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990-EZ

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lump benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

2009

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

| A F | or the | 2009 calendar year, | or tax year beginning | Jan 1 | , 20 | 009, and | ending b | ec 31 | , 2009 |
|--------------|-------------------------|---|----------------------------------|---|----------------------------|--------------|--------------------|--------------------|---------------------------|
| Всн | neck if ap | oplicable Please | C Name of organization | | C.F. | | ,D E | mployer ide | entification number |
| A | ddress c | hange use IRS | Minnesota Sec | tion Americ | an Chem | ical S | ociety∥ 4 | 1 602 | <i>\4526</i> |
| □ N | ame cha | label or print or | Number and street (or P O b | ox, if mail is not deliver | ed to street addre | ess) Roc | om/suite E T | elephone nu | umber |
| | ırtıal retu erminate | | wade Neiu | OPUT BOH | iel Univ | < r 51 | ty 11 | 51-6 | 38.6162 |
| Ξ | | Specific | City or town, state or country | , and ZIP + 4 | 1011 1 | , 1, , | | Group Exer | |
| = | mended pplicatio | return Instruc- in pending trons. | 3860 Bethe | | +Bul W | 1455 | 112 1 | Number 🕨 | 501 (0)3 |
| | • Sect | ion 501(c)(3) organiz | zations and 4947(a)(1) nor | | trusts must at | tach | | | ☐ Cash ☐ Accrua |
| | | | npleted Schedule A (Form | | | | Other (spe | | , |
| | | | | | | | H Check ▶ | If the o | rganization is not |
| ı W | ebsit | e: ▶ · | | | | | | | chedule B (Førm 990, |
| J Ta | ax-exe | empt status (check o | nly one) — 🔲 501(c) (🐴 |) 4 (insert no) | 4947(a)(1) or [| 527 | 990-EZ, o | | • |
| | heck • | | zation is not a section 509(a | · | | aross rec | erots are norm | ally not mo | ore than \$25,000. A |
| | | | turn is not required, but if | | | | | | |
| | | | e 9 to determine gross receip | | | | | ▶ \$ | |
| | rt I | Revenue, Exp | enses, and Changes | s in Net Assets | or Fund Bal | ances | (See the ins | | for Part I.) |
| | 1 | | ts, grants, and similar ar | | | | <u> </u> | . 1 | 17256 |
| | 2 | | revenue including gover | | | | | . 2 | 9676,58 |
| | 3 | - | | | | | | 3 | 11086- |
| ŀ | | • | s and assessments | | | | | 4 | 11200 |
| | 4 | Investment incom | | | | - I | 728 | 7 7 | - |
| - 1 | 5a | | m sale of assets other the | | í | 5a / | 100 | <u> </u> | |
| | b | | er basis and sales exper | | | 5b | | <u> </u> | 1728 |
| a | С | | n sale of assets other th | | | | | 5c | 1 (4 6 |
| 5 | 6 | | tivities (complete applicable pa | | | gaming, | cneck nere ► _ | | |
| Revenue | а | Gross revenue (no | | of cor | | 1 | | | |
| <u>سّ</u> | | • |) | | F- | 6a | | | _ |
| | þ | | nses other than fundrais | | _ | 6b | | | · |
| | С | Net income or (los | ss) from special events a | and activities (Subf | tract line 6b fr | rom line | 6a) | . 6c | |
| | 7a | Gross sales of inv | entory, less returns and | allowances | | 7a | | | |
| | þ | Less: cost of good | | | · · · _ | 7b | | | |
| | С | Gross profit or (lo | ss) from sales of invento | ory (Subtract line 7 | b from line 7a | | سن و ناسوز | . 7c | |
| } | 8 | Other revenue (de | escribe $\rightarrow 5eed 6$ | 100 Projec | · + 0 | ナトセ | 1 545 |) 8 | 6645 |
| | 9 | Total revenue. A | dd lines 1, 2, 3, 4, 5c, 6d | c, /c, and 8 | | <u> </u> | <u> </u> | 9 | 463850 |
| | 10 | Grants and simila | r amounts paid (attach s | schedule) 🗚 | WARD | ۶ <u>. ج</u> | . ↑ C , | . 10 | 14379. |
| j | 11 | Benefits paid to o | r for members | . Trave | t. fer. | -oun | cuovs. | . 11 | 13780.8 |
| Se | 12 | · | | | | | | | 0 |
| Expenses | 13 | Professional fees | and other payments to | independent contr | actors & L | est. | meals | . 13 | 1220 |
| 8 | 14 | Occupancy, rent, | utilities, and maintenand | ce | | | | . 14 | |
| ũ | 15 | Printing publicati | one poetage and shinr | oina | | | | . 15 | 12023.06 |
| | 16 | Other expenses (c | describe ► M15C | 115,35 t. | 500171 | Even | ts 847 |) 16 | 962.3 |
| | 17 | Total expenses. | Add lines 10 through 16 | | REC | FIVE | 7 | ▶ 17 | 43756.1 |
| <u></u> | 18 | | for the year (Subtract II | | | | , , , , | . 18 | 2622. |
| Net Assets | 19 | Net assets or fun | nd balances at beginnin | g of year (from lin | e 27, <u>column</u> | (A)) (m | ust aggee wi | th | _ |
| As | | end-of-year figure | e reported on prior year' | s return) . | L.Yanı [= | .8 2010 | | . 19 | 93649 |
| | 20 | Other changes in | net assets or fund balar | nces (attach explar | nation) | -10010 | . SS | . 20 | 7189 |
| Ž | 21 | | d balances at end of year | | | | | ▶ 21 | 103 460 |
| Pa | rt II | Balance Shee | ets. If Total assets on lir | ne 25, column (B) a | re \$1,250,000 | or mor | e, file Form 9 | 90 instea | d of Form 990-EZ. |
| | | | (See the instructions | | | | (A) Beginnir | | (B) End of year |
| 22 | Ca | ish savings and in | vestments | , | | | 575 | | 22 7/89. |
| 23 | | _ | · · · · · | | | | | | 23 |
| 24 | | na and buildings . her assets (describ | | rvest | | ٠ | | | 24 99776 |
| 25 | | • | | | | | 930 | | 25 10698. |
| 26 | | | | | | | | | 26 |
| | 10 | tal liabilities (desc | palances (line 27 of colu | ımn (B) must anrei | with line 21\ | | 993 | | 27 10648 |
| 27 | NE | et assets or fund b | Maiances (inte 27 of cold | min (b) must agree | 5 TTICLE 11 | <u> </u> | | <u>'.'.</u> | <u></u> |

Form 990-EZ (2009)

| Part | Other Information (Note the statement requirements in the instructions for Part V.) | |
|----------|--|---------------------------------------|
| 00 | D'd the annual to the province of the province | Yes No |
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | 33 |
| 34 | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes | 34 |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. | |
| а | Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? | 35a |
| ь 36 | If "Yes," has it filed a tax return on Form 990-T for this year? | 35b 36 V |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 10 0 10 0 | |
| ь 38а | Did the organization file Form 1120-POL for this year? | 37b |
| L | any such loans made in a prior year and still outstanding at the end of the period covered by this return? | 38a |
| 39 | If "Yes," complete Schedule L, Part II and enter the total amount involved | |
| а | Initiation fees and capital contributions included on line 9 | |
| ь | Gross receipts, included on line 9, for public use of club facilities | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶ | · · · · · · · · · · · · · · · · · · · |
| b | Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b V |
| c | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | |
| d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization | |
| е | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e |
| 41 | List the states with which a copy of this return is filed. ▶ Minnesota | |
| 42a | The organization's books are in care of ▶ Wade neweirt Telephone no. ▶ 6 | |
| 6 | Located at ▶ 3900 Bether 10 pive 5+ Paul Mn ZIP+4 ▶ 5 | 5.112 |
| U | 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)? | Yes No |
| | If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | 420 |
| С | At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: | 42c \(\sum_{\cup} |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year | MA |
| | | Yes No |
| 44 | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44 W |
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ | 45 |
| | | |

| Part V | Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 an | section 4947(a)(1 17(a)(1) nonexemp d 51. | nonexempt t charitable | trusts mus | ole trusts only. A st answer question | II sec ns 46 | tion 3–49i | 5 |
|-----------------|---|--|--------------------------------------|---------------------------------|---|-----------------|------------------|-----------|
| | Did the organization engage in direct or indirect candidates for public office? If "Yes," complete S | | | | | 16 | Yes | |
| | | | | | | 46 | | <u> </u> |
| | Did the organization engage in lobbying activities | • | | | | 47 | | |
| | Is the organization a school as described in sectio | | • | | | 48 | | |
| | Did the organization make any transfers to an ex If "Yes," was the related organization a section 5 | | • | | | 49a | \vdash | |
| 50 | Complete this table for the organization a section of employees) who each received more than \$100,0 | ghest compensated | employees | other than | | | | |
| | (a) Name and address of each employee paid more than \$100,000 | (b) Title and avera hours per week devoted to positi | ge (c) (| Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) | Expen count a | se ind |
| | | | | | | | | |
| | All Volunteers | | | | | | | |
| | no one 15 paid | to Serv | e | | | | | |
| | 7(0 0 , | | | | | | | |
| | Total number of other employees paid over \$100 | 000 | | | <u> </u> | | | |
| | (a) Name and address of each independent contractor | · · · · · · · · · · · · · · · · · · · | | (b) Ty | pe of service | (c) Co | mpensa | ition |
| | NA | | | | | | | |
| d | Total number of other independent contractors e | each receiving over | \$100,000 . | - | none | | | |
| | Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration | ed this return, including a of preparer (other than o | ccompanying scl ficer) is based o | nedules and sta | atements, and to the bes | any kno | knowle wledge | edge |
| Sign Here | Signature of officer Wm K. McKim Type or print name and title | my Ch | air I | 016 | 5/11/2 Date | 20/0 |) | |
| Paid Prepare | Preparer's signature | | İs | theck if elf- mployed ▶ [| Preparer's identifying nur | nber (Se | e instruc | tions) |
| Use Onl | I FULL STATILE LOT L | | | EI PI | N ► none no ► | | | |
| May the | e IRS discuss this return with the preparer shown | above? See instru | ctions . | · · · | ▶ [| Yes | | (2009) |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047
2009
Open to Public

Department of the Treasury Internal Revenue Service

Name of the organ Minnesota Section American Chemical Society

Inspection

Employer identification number

41:601.451.6

| Pa | rt I | Reasor | for Public Cl | harity Status (All o | rganizati | ons mus | st comp | ete this | part.) S | ee instru | ctions. |
|----------|-----------------|---|--|--|-----------------------------|---|-----------------------------------|--|--------------------------|---|----------------------------|
| The | org | anization is r | ot a private four | ndation because it is: | (For line | s 1 throu | gh 11, cl | eck only | one box | -) | |
| 1 | | | - | rches, or association | - | | - | - | | | |
| 2 | | | | on 170(b)(1)(A)(ii). (A | | | | | | | |
| 3 | | | | hospital service organ | | | | | | | |
| 4 | | | | ation operated in con | | | ospital de | scribed i | n section | 170(b)(1 |)(A)(iii). Enter the |
| 5 | \Box | | ame, city, and st | | | | d ar | | b o oo. | | Lugit described in |
| 3 | Ч | | iton operated for 1 (b)(1)(A)(iv). (Co | r the benefit of a colle molete Part II.) | ege or un | iversity o | whed or | operateo | by a gov | remmenta | i uniit described in |
| 6 | | | | • | ental unit | describe | ed in sect | tion 170(| b)(1)(A)(v |). | |
| 7 | _ | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) | | | | | | | | | |
| 8 | | | | | | Complete | Part II.) | | | | |
| 9 | | A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33½ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) | | | | | | | | | |
| 10 11 | | An organiza purposes of | tion organized a one or more pu | nd operated exclusive and operated exclusive blicly supported orga at describes the type | vely for t nizations | he benef describe | it of, to o | perform t ion 509(a | the functi)(1) or se | ions of, o ction 509(| a)(2). See section |
| е | | persons other | this box, I cert | tify that the organiza on managers and othe | tion is no | | lled direc | tly or inc | directly b | y one or | |
| f g | | organization | , check this box | a written determinat | | | | | | | III supporting |
| | | | who directly or | r indirectly controls, e | | - | - | th persor | ns descril | oed in (ii) | Yes No |
| | | (ii) A family | member of a pe | ning body of the sup rson described in (i) a | above? | | | · · · | · · · | | 11g(i) |
| h | | | - | of a person described ation about the suppo | | | | | | | (11g(iii)] |
| | lame | of supported anization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the (in col. (i) Is | organization sted in your document? | (v) Did y the organ col (i) | ou notify nization in of your port? | organizat (i) organi | s the son in col zed in the S? | (vii) Amount of support |
| | | | | | Yes | No | Yes | No | Yes | No | |
| | | | [| | | | | | | | |
| | | | | | | | | | ļ | | |
| | | | | | | | : | | | | |
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| Tota | - - | | | | | | | | | - | |

| Pa | Support Schedule for Org | janizations I | Described in | Sections 17 | '0(b)(1)(A)(iv) | and 170(b)(| Page 2 1)(A)(vi) |
|-----|---|------------------|-----------------|-------------------|-------------------|---------------------------------------|---------------------|
| | (Complete only if you chec | ked the box | on line 5, 7, | or 8 of Part I | .) | | |
| | tion A. Public Support | | T | T | r | T | |
| Ca | alendar year (or fiscal year beginning in) 🕨 | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | - |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | ļ | | ļ | ļ |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | , | | | | | |
| Sec | tion B. Total Support | | | | | | |
| Ca | llendar year (or fiscal year beginning in) 🕨 | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 7 | Amounts from line 4 | | | | | 1 | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 . | ÷ ; -7 | 2 (4)- | | *1 - | | <u> </u> |
| 12 | Gross receipts from related activities, etc | | | | | 12 | |
| 13 | First five years. If the Form 990 is for organization, check this box and stop he | re | <u></u> | nd, third, fourth | | | on 501(c)(3) |
| Sec | tion C. Computation of Public Su | pport Percei | ntage | | | | |
| 14 | Public support percentage for 2009 (line | 6, column (f) di | vided by line 1 | 1, column (f)) | | 14 | %_ |
| 15 | Public support percentage from 2008 Sch | • | • | | | 15 | <u>%</u> |
| 16a | 33% % support test-2009. If the organization | | | | line 14 is 331/31 | % or more, che | |
| | and stop here. The organization qualifies | • | - | | | | ▶ ∐ |
| b | 33% % support test—2008. If the organization qua | | | • | | | e, check this |
| 17a | 10%-facts-and-circumstances test—20 | • | , ,, | • | | · · · · · · · · · · · · · · · · · · · | |
| | more, and if the organization meets the "facts-and-circums organization meets the "facts-and-circums | acts-and-circum | nstances" test, | check this box | and stop here | Explain in Par | t IV how the |
| b | 10%-facts-and-circumstances test-2008 more, and if the organization meets the "fa | - | | | | | |

 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

| | (Complete only if you check | ad the box of | IIIIIE 9 OI Fa | 11 (1.) | | | ····· |
|------------|--|--|------------------------|-------------------|-----------------|----------------|---------------------|
| | ction A. Public Support | | T | T | | | T (0 T-(-) |
| C | alendar year (or fiscal year beginning in) 🕨 | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 | Grits, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 34666 | 36589 | 3 4581 | 28453 | 18336 | 164656 |
| 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 | 6897 | 10843 | 7496 | 8785 | 9677 | 43698 |
| 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 | 41363 | 47431 | 44078 | 37268 | 38013 | 208354 |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons . | | | | | | £ |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| С | Add lines 7a and 7b | 41563 | 47432 | 44678 | 7768 | 38013 | 208354 |
| 8 | Public support (Subtract line 7c from line 6.) | 41563 | | 44078 | , | 38013 | 208354 |
| | tion B. Total Support | | | | <u>_</u> | | |
| Ca | alendar year (or fiscal year beginning in) 🕨 | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008` | (e) 2009 | (f) Total |
| 9 | Amounts from line 6 | 41563 | 47432 | 44078 | 37268 | 38013 | 20835 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 1150 | 202 | 13222 | 6000 | 1560 | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| C | Add lines 10a and 10b | 1150 | 262 | 1322 | 6000 | 1560 | 22134 |
| [1 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | , | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | لـــــــــــــــــــــــــــــــــــــ | 47634 | <u> </u> | | 39573 | 230488 |
| 14 | First five years. If the Form 990 is for torganization, check this box and stop to the sto | here | | | | | on 501(c)(3) ▶ □ |
| | tion C. Computation of Public Sup | | | | | | |
| 15 | Public support percentage for 2009 (lin | | | | | 15 90 | |
| i6 Sect | Public support percentage from 2008 Stion D. Computation of Investment | | | · · · · · · | | 16 96 | , 9 % |
| | ······································ | | | | -1 (0) | 17 0 | 6 % |
| 7 | Investment income percentage for 2009 | • | • • | • | * * * * | 17 9, 18 2, | 6 % |
| 18 102 | Investment income percentage from 20 | | • | | | - | 4 |
| | 33% % support tests 2009. If the orgalization of the support tests 2009. If the orgalization of the support tests 2009. If the organization of the organization of the support tests 2009. If the organization of the support tests 2009. If the organization of the support tests 2009. If the organization of the support tests 200 | ox and stop he | ere. The organia | zation qualifies | as a publicly s | supported orga | anization 🕨 🗌 |
| | 331/3 % support tests—2008. If the organ line 18 is not more than 331/3 %, check this | box and stop I | here. The orgar | nizatıon qualıfie | s as a publicly | supported orga | nization ► 🗌 |
| 20 | Private foundation. If the organization | aid not check a | a box on line 1 | 4, 19a, or 19b | , check this bo | x and see ins | tructions 🕨 📋 |

| Part IV | Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions. |
|---------|--|
| | Dav David W 1 : 1 1 1 7 |
| | Re: Part III Line 10 12 These funds are councilor travel reimbursement from National ACS. Dues for councilors that attend the National Meeting of the American Chemical Society. The councilors are paid for expenses only. They Represent the Minnesota Section of the ACS. |
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Part IV List of Officers, Directors, Trustees, and Key Employees.

May 5, 2009

Current Officers of the Minnesota Section of the American Chemical Society

Chair: David Blackburn 4009 Park Avenue Mpls., MN 55407

Chair-Elect: Kim McKimmy 605 N. Hwy. 169, Ste. 220 Plymouth, MN 55441

Past Chair: Richard Walsh 558 McKinley St. Anoka, MN 55303

Secretary: David Rusterholz
UW River Falls (Chem. Dept)
River Falls, WI 54022

Treasury: Wade Neiwert

Department of Chemistry

Bethel University

3900 Bethel Drive

St Paul, MN 55112

Councilors:

Lynn Hartshorn St. Thomas College St Paul, MN Wayne Wolsey Macalester College St Paul, MN

Sarah Mullins 3 M Company St. Paul, MN Marilyn Duerst UW River Falls, Chem. Dept. River Falls, WI 54022

Joan Pfeiffer Century College 3300 Century Avenue White Bear Lake, MN 55110

Part III Program Service Accomplishments

| 28. | Teaching Awards | Excellence in CollegeTotal: | \$500.00 |
|-----|-----------------|-----------------------------|----------|
|-----|-----------------|-----------------------------|----------|

- 29. Professional Grants and Awards......Total: \$11920.00
 Professional Development and Undergraduate travel expenses
 To National ACS Meetings..........Total: \$25711.00
- 31. Celebrate National Chemistry Week and Conducted Dinner meetings including scientific talks and opportunities for professionals to network with others in the Chemical Sciences. Sponsored meetings of young Chemistry Professionals to assist in their career development. Also published the "Minnesota Chemist" quarterly with a circulation of 3,000 and maintained active websites: http://www.mnacs.org and http://www.chemistry.org

Total: \$13243.71

Program Services Accomplishments......Grand Total: \$37436.52

