,144,92
b c 11 12 13 14	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 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is a check this box and stop here	31,666 103,971 5,743,955 for the organizatio	56,652 5,534,460 n's first, second,	92,989 17,936 4,995,266	71,629 4,781 5,142,107	10,597 4,729,135	326,79 193,93 26,144,92 zation,
b c 11 12 13 14	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 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is a check this box and stop here	31,666 103,971 5,743,955 for the organization	56,652 5,534,460 n's first, second,	92,989 17,936 4,995,266 third, fourth, or fi	71,629 4,781 5,142,107	63,178 10,597 4,729,135 501(c)(3) organi	326,79 193,93 26,144,92 zation, ▶┌
b c 11 12 13 14	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 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is a check this box and stop here	31,666 103,971 5,743,955 for the organization lic Support Pe	56,652 5,534,460 n's first, second,	92,989 17,936 4,995,266 third, fourth, or fi	71,629 4,781 5,142,107	10,597 4,729,135	326,79 193,93 26,144,92 zation,
b c 11 12 13 14 Se 15 16	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 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the check this box and stop here Ction C. Computation of Pub Public Support Percentage from 2009	31,666 103,971 5,743,955 for the organization lic Support Performance (Inc.) (Inc.) (Inc	56,652 5,534,460 n's first, second, rcentage) divided by line :	92,989 17,936 4,995,266 third, fourth, or fi	71,629 4,781 5,142,107	63,178 10,597 4,729,135 501(c)(3) organi:	326,79 193,93 26,144,92 zation, 97 810 %
b c 11 12 13 14 Se 15 16	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 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is to check this box and stop here ction C. Computation of Pub Public Support Percentage for 2009	31,666 103,971 5,743,955 for the organization lic Support Period (Inc.) (Iline 8 column (f.) (Iline 8 co	56,652 5,534,460 n's first, second, rcentage) divided by line : irt III, line 15 me Percentage	92,989 17,936 4,995,266 third, fourth, or fi	71,629 4,781 5,142,107 Ifth tax year as a	63,178 10,597 4,729,135 501(c)(3) organia	326,79 193,93 26,144,92 zation, 97 810 % 96 440 %
b c 11 12 13 14 Se 15 16 Se 17	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 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is a check this box and stop here ction C. Computation of Pub Public Support Percentage for 2009 Public support percentage from 2000 ction D. Computation of Inventor in the second secon	31,666 103,971 5,743,955 for the organization (line 8 column (for the second of th	56,652 5,534,460 n's first, second, rcentage) divided by line : irt III, line 15 me Percentag umn (f) divided b	92,989 17,936 4,995,266 third, fourth, or fi	71,629 4,781 5,142,107 Ifth tax year as a	63,178 10,597 4,729,135 501(c)(3) organi:	326,79 193,93 26,144,92 zation, 97 810 %

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported

organization

b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private 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. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

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As Filed Data

DLN: 93493179004580

OMB No 1545-0047

Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Employer identification number Name of the organization AMERICAN OIL CHEMISTS' SOCIETY 36-2179819 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during	
the taxable year 🕨	
Number of states where property subject to conservation easement is located 🛌	
Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	┌ No
Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ►	
A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$	
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	┌ No
In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	
	Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Tyes In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

▶\$_____

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

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

Schedule D (Form 990) 2009

Cat No 52283D

Part	Organizations Maintaining Co	llections of Art	:, His	toric	<u>al Tre</u>	easu	res, or O	the	<u>r Simila</u>	r Asse	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne follo	wing th	hat ar	e a significa	nt u	se of its c	ollectio	ו	
а	Public exhibition		d		Loan o	rexcl	hange progr	ams				
ь	Scholarly research		e	Γ (Other							
С	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	w they	further	r the c	organization	's ex	empt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar	Г	Yes	┌ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answere	d "Y	es" to Fo	rm 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	for co	ntrıbut	ions o	or other ass	ets i	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	/ and complete the	follow	ving tab	ole		Γ			A mou	ınt	
c	Pagannang halanga						-	1c		Alliot		
d	Beginning balance Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance						-	1f				
2a	Did the organization include an amount on Fo	orm 000 Part V lin	0 212				L				Yes	
			e 21,							'	165	, 140
	If "Yes," explain the arrangement in Part XIV rt V Endowment Funds. Complete i		n and	worod	t "Voc	" to 1	Form 000	Dar	t IV lino	10		
гŒ	Endowment Funds. Complete	(a)Current Year)Prior Ye			vo Years Back		Three Years)Four Y	ears Back
1a	Beginning of year balance	343,449	<u> </u>		12,699	(=)::					,	
b	Contributions	1,696										
c	Investment earnings or losses	24,804			1,534							
d	Grants or scholarships				2,717							
e	Other expenditures for facilities and programs	9,586										
f	Administrative expenses											
g	End of year balance	360,363		3	311,516							
2	Provide the estimated percentage of the yea	r end balance held a	as									
а	Board designated or quasi-endowment 🕨	%										
b	Permanent endowment 🕨 87 000 % %											
c	Term endowment ► 13 000 % %											
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	ation	that ar	e held	and a	dministere	d for	the		Yes	No
	(i) unrelated organizations									3a(i)		Νo
	(ii) related organizations									3a(ii)		No
	If "Yes" to 3a(II), are the related organizatio	•						٠		3b		
4	Describe in Part XIV the intended uses of th) O D		10				
Pal	t VI Investments—Land, Buildings	s, and Equipme	nt. S				Ι ΄		I	Т		
	Description of investment				Cost or o		(b)Cost or o basis (othe		(c) Accum deprecia		(d) Bo	ok value
1a	Land		•				210	,725				210,725
b	Buildings						1,375	,623		121,537		1,254,086
c	Leasehold improvements											
d	Equipment		•				560	,507		520,105		40,402
	Other						200	,049		23,414		176,635
Tota	I. Add lines 1a-1e (Column (d) should equal Fo	rm 990, Part X, colur	nn (B)), line 1	0(c).)			•	▶			1,681,848
									Sched	lule D (I	orm 9	90) 2009

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	*	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
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Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	15.) X, line 25. (b) A mount	

Schedule D (Form 990) 2009

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,729,135
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,780,533
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-51,398
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	54,740
9	Total adjustments (net) Add lines 4 - 8	9	54,740
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,342
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	4,724,309
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	54,740
3	Subtract line 2e from line 1	3	4,669,569
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b 59,566		
С	Add lines 4a and 4b	4c	59,566
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	4,729,135
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	
1	Total expenses and losses per audited financial statements	1	4,780,533
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	4,780,533
4	A mounts 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		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4с	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	4,780,533
	+ VIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	THERE ARE FIVE PERMANENT ENDOWMENT FUNDS THE STEPHEN S CHANG AWARD FUND, THE SCHROEPFER MEDAL FUND, THE NICHOLAS PELICK/SUPLECO RESEARCH AWARD FUND, THE SAMUEL ROSEN MEMORIAL AWARD, AND THE MANUCHEHR (MANNY) EIJADI AWARD FUND ALL MONIES REMAIN IN PERMANENT ENDOWMENTS WITH INCOME BEING AVAILABLE FOR SCHOLARSHIPS AND AWARDS, WITH THE EXCEPTION OF THE STEPHEN S CHANG AWARD AND THE SCHROEPFER MEDAL WHICH PROVIDE THAT TEN PERCENT OF INVESTMENT INCOME MUST ALSO REMAIN IN THE FUND THERE ARE ALSO TERM ENDOWMENT FUNDS WHICH ARE COMPRISED OF STUDENT AND PROFESSIONAL AWARDS AND SCHOLARSHIPS, FUNDS USED TO FUND SPEAKERS, SPECIAL EVENTS AT SYMPOSIUMS AND CONFERENCES, AND SHORT COURSES, AND OTHER GENERAL FUNDING FOR THE SOCIETY, FUNDING AND ADMINISTRATION OF SECTION MEETINGS, AND UPGRADING THE TECHNOLOGY OF THE SOCIETY BY BECOMING WEB BASED AND CONDUCTING BUSINESS ELECTRONICALLY
Part XI, Line 8 - Other Adjustments		UNREALIZED GAIN ON INVESTMENT
Part XII, Line 4b - Other Adjustments		TRANSER FROM FOUNDATION

DLN: 93493179004580

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization AMERICAN OIL CHEMISTS' SOCIETY Employer identification number

36-2179819

Part I	General Information on	Activities Outside the United States.	Complete	e if the organization answered
	"Yes" to Form 990, Part IV,	line 14b.		

For grantinakers. Does the organization maintain records to substantiate the amount of the grants of			
assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award			
the grants or assistance?	Yes	Γ	No

For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule	e F-1 (Form 99			
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region		(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	CONFERENCES/MEETINGS/CONVENTIONS HELD	19,686
SOUTH AMERICA	0	0	PROGRAM SERVICES	CONFERENCES/MEETINGS/CONVENTIONS HELD	8,266
NORTH AMERICA	0	0	PROGRAM SERVICES	CONFERENCES/MEETINGS/CONVENTIONS HELD	39,490
EUROPE	0	0	PROGRAM SERVICES	CONFERENCES/MEETINGS/CONVENTIONS HELD	169,156
EUROPE	0	0	PROGRAM SERVICES	FROM THE REVENUE GENERATED FROM THE SALE OF RESEARCH SAMPLES, A O CS PAYS BAYER A PERCENTAGE AS A COMMISSION/ROYALTY FOR ALL BAYER SAMPLES SOLD	49,016
Totals	0	0			285,614
For Privacy Act and Paperwork	Reduction Act	t Notice, see the	e Instructions for For	m 990. Cat No 50082W Schedule F	(Form 990) 2009

Part IV	, line 15, for an	sistance to Orgar y recipient who recensional	eived more than \$5	es Outside the Ur ,000. Check this box	nited States. Composite of the composite	plete if the organiza received more that	tion answered "Yes' n \$5,000	'to Form 990, ► 厂
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total n tax-exempt	number of recipions by the IRS, or f	ent organizations lis or which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3 Enter total n	umber of other	organizations or en	tities					: (Earm 990) 2009

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

OSC Scriculic	i I (Tollil 220) li de	adicional space	is necucu.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
THE STEPHEN S CHANG AWARD	MIDDLE EAST AND NORTH AFRICA	1	5,000	CASH			
YOUNG SCIENTIST RESEARCH AWARD	NORTH AMERICA	1	1,000	CASH			
							1
-							
-							
-							
		1					

Schedule F (Form 990) 2009

Part IV Supplemental Info		us David T. bas 2. and a superdiditional reformation
	ReturnReference	ın Part I, line 2, and any additional information.
Identifier Procedure for Monitoring Grants Outside the US		Explanation Schedule F, Part I, Line 2 THERE ARE VOLUNTEER SELECTION COMMITTEES THAT REVIEW THE VARIOUS APPLICATIONS AND ABIDE BY THEIR ESTABLISHED GUIDELINES THE STAFF REVIEWS THE PROCESS AND IF ANYTHING APPEARS TO BE AMISS, STAFF WILL CONTACT
Schedule F, Part IV	O ther Information	THE APPROPRIATE CHAIR A OCS HAS FOREIGN PROGRAM SERVICE REVENUE FROM THE SALE OF RESEARCH SAMPLES EXPENDITURES RELATED TO THIS REVENUE ARE NOT ABLE TO BE TRACKED AT THIS TIME AOCS DOES NOT PRODUCE RESEARCH SAMPLES FOR THE SOLE PURPOSE OF SELLING THEM THE RESEARCH SAMPLES ARE BYPRODUCTS FROM OTHER PROGRAM SERVICES, SPECIAL PROJECTS, ETC AS A RESULT, IT IS RATHER DIFFICULT TO ALLOCATE THE COSTS RELATED TO THE SALE OF THE RESEARCH SAMPLES ALL TRACEABLE COSTS HAVE BEEN REPORTED IN PART I

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DLN: 93493179004580

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Open to Public

Name of the organization						Employer identifica	ition number
AMERICAN OIL CHEMISTS'	SOCIETY					36-2179819	
Part I General Infor	mation on Grants	and Assistance				•	
Does the organization m the selection criteria useDescribe in Part IV the organization	ed to award the grants	or assistance?					∀Yes
Form 990, Part	IV, line 21 for any	o Governments and recipient that receive (0) if additional space	d more than \$5,000	. Check this box if no	o one recipient receiv	ed more than \$5,00	0. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	, , , ,	(h) Purpose of grant or assistance

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

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Addıtıonal Data Table					

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 THERE ARE VOLUNTEER SELECTION COMMITTEES THAT REVIEW THE VARIOUS APPLICATIONS AND ABIDE BY THEIR ESTABLISHED GUIDELINES THE STAFF REVIEWS THE PROCESS AND IF ANYTHING APPEARS TO BE AMISS, STAFF WILL CONTACT THE APPROPRIATE CHAIR

Software ID: Software Version:

EIN: 36-2179819

Name: AMERICAN OIL CHEMISTS' SOCIETY

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SUPELCO RESEARCH FUND	1	10,000			
BIOTECHNOLOGY LIFETIME A CHIEVEMENT A WARD	1	3,500			
SDA GLYCERINE INNOVATION RESEARCH AWARD	3	5,000			
USB INDUSTRIAL USES OF SOYBEAN OIL AWARD	1	3,000			
SAMUEL ROSEN MEMORIAL AWARD	1	3,000			
HERBERT J DUTTON AWARD	1	1,000			
POTTS AWARD	1	2,000			
EIJADI AWARD	1	1,000			

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DLN: 93493179004580

OMB No 1545-0047

Schedule J (Form 990)

Internal Revenue Service

Department of the Treasury

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

MAEDICAN OF CHEMICICI COCTET	Name of	t he organization
AMERICAN OIL CHEMISTS SOCIETY	MERICAN	OIL CHEMISTS' SOCIETY

Employer identification number

36-2179819

Pa	art I Questions Regarding Compensation					
			,	Yes	No	
1a	Check the appropriate box(es) if the organization provided any of the 990, Part VII, Section A, line 1a Complete Part III to provide any	•				
	First-class or charter travel Housin	ng allowance or residence for personal use				
	☐ Travel for companions ☐ Payme	nts for business use of personal residence				
	Tax idemnification and gross-up payments Health	or social club dues or initiation fees				
	Discretionary spending account Person	nal services (e g , maid, chauffeur, chef)				
b	If any of the boxes in line 1a are checked, did the organization follo reimbursement orprovision of all the expenses described above? If	HNI - H	1b			
2	Did the organization require substantiation prior to reimbursing or a					
	officers, directors, trustees, and the CEO/Executive Director, regain	and the items checked in line 1a?	2	\longrightarrow		
3	Indicate which, if any, of the following the organization uses to esta organization's CEO/Executive Director Check all that apply					
		n employment contract				
		ensation survey or study				
	Form 990 of other organizations Approx	val by the board or compensation committee				
4	During the year, did any person listed in Form 990, Part VII, Section or a related organization	on A, line 1a with respect to the filing organization				
а	Receive a severance payment or change-of-control payment?	4	4a		Νo	
b	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?					
С	Participate in, or receive payment from, an equity-based compensa	tion arrangement?	4c		Νo	
	If "Yes" to any of lines 4a-c, list the persons and provide the applic	able amounts for each item in Part III				
	Only $501(c)(3)$ and $501(c)(4)$ organizations only must complete lin	es 5-9.				
5	For persons listed in form 990, Part VII, Section A, line 1a, did the compensation contingent on the revenues of					
а	The organization?		5a		Νo	
ь	Any related organization?	<u>.</u>	5b		Νo	
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, line 1a, did the compensation contingent on the net earnings of	organization pay or accrue any				
а	The organization?		6a		Νo	
Ь	Any related organization?		6b		Νo	
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the payments not described in lines 5 and 6? If "Yes," describe in Part		7		Νo	
8	Were any amounts reported in Form 990, Part VII, paid or accured			\neg		
	subject to the initial contract exception described in Regs section	53 4958-4(a)(3)? If "Yes," describe				
	ın Part III	<u></u>	8		Νo	
9	If "Yes" to line 8, did the organization also follow the rebuttable pre section 53 4958-6(c)?	· · · ·	9			

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
JEAN HINTON	(I) (II)	165,429				15,955	181,384	
				1			ı	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

]	Ident if ier	Ret urn Ref erence	Explanation
]	Ident if ier	Reference	Explanation

Schedule J (Form 990) 2009

OMB No 1545-0047

2009

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury
Internal Revenue Service

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

• Attach to Form 990.

Supplemental Information to Form 990

Name of the organization AMERICAN OIL CHEMISTS' SOCIETY Employer identification number

36-2179819

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		MEMBERS
Form 990, Part VI, Section A, Ine 7a		THE SLATE IS DETERMINED BY THE NOMINATIONS AND ELECTIONS COMMITTEE WHICH CONSISTS OF THE SOCIETY'S THREE MOST RECENT PAST PRESIDENTS, ITS PRESIDENT, AND ITS VICE PRESIDENT. THE IMMEDIATE PAST PRESIDENT IS THE CHAIR OFFICERS ARE ELECTED BY THE MEMBERSHIP EACH YEAR, EXCEPT THE SECRETARY AND TREASURER ARE ELECTED IN ALTERNATE YEARS OFFICERS SERVE FOR A TERM OF ONE YEAR OR UNTIL THEIR SUCCESSORS ARE DULY ELECTED, QUALIFIED AND TAKE OFFICE, EXCEPT THAT THE SECRETARY AND TREASURER SERVE FOR A TERM OF TWO YEARS OR UNTIL THEIR SUCCESSORS ARE DULY ELECTED, QUALIFIED, AND TAKE OFFICE
Form 990, Part VI, Section A, Ine 7b		ANY CHANGES TO THE BY-LAWS ARE SUBJECT TO THE APPROVAL OF THE MEMBERS
Form 990, Part VI, Section B, line 11		THE GOVERNING BOARD WILL BE PROVIDED WITH A COPY OF FORM 990 PRIOR TO IT BEING FILED AND INSTRUCTED TO DIRECT QUESTIONS TO THE VOLUNTEER FINANCIAL STEERING COMMITTEE (FSC) FSC MEMBERS WILL WORK WITH THE STAFF AND AUDITORS TO ANSWER ANY QUESTIONS THAT MAY ARISE FROM THE REVIEW
Form 990, Part VI, Section B, line 12c		GOVERNING BOARD MEMBERS ALONG WITH ALL THE AOCS STAFF ARE REQUIRED TO SIGN THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS
Form 990, Part VI, Section B, line 15		THE AOCS EXECUTIVE COMMITTEE EVALUATES THE EXECUTIVE VICE PRESDIENT ANNUALLY INPUT IS RECEIVED AND CONSIDERED FROM BOARD MEMBERS AS WELL AS FROM A RANDOM SELECTION OF STAFF MEMBERS. THE EXECUTIVE COMMITTEE IS PROVIDED WITH COMPENSATION DATA FROM THE NON-PROFIT SECTOR THAT IS COMPILED BY AN INDEPENDENT ORGANIZATION. AFTER TAKING ALL THAT INTO CONSIDERATION, THE EXECUTIVE COMMITTEE THEN DECIDES AND SETS THE COMPENSATION OF THE EXECUTIVE VICE PRESIDENT. AOCS OFFICERS ARE ALL VOLUNTEERS AND ARE NOT COMPENSATED FOR THEIR WORK.
Form 990, Part VI, Section C, line 18		THE ORGANIZATION MAKES ITS FORMS 1023 AND 990 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST
Form 990, Part VI, Section C, line 19		BY LAWS, ANTITRUST, CODE OF ETHICS STATEMENTS ARE PUBLISHED ON THE AOCS WEBSITE WWW AOCS ORG THEY ARE ALSO PUBLISHED IN THE MEMBERSHIP DIRECTORY WHICH IS MAILED TO EACH MEMBER ANNUALLY THE ANTI-TRUST STATEMENT ALSO APPEARS ON EACH GOVERNING BOARD AGENDA YEAR END FINANCIAL STATEMENTS ARE PUBLISHED ON THE ORGANIZATION'S WEBSITE PUBLIC REQUESTS FOR FINANCIAL INFORMATION ARE PROVIDED AS REQUESTED

ldentifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2C		NO CHANGES HAVE BEEN MADE IN THE PROCESS FROM THE PRIOR YEAR

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DLN: 93493179004580

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
AMERICAN OIL CHEMISTS' SOCIETY

Employer identification number

36-2179819

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

Name, address, and EIN of disregarded entity

(b) Primary activity (c)
Legal domicile (state
or foreign country)

(d) Total income (e) End-of-year assets **(f)** Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a)
Name, address, and EIN of related organization

(b) Primary activity (c)
Legal domicile (state or foreign country)

(d) Exempt Code section

Public charity status (if section 501(c)(3))

(f)
Direct controlling
entity

AMERICAN OIL CHEMISTS' SOCIETY FOUNDATION

2710 S BOULDER DRIVE

URBANA, IL 618037190 37-1219904 FINANCIALLY AID AND ENCOURAGE THE WORK OF THE AMERICAN OIL CHEMISTS' SOCIETY

ΙL

501(C)(3)

SECTION 509(A)(2) N/A

(j)

General or

managing

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990,	Part IV, line 34
	because it had one or more related organizations treated as a partnership during the tax year.)	

(a) Name, address, and EIN of related organization **(b)** Primary activity (c)
Legal
domicile
(state or
foreign
country)

al (d)
cile Direct controlling
or entity
gn

(e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

(f) Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations? ai

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

hedule K-1 partner? form 1065)

Yes No

Yes

No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a)
Name, address, and EIN of related organization

(b) Primary activity (c) Legal domicile (state or foreign country) (d) Direct controlling entity (e)
Type of entity
(C corp, S corp,
or trust)

(f) Share of total income

(g) Share of end-of-year assets (h) Percentage ownership

(2)

(3)

(4)

(5)

(6)

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" or	1 Form 990, Part IV, line 34, 35, or 36.)			
Note. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizati	ions listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		No
b Gift, grant, or capital contribution to other organization(s)		1b		No
c Gift, grant, or capital contribution from other organization(s)		1 c	Yes	
d Loans or loan guarantees to or for other organization(s)		1d		No
e Loans or loan guarantees by other organization(s)		1e		No
f Sale of assets to other organization(s)		1f		No
g Purchase of assets from other organization(s)		1 g		No
h Exchange of assets		1h		No
i Lease of facilities, equipment, or other assets to other organization(s)		1i		No
j Lease of facilities, equipment, or other assets from other organization(s)		1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)		1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)		11		No
m Sharing of facilities, equipment, mailing lists, or other assets		1m		No
n Sharing of paid employees		1n		No
Reimbursement paid to other organization for expenses		10		No
p Reimbursement paid by other organization for expenses		1 p		No
q Other transfer of cash or property to other organization(s)		1 q		No
r Other transfer of cash or property from other organization(s)		1 r		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, includ	Ing covered relationships and transaction thre	sholds		
(a) Name of other organization	(b) Transaction type(a-r)	(Amount	(c) : involve	ed
1) AMERICAN OIL CHEMISTS SOCIETY FOUNDATION	C		5	9,56
1) See Additional Data Table				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on 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

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

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Depreciation and Amortization

(Including Information on Listed Property)

DLN: 93493179004580

OMB No 1545-0172

Department of the Treasury See separate instructions. ► Attach to your tax return. Sequence No 67 Internal Revenue Service Name(s) shown on return Business or activity to which this form relates Identifying number AMERICAN OIL CHEMISTS' SOCIETY Form 990 Page 10 36-2179819 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount. See the instructions for a higher limit for certain businesses. 250.000 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 800.000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use (a) Description of property 6 (c) Elected cost only) 6 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 **15** Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions.) **Section A** 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 18 If you are electing to group any assets placed in service during the tax year into one or more Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (a)Depreciation year placed in (e) Convention (f) Method (business/investment property period deduction service use only—see instructions) 19a 3-year property **b** 5-year property c7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/L h Residential rental 27 5 yrs ΜМ S/L property 27 5 yrs ММ S/L 39 yrs MMS/L i Nonresidential real property MMS/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L S/L c 40-vear 40 vrs ММ Non-Res Prop Type 1 count 0 Non-Res Prop Type 2 count 0 Non-Res Prop Totals count 0 **Summary** (see instructions) 21 Listed proper 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 22 87.070 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Form 4562 (2009) Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation ar	nd Other I	nforma	tion (C	aution	: See	the i	nstruct	ions fo	r limi	s fo	r pa	ssenge	er au	tomol	oiles.)
24a Do you have evidence	e to support	the business/in	vestment ι	use claimed	d? ┌Yes	Гпо		24	lb If "Yes	," is the	e ev id	lence	written?	Гүе	s I N	0
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(c Cost o ba	rother	(busines	(e) deprecia s/investr e only)		(f) Recovery period	(g) Metho Conver	od/		(h) epreca deduc	ation/		(i) Electe section cost	179
25Special depreciation allow	· ·		erty placed	ın service (during the	tax year	and u	ısed more		25						
50% in a qualified busing	•									25						
26 Property used more	than 50%	in a qualified %	business	use	1			l	1	1				1		
		%														
		%														
27 Property used 50%	or less in a		siness us	е										_		
		%							S/L - S/L -					4		
		%							S/L -					┥		
28 Add amounts in col	lumn (h) lir	l	ıh 27 En	ter here a	and on lu	ne 21	nage	1 -		28						
29 Add amounts in col		•				, ,	5-		L				29			
29 Add amounts in co	iuiiiii (1), iiiii		ction B			·		f Vah	· ·				29			
Complete this section i	for vehicles									or re	lated	d pers	son			
If you provided vehicles to y														e vehic	es	
30 Total business/inv	estment mi	les driven du	rına the		a)		b)		(c)		(d)		(е	•	1	f)
year (do not includ				Vehi	cle 1	Vehi	cle 2	V e	hicle 3	V	ehicl	e 4	Vehic	le 5	Veh	ıcle 6
						1				_						
31 Total commuting m						-				_						
32 Total other persona	al(noncomm	nuting) miles	drıven													
33 Total miles driven of through 32	during the y · · ·	ear Add line	s 30													
34 Was the vehicle av	aılable for p	ersonal use		Yes	No	Yes	No	Yes	No	Ye	s	No	Yes	No	Yes	No
during off-duty hou	rs? .															
35 Was the vehicle us owner or related pe		by a more t	han 5%													
36 Is another vehicle		r personal us	se? .													
Sectio	n C—Oue	stions for	Emplo	vers W	ho Pro	vide \	/ehi	cles f	or Use	bv T	hei	r En	volar	ees	l	
Answer these question 5% owners or related p	s to determ	iine if you me	et an exc												not mo	re thar
37 Do you maintain a vemployees?	written polic	y statement	that prof	nibits all	personal	use of	vehi	cles, inc	luding c	ommı •	iting,	, by y	our •	Y	es	No
														-		
38 Do you maintain a vemployees? See th		•	•	•												
39 Do you treat all use	of vehicles	s by employe	es as pei	rsonal us	e? .											
40 Do you provide mor				oyees, ol	btaın ınfo	rmatio •	n froi	m your e	employe	es abo	ut th	ne us	e of the			
41 Do you meet the re				automobi	le demor	nstratio	n us	e? (See	ınstruct	ions)						
Note: If your answe	er to 37, 38	, 39, 40, or 4	11 is "Ye	s," do no	t comple	te Sect	ion E	3 for the	covered	lvehid	les					
Part VI Amortiz																
		(b)						(4)		(e)				/4\		
(a) Description of co	osts	Date amortizatio begins	n	A mort amo	ızable		((d) Code ection	pe	rtızatı rıod oı entaç	-		A mor th	(f) tızatıd ıs yea		
42 A mortization of cos	te that has		Ur 2000	tay your	(see inc	truction	٦ς١		I Per		-					
TE A INCIDIZATION OF COS	, is that bey	inis during ye	1	can year	(366 1115		13)									
						-+			_		-					
		1.6	2555								_					
43 A mortization of cos	_					•	•			4:	_					
44 Total. Add amounts	s ın column	(f) See the I	nstructio	ns for wh	ere to re	port				4	4					

Additional Data

Software ID:

Software Version:

EIN: 36-2179819

Name: AMERICAN OIL CHEMISTS' SOCIETY

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 644,297 including grants of \$) (Revenue \$ 980,412)

PUBLICATIONS - MONTHLY PUBLICATIONS OF JOURNAL OF AMERICAN OIL CHEMISTS, JOURNAL OF SURFACTANTS AND DETERGENTS, INFORM MAGAZINE, AND LIPIDS JOURNAL, AND MONOGRAPHS FOR EDUCATION OF MEMBERS AND

MISCELLANEOUS INCOME

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours	A verage Position (check all hours that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
STEVEN HILL SECRETARY	5 00	Х		Χ				0	0	0
CASIMIR AKOH PRESIDENT	5 00	X		Х				0	0	0
IAN PURTLE VICE PRESIDENT	5 00	X		Х				0	0	0
ROBERT MOREAU PUBLICATIONS CHAIRMAN	3 00	Χ						0	0	0
DELAND MYERS EDUCATION CHAIRMAN	3 00	X						0	0	0
PHILIP BOLLHEIMER BOARD PAST PRESIDENT	5 00	X		X				0	0	0
TIMOTHY KEMPER TREASURER	5 00	Χ		Х				0	0	0
ERICH DUMELIN MEMBER	3 00	Χ						0	0	0
KEITH GRIME TECHNICAL CHAIRMAN	3 00	Χ						0	0	0
RICHARD DELLA PORTA MEMBER	3 00	Χ						0	0	0
ANDREW PROCTOR MEMBER	3 00	Χ						0	0	0
CARLOS MOLINA MEMBER	3 00	X						0	0	0
SEVIM ERHAN MEMBER	3 00	X						0	0	0
MAX NORRIS DIVISION COUNCIL REP	3 00	X						0	0	0
ALEJANDRO MARANGONI MEMBER	3 00	X						0	0	0
NEIL WIDLAK MEMBER	3 00	Χ						0	0	0
THOMAS MCKEON MEMBER	3 00	X						0	0	0
JEAN HINTON EXECUTIVE VICE PRESIDENT	40 00			Χ				165,429	0	15,955
GLORIA COOK DIRECTOR OF FINANCE	40 00			Х				89,235	0	11,974

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
TECHNICAL PROGRAMS	541,700	1,238,825	1,238,825		
EDUCATION & MEETINGS	541,700	1,142,475	1,142,475		
PUBLICATIONS	541,700	886,125	886,125		
MEMBERSHIP DUES	541,700	708,426	708,426		
ADVERTISING	541,800	388,029		388,029	

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
TECHNICAL DEPARTMENT EX	513,748	513,748		
MEMBERSHIP DEPARTMENT E	292,621	267,007	25,614	
PRINTING & PUBLICATIONS	202,091	202,091		
100th ANNIVERSARY EXPEN	112,437	67,547	44,890	
DIRECT G & A	85,633	81,647	3,986	