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SCANNEC JUN 1 1 2010

Form **990**

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)

Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public

OMB No 1545-0047

A	For th	ne 2009 calendar year, or tax year beginning , 2009, and end	ling		20		
B		applicable Please C Name of organization American Chemical Society - PMSE Div		D Employer	identification number		
		use IRS change label or Doing Business As		52	6055670		
_	Name c	print or Nijerhay and attent for D.O. have if mad in not delivered to attent address.	'suite	E Telephone	e number		
		1 3PC 201C DuPont Hall		(302)	831-2062		
	Initial re ~	Specific City or town state or country and 7/P + 4		1			
	Termina	tions Newark DF 19761		G Gross recei	ots \$		
$\overline{}$		F Name and address of principal officer Julie L. P. Jessop	11/23 12 45	•	r affiliates? Yes No		
	пррисам	University of Iowa, Iowa City, IA			luded? Tyes No		
ī	Tax-ex	empt status			t (see instructions)		
J	Webs	ite: ▶ http://membership.acs.org/P/PMSE	 1	exemption number	`		
		organization ☐ Corporation ☐ Trust ☑ Association ☐ Other ►		, 	gal domicile DE		
	art I	Summary					
Governance		Briefly describe the organization's mission or most significant activities PMS a forum for the exchange of technical information and fosters interactions for the global chemistry community. PMSE arranges regional and national distributes awards, and lends support to various other organizations.	il meetings,	produces p	ia engineering		
Ĝ		Check this box ► ☐ if the organization discontinued its operations or disposed of more than 2	5% of its fiet ass	3	30		
જ	1	Number of voting members of the governing body (Part VI, line 1a)		. 4	30		
Activities	1	Number of independent voting members of the governing body (Part VI, line	1b) .	5	0		
of i	1	Total number of employees (Part V, line 2a)		6	30		
Ă		Total number of volunteers (estimate if necessary)		 	0		
		Total gross unrelated business revenue from Part VIII, column (C), line 12.		. 7a			
	D	Net unrelated business taxable income from Form 990-T, line 34	Prior Y		Current Year		
		Contributions and grants (Each Math)		7,525.15	- Carrent Tear		
ne	8	Contributions and grants (Ran Min) line 10).		8,750.00			
Revenue	9	Program service exenue (Part VIII, line 2g)	· '	0,700.00			
æ	10	Investment income Part VIII, column (A), lines 3,14, and 7d)		3,121.69			
	11	Other revenue (Harry VIII, Column (A), Ames 5, bot Bc, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,396.84			
				2.198.83			
	13	Grants and similar amounts paid (Hart IX, Folumn (A), lines 1-3) Benefits paid to or for members (Part IX, Folumn (A), line 4)	ļ	2,100.00			
S			1	5,036.30			
Sus	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>'</u>	5,000.00			
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)			1		
ш	1	Total fundraising expenses (Part IX, column (D), line 25) ▶	16	3 528 84	<u></u>		
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		163,528.84 260,763.97			
		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25).		1,367.13)			
or	19	Revenue less expenses Subtract line 18 from line 12	Beginning of C	· · ·	End of Year		
ance		T		2,840.60	Liid Oi Teal		
Assets (Balanc	20	Total assets (Part X, line 16)		0			
Net /		Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20	90	2,840.60			
		Signature Block	1 00	_,			
		Under penalties of particle, I declare that I have examined this return, including accompanying sch	edules and stater	ments, and to ti	ne best of my knowledge		
		and belief, it is true, correct, and complete declaration of preparer (other than officer) is based of	on all information	of which prepa	arer has any knowledge		
Sig	ın			5/5/	20/0		
He		Signature of officer PAVID C. MARTW TREASURER Type or print name and title	, PM	SE DI	BION OF A		
			Check if	Preparer's iden			
Dave	ı	l numerous M	self- employed ▶ 🔲	(see instruction	s)		
Paid							
-	oarer's	Firm's name (or yours	EIN	> ;			
ose	Only	ıf self-employed), address, and ZIP + 4	Phone n	o ► ()			
May	y the I	RS discuss this return with the preparer shown above? (see instructions)			Yes No		
For	Privac	by Act and Paperwork Reduction Act Notice, see the separate instructions.	Cat No 11	1282Y	Form 990 (2009)		

Form	990 (2009)	Page
Pa	rt III Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	☐ Yes 🗹 No
_	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	☐ Yes 🗹 No
	If "Yes," describe these changes on Schedule O	
4	Describe the exempt purpose achievements for each of the organization's three largest program services Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amou allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	Semi-annual ACS Meetings	
	······	
	•	

4b	(Code) (Expenses \$ including grants of \$) (Revenue \$) Publications)
	•	
	(0.1	
4C	(Code) (Expenses \$including grants of \$) (Revenue \$ Memberships and Awards)
	•••••••••••••••••••••••••••••••••••••••	
		•

Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	~	<u> </u>
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		V
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4_		~
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		V
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		v
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		~
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		~
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI			ĺ
•	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		~
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		V
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I.	14b		~
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15		~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		~
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		~
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		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	.		
20	If "Yes," complete Schedule G, Part III. Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19 20		<u> </u>

	irt IV Checklist of Required Schedules (continued)		F	age
re	Official of Required Schedules (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	les	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	~	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		~
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25.	24a		~
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		V
С	to defease any tax-exempt bonds?	24c		~
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		V
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		V
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		~
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		V
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		V
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		V
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		V
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		V
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
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		V
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		V
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		~
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		~
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		,
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		V
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		· ·

Pa	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
L	U.S. Information Returns. Enter -0- if not applicable	1		
	and the harbor of forms was a moladed in the far and of in not applicable.	-		
	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 2a			
b	Statements, filed for the calendar year ending with or within the year covered by this return 2a If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		-
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		V
b	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.	5a		~
b	, and a promotion tanded to a promotion tanded to the second tanded tanded to the second tanded tand	5b		~
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		_	
	and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes" indicate the number of Forms 8282 filed during the year.	7c		-
	Tes, indicate the named of Forms ozoz med during the year			
е	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		
п	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		ļ	
	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.			
a	Did the organization make any taxable distributions under section 4966?	9a 9b		
10	Did the organization make a distribution to a donor, donor advisor, or related person?	90	\rightarrow	
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	, 1		,
11	Section 501(c)(12) organizations. Enter	. [,
а	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	amounts due or received from them)	12a	-	-
a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 30	İ		İ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		~
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		\ \
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		V
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		1
6	Does the organization have members or stockholders?	6	~	
7a				
-	of the governing body?	7a		1
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following			
а	The governing body?	8a	~	
	Each committee with authority to act on behalf of the governing body?	8b	~	
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	9a :		·
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte-	ernal		
Rev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		~
	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		V
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		1
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		~
14	Does the organization have a written document retention and destruction policy?	14	į	>
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?			۱ اما ما
а	The organization's CEO, Executive Director, or top management official	15a		
	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, 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		~
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c			•
	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 inte	erest	
. •	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds of	the	
_ •	State the name, physical address, and telephone number of the person who possesses the books and reco organization. David C. Martin, 201C DuPont Hall, Newark, DE 19716 (302) 831-2062			
	· · · · · · · · · · · · · · · · · · ·			

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

□ Check this box if the organization did not co □	any current officer, director, or trustee									
(A)	(B)	(C)				(D)	(E)	(F)		
Name and Title	Average	Position (check all that apply)						Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Chair Julie Jessop				~				0	0	(
Chair Elect Todd Emrick				~				0	0	(
Secretary Jamil Baghdachi				,				0	0	(
Treasurer David Martin				~				0	0	C
Vice Chair David Schiraldı				1				0	0	(
										
										
		ĺ								
										· ·

Part VII Section A. Officers, Directors, Tru	ıstees, Key	/ Emp	loy	ees	an	d Hig	hes	t Compensate	d Employees (continued)
(A)	(B)			(4	C)			(D)	(E)	(F)
Name and title	Average hours per week	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC	Estimated amount of other compensation from the organization and related organizations
										
									:	
	-			ļ						
								:		
	· · · · · · · · · · · · · · · · ·									
1b Total							•			
2 Total number of individuals (including but n		to the	se	liste	d a	bove)	wh	o received mo	ore than \$100,	000 in
reportable compensation from the organiza	tion >									Yes No
3 Did the organization list any former office	r, director	or tru	ste	e. k	ev (emplo	vee	. or highest c	ompensated	163 140
employee on line 1a? If "Yes," complete So	chedule J f	or su	ch i	ndı	ıdu	al .	٠.			3 /
4 For any individual listed on line 1a, is the s the organization and related organizations of	um of repo greater that	ntable n \$15	0,0	omp omp	ens If "	ation Yes,"	anc con	l other compei oplete Schedu	nsation from le J for such	
individual5 Did any person listed on line 1a receive of	or accrue	 сотр	ens	 satic	n f	rom a	any	unrelated orga	anization for	4 /
services rendered to the organization? If "Y Section B. Independent Contractors	es," comp	lete S	Sche	edul	e J	for su	uch	person .		5 /
Complete this table for your five highest co	mpensated	d inde	ner	ndei	nt c	ontrac	ctor	s that received	1 more than \$	100 000 of
compensation from the organization										
(A) Name and business addr	ress							(B) Description of se	ervices	(C) Compensation
	_									-
	<u>.</u>									
Total number of independent contractors (in more than \$100,000 in compensation from				ted	to t	hose I	liste	d above) who	received	

Part	: VII	Statement of Rev	enue						
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b	Federated campaigns 1a Membership dues 1b Fundraising events 1c		1b	146774.97				
gifts ar	1	Related organizations	•	1d					;
imil		Government grants (contrib	utions).	1e					
ribution other s	ı	All other contributions, gifts, grand similar amounts not include	ants,	1f	48612.97				j
Conti and (Noncash contributions included Total. Add lines 1a–1f	in lines 1a-1	if \$ 	>	195387.94			
ue		D 111 11			Business Code				
Program Service Revenue	2a	Publications			900099	10350	10350		
e Re	b			}					
IVIC	С								
n Se	d								
grar	e f	All other program service							
Pro					. >	10350			
	3	Investment income (incluother similar amounts)			▶				
	4 5	Income from investment of	tax-exemp	t bond	proceeds	18174.37	18174.37		
	٦	Royalties , ,	(ı) Real	- -T	(II) Personal				
	6a	Gross Rents	`:						
		Rental income or (loss)							
	d	Net rental income or (los	ss) .		, . ▶				
	7a	Gross amount from sales of assets other than inventory	(i) Securitie	es	(II) Other				J
	b	Less cost or other basis and sales expenses							,
		Gain or (loss) Net gain or (loss)	•		•				
venue	8a	Gross income from events (not including \$ _							,
er Re	_	of contributions reported See Part IV, line 18		a					
Other		Less direct expenses Net income or (loss) from	n fundrais	. b [sing ev]	vents ►				
		Gross income from gamir See Part IV, line 19		. a					
		Less: direct expenses. Net income or (loss) from			ties ▶				
	10a	Gross sales of inver							
	h	Less: cost of goods sold							
		Net income or (loss) from		_	ry >				
		Miscellaneous Reven			Business Code				
	11a	ACS Reimbursements		[900099	2940	2940		
	b			}					
	С								
	_	All other revenue				2940			
		Total. Add lines 11a-110 Total revenue. See instr			>	226852.31	28818.37		

Part IX Statement of Functional Expenses

	Section 50	ricion and sorici	(4) Organization	is inust comp	nete an columns.	
All other ora	anizations must	complete columi	າ (A) but are no	t required to	complete columns (I	B). (C), and (D).

	All other organizations must complete col	umn (A) but are not	required to comp		C), and (D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				****
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	58233.20	58233.20		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16. Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	18373.54		18373.54	
7	Other salaries and wages	10070.04		10070.04	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
	Management				
	Legal	-			
С	Accounting		-		
d	Lobbying				
	Professional fundraising services See Part IV, line 17				
	Investment management fees	+			
_	Other				
12	Advertising and promotion	44.10		44.10	
13	Office expenses	44.10		44.10	
14	Information technology .				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	00100.10	20420.40		
19	Conferences, conventions, and meetings	66432.13	66432.13		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization.				
23	Insurance				
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together	ļ			
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	Membership directory printing	47.86	47.86		
þ	Newsletter/Ballot printing	16264.07	16264.07		
С	Preprints/Reprint printing	30848.33	30848.33		
d	Officers	2095.68		2095.68	
e	National meeting travelmeals	5967.52		5967.52	
	All other expenses Councilors	12328.16	191000 FC	12328.16	
25	Total functional expenses. Add lines 1 through 24f	210634.59	171825.59	38809.00	
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	ırt X	Balance Sheet			
	-		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	48801.01	1	26509.27
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			į,
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			· · · · · · · · · · · · · · · · · · ·
Assets		Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges		9	,
	10a	Land, buildings, and equipment cost or 10a			
		other basis Complete Part VI of Schedule D			
	b		854039.59	10c	004644.00
	11	Investments—publicly traded securities , , .	854039.59		934611.00
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		15	
	15 16	Other assets See Part IV, line 11	902840.60		961120.27
			302040.00	17	301120.21
	17	Accounts payable and accrued expenses		18	
	18	Grants payable		19	· · · · · · · · · · · · · · · · · · ·
	19	Deferred revenue		20	
Ś	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	21 22	Payables to current and former officers, directors, trustees, key			i
ğ	22	employees, highest compensated employees, and disqualified			;
Ë		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	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		26	
seo		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			i ! !
		i i	554751.11	27	593072.27
Sal	27	Unrestricted net assets	348089.49		368048.00
9	28	Temporarily restricted net assets		29	
Ē	29	Permanently restricted net assets			
or Fund Balan		and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds .		30	· · · · · · · · · · · · · · · · · · ·
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ļ	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets	33	Total net assets or fund balances	902840.60		961120.27
	34	Total liabilities and net assets/fund balances	902840.60	34	961120.27

Par	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			,
	Schedule O			<u></u>
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		
b	Were the organization's financial statements audited by an independent accountant?	2b		~
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		~
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O	1		1
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			1
	issued on a consolidated basis, separate basis, or both			1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			لــــا
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		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

ection

Employer identification number

20**09**

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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.

52 6055670 American Chemical Society - PMSE Division Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) ☐ 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives (1) more than 331/3 % 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 331/3 % 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 An organization organized and operated exclusively to test for public safety See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c ☐ Type III–Functionally integrated a Type I **b** Type II e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section

organization, check this box	•	•	
Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?	_		
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii)		Yes	No
and (III) below, the governing body of the supported organization?	11g(ı)		
(ii) A family member of a person described in (i) above?	11g(iı)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iu)		

If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting

(III) A 35%	controlled entity	of a person described	in (i) or	(II) above					119(10)1
h Provide the	following inform	nation about the supp	orted org	anızatıon	(s)				
(i) Name of supported organization	(u) EiN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col (i) li	organization sted in your document?	the organ col (i)	rou notify nization in of your port?	organizat (i) organi	s the ion in col zed in the S ?	(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									
						1			
	. 		<u> </u>	-					
	 								
				1					-
Total									

509(a)(1) or section 509(a)(2)

f

g

Pa	Support Schedule for Org (Complete only if you chec					and 170(b)(1)(A)(vi)
Sec	tion A. Public Support	·					· · · · · · · · · · · · · · · · · · ·
	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				N		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	-					
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4		<u> </u>			1	<u> </u>
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		(a) 2000	(b) 2000	(6) 2007	(d) 2000	(e) 2009	(i) Total
7	Amounts from line 4		 				
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]			
12	Gross receipts from related activities, etc	(see instruction	ons)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re ,		nd, third, fourth	, or fifth tax y	ear as a secti	on 501(c)(3)
Sec	tion C. Computation of Public Su	pport Perce	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	%_
16a	331/3 % support test—2009. If the organization				ine 14 is 331/3 ⁹	% or more, che	_
	and stop here. The organization qualifies				•		▶ ∐
b	331/3 % support test – 2008. If the organization qua					33½ % or more 	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-circur	nstances" test,	check this box	and <mark>stop here</mark> .	. Explain in Parl	t IV how the
b	10%-facts-and-circumstances test – 2008 more, and if the organization meets the "facts-and-circumsta	acts-and-circum	nstances" test, o	check this box a	nd stop here	Explain in Part	IV how the
18	Private foundation. If the organization did	not check a bo	x on line 13, 16	a, 16b, 17a, or 1	7b, check this	box and see ins	structions 🕨 🔲

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

Sec	tion A. Public Support							
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	233986	150273	215431	217525	195	388	1012603
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	65988	19800	31061	18750	10	350	145949
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	o	0	0		0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0		0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0 299974	0 241673	0 246492	0 236275	205	0 738	0 1158552
6	Total. Add lines 1 through 5	255514	241073	240432	250275	200	7 30	1130332
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	•	0	0
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	o	0	o	0		0	0
c	amount on line 13 for the year Add lines 7a and 7b	0	0	0	0		0	0
8	Public support (Subtract line 7c from line 6)							1158552
	tion B. Total Support							
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	_	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	299974	241673	246492	236275		738	1158552
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0		0	0
С	Add lines 10a and 10b	0	0	0	0		0	0
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0		0	0
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	o	0		0	0
13	Total support. (Add lines 9, 10c, 11, and 12.)							1158552
14	First five years. If the Form 990 is for to organization, check this box and stop leads to the form 990 is for the form 990 is for the first five years.		n's first, secon	d, third, fourth	, or fifth tax y		ectio	
Sec	tion C. Computation of Public Sup		tage					
15	Public support percentage for 2009 (lin			e 13, column (f)) .	15		100 %
16	Public support percentage from 2008 S			· ·		16		100 %
	tion D. Computation of Investmer					47		0 %
17 10	Investment income percentage for 2009	•	• •	•	olumn (t))	17		0 %
18 19a	Investment income percentage from 20 33% % support tests – 2009. If the organization				ا . . nd line 15 is m		31/3 9	
b	17 is not more than 33%%, check this bit 33%% support tests—2008. If the organ	ox and <mark>stop he</mark>	re. The organiz	zation qualifies	as a publicly s	supported (orga	nization 🕨 🗹
-	line 18 is not more than 33%%, check this	box and stop b	nere. The organ	nization qualifies	s as a publicly :	supported (orgar	nization 🕨 🔲
20	Private foundation. If the organization	uiu not check a	DOX OH IME I	+, 19a, or 19b,				or 990-EZ) 2009

	orm 990 or 990-EZ) 20	009				Page 4
Part IV	Supplementa Part II, line 17	I Information. a or 17b; and	Complete this Part III, line 12	s part to provide the 2. Provide any othe	e explanations required r additional information.	by Part II, line 10, See instructions.
						<u> </u>
•••						
	·					
			•••••			
						•••••
		·		<u> </u>		•••••
			••••			

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

General Information on Grants and Assistance

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

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

OMB No 1545-0047

Employer identification 52 605 9

Schedule I (Form 990) 2009

Cat No 50055P

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

Page 2

Schedule I (Form 990) 2009

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Symposium support at biannual meetings	96	43820.81			
Cooperative research award	2	0009			
Doolittle Award	4	1000			
Tess Award	-	4969.60			
ICI Student Award	1	2350			
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	te this part to pr	ovide the information	in required in Part	I, line 2, and any other	additional information

The Treasurer of the organization maintains the records pertaining to this information. It is approved by the Chair of the organization and the proper documentation is passed on the the Treasurer who then writes checks to the recipients.