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Form **990**

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

2011

Open to Public Inspection

	TOT LITE	ZUTT Cale	ildar year, or tax year beginnin	-	ZUTT, and end			, 20	
В	Check If	applicable	C Name of organization American	n Chemical Society's New Yor	k Section, Inc	<u>. </u>	D Employ	yer identification r	umber
	Address	change	Doing Business As					13-1926773	
	Name ch	nange	Number and street (or P O box if r	mail is not delivered to street address	ss) Room/	'suite	E Telepho	one number	
	Initial ret		c/o St. John's University, 8000) Utopia Parkway	ŀ			516-783-6281	
\exists	Terminal	ĺ	City or town, state or country, and		L				
$\overline{\Box}$	Amende		Jamaica, NY 11439				G Gross r	receints \$	129,623
Ħ		on pending	F Name and address of principal offi	icer		H(a) los		for affiliates? Ye	
	Applicati	ion pending	Trans and address of principal on					included? Ye	
-		 	[7] say yay	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	🗆			a list (see instructi	
<u> </u>	_	mpt status	✓ 501(c)(3)) () ◀ (insert no) ☐ 4947(a)(1) or 527			•	J113)
<u>, , , , , , , , , , , , , , , , , , , </u>	Website		w.newyorkacs.org		1		oup exemptio		
				ciation Other ►	L Year of form	nation 19	35 M State	of legal domicile	NY
Ľ	art I	Summ							
	1	•	escribe the organization's mis	_				·	
ø		Chemica	I Education and Professional D	Development in the field of Ch	emistry.				
Activities & Governance									
Ĕ									
Š	2	Check th	iis box 🕨 🗌 if the organizatior	n discontinued its operation	s or disposed	d of more th	nan 25% of	its net assets.	
5	3	Number	of voting members of the gov	erning body (Part VI, line 1a	a)		. 3		37
ŝ	4	Number	of independent voting member	ers of the governing body (F	Part VI, line 1	b)	. 4		37
ij	5		mber of individuals employed				. 5		0
뜢	6		mber of volunteers (estimate i	-			6		50
ď	7a		elated business revenue from	•			. 7a		
	ь		lated business taxable incom-				. 7b		0
	<u> </u>	1101 01110	iated Edemices taxable incern			Prio	r Year	Current Y	
	8	Contribu	tions and grants (Part VIII, line	RECEIVE	. إن		63,563	+	93,574
9	9		service revenue (Part VIII, line	59,005		18,679			
Revenue		Investme	ent income (Part VIII, column ((A) 130 A 14C 74 A 20				 	
æ	10						32,031		17,370
	11		venue (Part VIII, column (A), lir		' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	ļ	0		
	12		enue-add lines 8 through 11		1.00	<u> </u>	154,599	1	129,623
	13		nd similar amounts paid (Part		<u></u> .		38,383		38,530
	14		paid to or for members (Part				0	\	0
es	15		other compensation, employee		-		0	+	0
Sus	16a	Profession	onal fundraising fees (Part IX,	column (A), line 11e)			0		<u> </u>
Expenses	b	Total fun	draising expenses (Part IX, co	olumn (D), line 25) ▶					
ш	17	Other ex	penses (Part IX, column (A), lı	ines 11a-11d, 11f-24e) .			93,038		95,982
	18	Total exp	penses. Add lines 13-17 (mus	st equal Part IX, column (A),	line 25) .		131,421		134,512
	19	Revenue	less expenses. Subtract line	18 from line 12			23,178		-4,889
Ces Ces			•			Beginning of	f Current Year	End of Y	ar
sets	20	Total ass	sets (Part X, line 16)				545,990)	541,101
Ass	21	Total liab	oilities (Part X, line 26)				-0		0
Net Assets Fund Balanc	22		ts or fund balances. Subtract				545,990	i i	541,101
	art II		ture Block					1	
_			iry, I declare that I have examined this	s return, including accompanying s	chedules and sta	atements, and	to the best of	mv knowledge an	d belief, it is
	•		lete Declaration of preparer (other tha					, ,	
_		—	Cant Ash			-	Τ		
Sig	n	Sign	nature of officer	· · · · · · · · · · · · · · · · · · ·			Date	, ,	
He	-	1		JAK.			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	19117	,
110		Typ	e or print name and title					1 1 1 -	
_		17		Propagar's supporture		Date		Iptiki	
Pa	iid		rpe preparer's name	Preparer's signature	ļ	Date	Check		
Pr	epare	r Frank (Grayeski				self-em	ployed 13-36	78330
	e Oni	V Firm's r					Firm's EIN 🕨		
		Firm's a	address > 215 Blackburn Road				Phone no	917-860-0	
_			s this return with the preparei	•	ctions)	<u> </u>			s No
For	Paperv	vork Redu	iction Act Notice, see the sepai	rate instructions.	Cat	No 11282Y		Form	990 (2011)

59,732

Total program service expenses

Fairt	Checklist of Required Schedules			
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	No
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	2	∀	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	:	√
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
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		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	complete Schedule D, Part VI	11a		1
b	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	11b		1
С	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	1	
e f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		√
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		1
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	• • • • • • • • • • • • • • • • • • • •	14a		✓_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	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, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		

Part	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization		Yes	No
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
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 c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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? <i>If "Yes," complete Schedule L, Part I</i>	25a		1
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	056		/
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	25b 26		v
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		▼
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
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? <i>If "Yes," complete Schedule R</i> ,			
	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	

Part				
	Check if Schedule O contains a response to any question in this Part V		Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		165	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
b	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
·	reportable gaming (gambling) withings to prize winners?	1c	1	J
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	16	V	-
Za	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	'		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	}	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1	
ь	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b	1	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	<u> </u>	Ť	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for 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		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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	<u></u>	1
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	ļ	ļ,
7_	Organizations that may receive deductible contributions under section 170(c).	1		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		ļ	
	and services provided to the payor?	7a 7b	-	/
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		-
·	required to file Form 8282?	7c		/
d	If "Yes," indicate the number of Forms 8282 filed during the year	10	<u> </u>	•
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		/
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	ļ
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
_ b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	-		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
_	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	<u> </u>	†
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			†
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans		ļ	
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
ь	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14b	I	1

Form 99	<u>, , , , , , , , , , , , , , , , , , , </u>			Page O
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			_
Section	Check if Schedule O contains a response to any question in this Part VI	· ·	•	
<u>Secti</u>	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 37			
	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 37			
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			١.
	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 governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5 6		√
6 7a	Did the organization have members or stockholders?	<u> </u>		-
	one or more members of the governing body?	7a		✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	14		 •
	stockholders, or persons other than the governing body?	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	1	Ì
b	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	9	L.,	✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C		
40-	Did the annual state have lead about on house have a self-th-0	40.	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		✓
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			<u> </u>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		1
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		✓_
13	Did the organization have a written whistleblower policy?	13		✓
14	Did the organization have a written document retention and destruction policy?	14		✓
15	Did the process for determining compensation of the following persons include a review and approval by			1
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			لـــــا
a	The organization's CEO, Executive Director, or top management official	15a		<u> </u>
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		
16a				
	with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		Ĺ,
Secti	on 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 (Section section 1024 if applicable), 990, and 990-T (Section 1024 if applicable), 990-T (Section 1024 if app	n 501	(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website Upon request	.e	•	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	or inte	rest p	юнсу,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the		
_0	organization: Propert Notan 928 Summit Avenue Jersey City N L 07307	J. 1116	•	

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-om	990	(2011)	

Page 7

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Part VII	Compensation of Officers,	Directors,	i rustees,	, Key Employees.	, Hignest Compens	iated Employees.	and
	Independent Contractors	ť	,			• • • • • • • • • • • • • • • • • • • •	

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.

- 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, if any. 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 neither the organization no	r any relate	d org	anız			ompe	nsa	ted any currer	t officer, directo	r, or trustee.
				(0						
(A)	(B)	(do n	Position to not check more th			than one		(D)	(E)	(F)
Name and Title	Average hours per week	box, office	unles er and	s pe dad	rson irect	is both or/trust	an tee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Hiroko Karan	_			,						
Chair	5	_	<u> </u>	✓			_	0	0	0
(2) JamieLee Iolani Rizzo				,				_		
Chair Elect	2		Ш	✓	<u> </u>	ļ		0	0	0
(3) Brian Gibney	_			,				_		
Secretary	3			✓				0	0	0
(4) Stephen Z. Goldberg									<u> </u>	_
Treasurer	3		<u> </u>	~		<u> </u>	_	0	0	0
(5) Frank Romano										_
Past Chair (6)	1			✓	\vdash			0	0	0
					<u> </u>	 	_			
_(7)	-									
(8)										_
(9)										
(10)	-									-
(11)										
(12)							-			
(13)							 			
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A)	(B) Position (D) (E)									(F)			
	Name and title	Average hours per	office	box, unless person is bot officer and a director/trus					Reportable compensation	Reportable compensation from		amo	mated ount of	
		week (describe hours for	Indiv or di	Instit	Officer	Key	Hıgh: empl	Former	from the organization	related organizatio (W-2/1099-N	ons	comp	ther ensation the	on
		related organizations	dual t	utiona	eq	Key employee	est cor oyee	¤	(W-2/1099-MISC)	(**-2) 1033-11	,,,,,,,,	orgar	nization	
		in Schedule O)	Individual trustee or director	Institutional trustee		/ee	Highest compensated employee					organ	ızatıor	ns
(45)				ě			ated						_	
(15)														
(16)														
(17)														
(18)											- +			
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b c	Sub-total		 n A	•	•			>						
d	Total (add lines 1b and 1c)			<u>.</u>	<u>. </u>	<u> </u>	<u>. </u>	<u> </u>						
2	Total number of individuals (including but reportable compensation from the organi		to th	ose	list	ed	above	e) w	no received m	ore than \$1	00,000) of		
													Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete								oloyee, or nigr · · · · ·		ensated 	3		1
4	For any individual listed on line 1a, is the organization and related organizations													
	individual				•							4		1
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or inc		5		1
Section	on B. Independent Contractors	-										1,-		
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	iress							(B) Description of s	ervices		(C) Compens	ation	-
2	Total number of independent contractor	ors (ıncludiı	ng bu	ıt n	ot	limit	ed to	l o th	nose listed ab	ove) who				
	received more than \$100,000 of compens													

Part	УШ	Statement 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
ts s	1a	Federated campaigns	1a			•		1
ran	ь	· · · ·	1b	20,211				
Ē,	c	' <u>-</u>	1c					į I
ifts ar A	ď	_	1d	25,550	j			
niis	e	Government grants (contributions)	1e		Ì			
ons Sir	f	All other contributions, gifts, grants,						
her	-		1f	47,813				
育	g	Noncash contributions included in lines 1a-1		***************************************				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		•	93,574			
	· · ·	Total / total / total / total		Business Code	00,071			
eun	2a	Nichols Symposium	\vdash	541700	13,491			
₹	ь	Chemagination		541700	1,720			
8	c	Undergrad Research Symposium	├-	541700	1,145	•		
eZi	d	Computers in Chemistry	-	541700	298	·		
Š	e	Chemistry Olympiad		541700	2,025			
Jrar	f	All other program service revenue	 -	541700	2,023			
Program Service Revenue	g	Total. Add lines 2a–2f	_		18,679			
_	3	Investment income (including of			10,070			<u></u>
		, ,		•	17,370			
	4	Income from investment of tax-exem			17,676	•		
	5	Royalties		•				
		(i) Real	- 	(II) Personal				
	6a	Gross rents						
	ь	Less: rental expenses	-					
	c	Rental income or (loss)						
	ď	Nick went of wear and discar		▶				
	7a	Gross amount from sales of (i) Securitie		(ii) Other				
		assets other than inventory						
	ь	Less: cost or other basis						
		and sales expenses .						
	С	Gain or (loss)						
	d			▶				
		3, , , ,		· · · · · · · · · · · · · · · ·				
evenue	8a	Gross income from fundraising						
Ž.		events (not including \$						
		of contributions reported on line 1c)	<u>.</u>		ļ			
ē	ŀ	See Part IV, line 18	а					
Other R	b	Less: direct expenses	b					
•	С	Net income or (loss) from fundrais	sing ev	/ents . ▶				
	9a	Gross income from gaming activiti						
		See Part IV, line 19	а	j				
	b	Less: direct expenses	b		_			
		Net income or (loss) from gaming		ties ▶				
	10a	Gross sales of inventory, le						
		returns and allowances	_ a					
	b	Less: cost of goods sold			_		=]
	<u> </u>	Net income or (loss) from sales of						
		Miscellaneous Revenue		Business Code		_		
	11a		L					
	b		L			· ·		
	С	***************************************						
	d	All other revenue						
	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions.		▶	129,623		İ	

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).

	Check if Schedule O contains a response to any question in this Part IX										
	t include amounts reported on lines 6b, 7b, , 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 United States. See Part IV, line 21										
2	Grants and other assistance to individuals in										
	the United States. See Part IV, line 22	38,530	38,530								
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16										
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees										
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)										
7 8	Other salaries and wages										
9	Other employee benefits										
10	Payroll taxes				<u> </u>						
11	Fees for services (non-employees):										
a	Management		-								
b	Legal										
C	Accounting										
d	Lobbying				1						
e f	Professional fundraising services. See Part IV, line 17										
	Investment management fees Other	22,650	22,650								
g 12	Advertising and promotion	22,030	22,030								
13	Office expenses										
14	Information technology										
15	Royalties										
16	Occupancy			······································	 						
17	Travel	26,849	26,849								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	·	· ·	-							
19	Conferences, conventions, and meetings .		-								
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization .		-								
23	Insurance				- "						
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column										
	(A) amount, list line 24e expenses on Schedule O.)										
а	Printing & Postage	10,162	10,162								
b	Phone	506	506								
C	Program Food	30,956	30,956								
d	Supplies	4,859	4,859								
е	All other expenses Total functional expenses. Add lines 1 through 24e										
25		134,512	134,512								
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)										

re	irt X	Balance Sneet			
		· · · · · ·	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	23,003	1	2,689
	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	
S)	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	•
As	8	Inventories for sale or use		8	
- 1	9	Prepaid expenses and deferred charges	·· ··	9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	491,239		510,631
	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	31,748	15	27,781
	16	Total assets. Add lines 1 through 15 (must equal line 34)	545,990		541,101
	17	Accounts payable and accrued expenses	· · · · · · · · · · · · · · · · · · ·	17	
-	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		00	
<u>.</u>	02	•		22	
- 1	23 24	Secured mortgages and notes payable to unrelated third parties		23	·
	2 4 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X		24	
		of Schedule D		25	
\dashv	26	Total liabilities. Add lines 17 through 25	0	26	0
ces		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
a l	27	Unrestricted net assets	299,652	27	290,259
Ba	28	Temporarily restricted net assets	0	28	0
밀	29	Permanently restricted net assets	246,338	29	250,842
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
र्हे	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ž۱	32	Retained earnings, endowment, accumulated income, or other funds .		32	
S	33	Total net assets or fund balances	545,990	33	541,101
	34	Total liabilities and net assets/fund balances	545,990	34	541,101

Pag	ge	1	2

						5 —
Par	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI		,			
1	Total revenue (must equal Part VIII, column (A), line 12)	1_		_	129	9,623
2	Total expenses (must equal Part IX, column (A), line 25)	2			13	4,512
3	Revenue less expenses. Subtract line 2 from line 1	3				4,889
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			54	5,990
5	Other changes in net assets or fund balances (explain in Schedule O)	5				0
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,					
	column (B))	6			54	1,101
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Other	_	_ [
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain	ın	- 1		
	Schedule O.					
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 over	_				
	of the audit, review, or compilation of its financial statements and selection of an independent accou	ntant	? [2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın	in			
	Schedule O.		ł	- 1		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year	ır we	re	ı		
	issued on a separate basis, consolidated basis, or both:		1	ŀ		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	ın	- 1		
	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 under					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	ıdıts	;	3b		
				Form	990	(2011)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

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

OMB No 1545-0047 20**11**

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization American Chemical Society's New York Section, Inc. 13-1926773 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 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) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 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 509(a)(1) If the organization received a written determination from the IRS that it is a Type II, or Type III supporting 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) and Yes No 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of (described on lines 1-9) in col (i) listed in your the organization in organization in col support organization governing document? col (i) of your (i) organized in the above or IRC section support? US? (see instructions)) Yes No Yes No Yes Nο (A) (B) (C) (D) (E)

Total

Scriedu	ie A (FOITH 990 OF 990-EZ) 2011						Pag	je 🚄
Part								
	(Complete only if you checked the						ality under	•
<u> </u>	Part III. If the organization fails to	quality unde	er the tests lis	sted below, p	lease comple	ete Part III.)		
	on A. Public Support	() 0007	4) 0000	(-) 0000	(0 0040	4 > 0044	(6 T-4-1	
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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							
J	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.	•						
Secti	on B. Total Support							_
Calen	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) 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		ļ					
10	Other income. Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part IV.)							
11	Total support. Add lines 7 through 10	/	L	<u> </u>				
12	Gross receipts from related activities, etc.					12	F04(-\(0\)	
13	First five years. If the Form 990 is for the							_
Sooti	organization, check this box and stop he on C. Computation of Public Suppor	t Porcontag		<u> </u>	<u></u>	· · · ·		ᆜ
14	Public support percentage for 2011 (line 6			11 column (fl)		14		%
15	Public support percentage from 2010 Sch					15		%
16a	331/3% support test—2011. If the organization							/0
	box and stop here. The organization qua							
b	331/3% support test-2010. If the organ			=				_
_	check this box and stop here. The organ						▶	
17a	10%-facts-and-circumstances test—20	· ·	, ,			a or 16b and	line 14 is	
., .	10% or more, and if the organization me							
	Part IV how the organization meets the "f							
	organization						•	
b	10%-facts-and-circumstances test—20						and line	_
	15 is 10% or more, and if the organization	_						
	Explain in Part IV how the organization m							
	supported organization							П
18	Private foundation. If the organization di							_

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			, <u>p</u>			
	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees	1	, ,	.,	. ,	_ \	.,
	received. (Do not include any "unusual grants.")	108,151	129,007	113,479	63,563	93,574	507,774
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	15,830	16,965	8,26	59,005	18,679	118,744
3	Gross receipts from activities that are not an	10,000	,	0,20	00,000	10,010	
	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		Ì				
5	The value of services or facilities		1				
-	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	123,982	145,972	121,744	122,568	112,253	626,518
	Amounts included on lines 1, 2, and 3		•				
	received from disqualified persons .						
b	Amounts included on lines 2 and 3				-		
_	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)		İ				626,518
Secti	on B. Total Support			· ·			
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	123,982	145,972	121,744	122,568	112,253	626,518
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .	558	15,699	13,646	32,031	17,370	79,304
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	558	15,699	13,646	32,031	17,370	79,304
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or					Ī	
	loss from the sale of capital assets			1			
46	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
4.4	and 12.)	124,539	161,671	135,390	154,599	129,623	705,822
14	First five years. If the Form 990 is for the	-					
Co oti	organization, check this box and stop he			· · · · ·		<u></u>	
	on C. Computation of Public Suppor			2 (6)		T 45 T	00.0.0/
15	Public support percentage for 2011 (line 8					15	88.8 %
16 Secti	Public support percentage from 2010 School D. Computation of Investment In			· · · ·	<u> </u>	16	98.1 %
			· · ·	ulino 12 politic	(f)	17	11.2.0/
17 19	Investment income percentage for 2011 (17	11.2 %
18	Investment income percentage from 2010 331/3% support tests—2011. If the organ					18 ore than 331/09/	1.9 %
19a	17 is not more than 33½%, check this box						
j.	33 ¹ / ₃ % support tests—2010. If the organiz	•	-			-	_
b	line 18 is not more than 331/3%, check this li						
20	Private foundation. If the organization di						
ZU	ato roundation. Il the organization di	a not oneck a l	JUN UIT III (C 14,	10a, 01 13D, C	HOUR THO DUX (ふいい うさせ いろいはじ	AIUII3 - L

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No 1545-0047 2011

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990. ▶ See separate instructions.

Ameri	an Chemical Society's New York Section, Inc.		13-1926773
Par		or Advised Funds or Other Similar Fu	unds or Accounts. Complete if the
	organization answered "Yes" to F		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year) .		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		hald in daman advisand
5	Did the organization inform all donors and funds are the organization's property, subje		
6		_	
U	Did the organization inform all grantees, do only for charitable purposes and not for th		
Part		plete if the organization answered "Yes	
1	Purpose(s) of conservation easements held		
		recreation or education) Preservation	of an historically important land area
	☐ Protection of natural habitat	·	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organize	ation held a qualified conservation contribu	tion in the form of a conservation
	easement on the last day of the tax year.		
			Held at the End of the Tax Year
a	Total number of conservation easements		<u> </u>
b	Total acreage restricted by conservation ea		
C	Number of conservation easements on a ce Number of conservation easements include		h
d	historic structure listed in the National Regis		l f
3	Number of conservation easements modifie		
	tax year ▶	, and an arrange of the state o	on material by the organization calling the
4	Number of states where property subject to	conservation easement is located	
5	Does the organization have a written po		
	violations, and enforcement of the conserva	ation easements it holds?	· · · · · · . Tes 🗌 No
6	Staff and volunteer hours devoted to monitor	oring, inspecting, and enforcing conservation	on easements during the year
_			
7	Amount of expenses incurred in monitoring	, inspecting, and enforcing conservation ea	sements during the year
8	► \$ Does each conservation easement reported	d on line 2(d) above entirely the requirement	s of poetion 170/b)/4)/P)
0			
9	In Part XIV, describe how the organization r		
9	balance sheet, and include, if applicable, th		
	organization's accounting for conservation		
Part	III Organizations Maintaining Coll	ections of Art, Historical Treasures,	or Other Similar Assets.
	Complete if the organization answ	vered "Yes" to Form 990, Part IV, line 8	3.
1a	If the organization elected, as permitted un	ider SFAS 116 (ASC 958), not to report in	its revenue statement and balance sheet
	works of art, historical treasures, or other	•	
	public service, provide, in Part XIV, the text		
b	If the organization elected, as permitted u		
	works of art, historical treasures, or other		education, or research in furtherance of
	public service, provide the following amount	-	.
	(i) Revenues included in Form 990, Part VI	ı, ııne ı	
2	(ii) Assets included in Form 990, Part X . If the organization received or held works	of art historical tressures or other similar	lar assets for financial dain provide the
~	following amounts required to be reported a		
а	Revenues included in Form 990, Part VIII, li	· · · · · · · · · · · · · · · · · · ·	
h	Assets included in Form 990 Part X		· · · · · ▶ \$

Schedule D	Form	ggn	2011
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D	2
race	~

Part											
3	Using the organization's acquisition, collection items (check all that apply):		ther reco	rds, chec	k any of the	follow	ring that are	a sig	nıfıcant	use	of its
а	☐ Public exhibition		d	☐ Loan	or exchange	e progr	ams				
b	☐ Scholarly research		е	Other	r						
С	☐ Preservation for future generations										
4	Provide a description of the organization	tion's collections	and expla	ain how t	hey further t	he org	anızatıon's ex	kemp	t purpo	se in	Part
_	XIV.			_							
5	During the year, did the organization								_	_	
	assets to be sold to raise funds rather										
Part	Escrow and Custodial Arra				janization a	nswer	ed "Yes" to	For	m 990,	Part	IV,
	line 9, or reported an amour										
1a	Is the organization an agent, trustee included on Form 990, Part X?										
								•	☐ Ye	s⊔	NO
b	If "Yes," explain the arrangement in P	art xiv and comp	iete the to	pilowing t	able:	_	Γ	Δm	ount		
_	Beginning balance					10	 				—
c d	Additions during the year					1c 1d					—
e	Distributions during the year					1e					—
f	Ending balance					1f					
2a	Did the organization include an amount								☐ Ye	<u> </u>	No
	If "Yes," explain the arrangement in P		art 74, mil	,				•		• _	
	V Endowment Funds. Compl		zation ar	swered	"Yes" to Fo	orm 99	90. Part IV. I	ine 1	0.		
		(a) Current year		or year			(d) Three years t		(e) Four	years h	back
1a	Beginning of year balance							\neg			
b	Contributions										$\neg \uparrow$
С	Net investment earnings, gains, and										
	losses]			
d	Grants or scholarships							\neg			
e	Other expenditures for facilities and			·							
	programs										
f	Administrative expenses										
g	End of year balance				<u> </u>						
2	Provide the estimated percentage of t	he current year e	nd balanc	e (line 1g	, column (a))) held a	ıs:				
а	Board designated or quasi-endowment	nt 🕨	%								
b	Permanent endowment ▶										
С	Temporarily restricted endowment ▶										
ο-	The percentages in lines 2a, 2b, and 2	•									
3a	Are there endowment funds not in the	e possession of t	ne organı	zation tha	at are held a	and adr	ninistered foi	the			
	organization by:									Yes	No
	(i) unrelated organizations							٠	3a(i)	\rightarrow	
_	(ii) related organizations			 Oalaad				•	3a(ii)	\rightarrow	
ь 4	If "Yes" to 3a(II), are the related organized bescribe in Part XIV the intended uses							٠	3b		
Part											
rait	Description of property	(a) Cost or o			or other basis	(a) A		Τ_	(d) Bool	مريامي	
	bescription of property	(investr			other)		preciation		(u) B001	Value	
1a	Land	. [T			
b	Buildings							Γ			
С	Leasehold improvements										
d	Equipment										
е	Other										
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part	X, columr	n (B), line 10((c).) .	•				

Part VII	Investments-Other Securit	ies. See Form 990, Part X, I	ine 12.	1 ago 🗸
(;	a) Description of security or category (including name of security)	' (b) Bdok value	(c) Method of valuati Cost or end-of-year mark	
(1) Financia	I derivatives		-	· <u>-</u>
(2) Closely-	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)	·			
(F)				···
(G)				
(H)				
(1)				
	(b) must equal Form 990, Part X, col. (B) line 12.)	Plant Con Farm 200 Part V	L 10	
Part VIII	Investments - Program Rela			
	(a) Description of investment type	(b) Book value	(c) Method of valuati Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				 :
(9)		-		****
Total (Column	(b) must equal Form 990, Part X, col (B) line 13.)		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Part IX	Other Assets. See Form 990,			
		(a) Description		(b) Book value
(1) Awards	Medals - For Nichols Awardee			27,781
(2)				· ·
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	- 			
	ımn (b) must equal Form 990, Part)		<u></u> ▶	27,781
Part X	Other Liabilities. See Form 9			
1. (1) Fodorol	(a) Description of liability	(b) Book value		
	income taxes			
(3)				
(4)				
(5)				
(6)	 .			
(7)	<u> </u>			
(8)				
(9)				
(10)		<u> </u>		
(11)	· · · · · · · · · · · · · · · · · · ·			
	(b) must equal Form 990, Part X, col. (B) line 25.)	D		
	SC 740) Footnote. In Part XIV, prov		he organization's financial statemen	its that reports the
organizatio	n's liability for uncertain tax position	ns under FIN 48 (ASC 740)		

	ule D (Form 990) 2011			Page 4
Par		al Stateme	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	[2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	[3	
4	Net unrealized gains (losses) on investments	[4	
5	Donated services and use of facilities	[5	
6	Investment expenses	🗀	6	
7	Prior penod adjustments	[7	-
8	Other (Describe in Part XIV.)	[8	
9	Total adjustments (net). Add lines 4 through 8	[9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 .	[10	_
Part	Reconciliation of Revenue per Audited Financial Statements With Rev	enue per	Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts 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			
C	Recoveries of prior year grants		j	
d	Other (Describe in Part XIV.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts 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.)			
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Exp		r Return	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities		.	
b	Prior year adjustments		1 1	
C	Other losses]	
d	Other (Describe in Part XIV.)]	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts 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		 	
ь	Other (Describe in Part XIV.)		i	
c	Add lines 4a and 4b		4c	
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIV Supplemental Information		5	
Comp Part \	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines /, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b dditional information.			
None				•
••				•

Schedule D (Fo	rm 990) 2011	Page 5
Part XIV	Supplemental Information (continued)	
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SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047 201

Open to Public Inspection

Employer identification number

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

► Attach to Form 990.

5	ciety's New Yo	ork Section, Inc.						13-1926773
1 Does the organ	intormation ization mainta	Does the organization maintain records to substantiate the arthe selection criteria used to award the grants or assistance?	Assistance stantiate the amou	nt of the grants or	assistance, the c	grantees' eligibility for	nce the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and noe?	e, and
2 Describe in Par	t IV the organ	nization's procedu	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	he use of grant fu	nds in the United	States.		
Part II Grants a	nd Other A	Grants and Other Assistance to Governmen to Form 990 Part IV line 21 for any recipient	vernments and	Organizations i	n the United S \$5,000, Check	tates. Complete if this box if no one if	nts and Organizations in the United States. Complete if the organization answered "Yes" that received more than \$5,000. Check this box if no one recipient received more than \$5,000.	vered "Yes" e than \$5,000.
Part II ca	n be duplica	ated if additional	Part II can be duplicated if additional space is needed					□ A <p< td=""></p<>
1 (a) Name and address of organization or government	of organization nt	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)								
(2)								•
(3)								٠
(4)								
(5)								
(9)								
ω								
(8)								
(6)								
(10)								
(11)								
(12)								
2 Enter total num 3 Enter total num	ber of section ber of other of	Enter total number of section 501(c)(3) and government Enter total number of other organizations listed in the lir		organizations listed in the line 1 table e 1 table	ine 1 table			A A
For Paperwork Reduction Act Notice, see the Instructions for Form	on Act Notice,	see the Instruction	is for Form 990.	:	3	Cat. No. 50055P		Schedule I (Form 990) (2011)

Schedule I (Form 990) (2011)

Schedule I (Form 990) (2011) (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) The organization reviews individuals needs and research projects to determine which individuals qualify for receipt of grant funds. 0 (d) Amount of non-cash assistance 11,723 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients 1 Research Funds for low income students (a) Type of grant or assistance Part IV Part III Ŋ 8 က ဖ

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

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

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization	Employer identification number
American Chemical Society's New York Section, Inc.	13-1926773
Form 990, Part VI, Section B. Policies. #11B. This Form 990 is reviewed by the Tre	asurer
1 on 1 out 1 on 1 on 1 on 1 on 1 on 1 on 1 on 1 o	u
Form 000 Port VI Section C Displayers #40 Union remark the accession in the	
Form 990, Part VI, Section C. Disclosure. #19. Upon request, the organization make	
súch as Form 990, either by mailing a hard copy, or by electronic delivery, such a	s Email.
Form 990, Part III, # 4d: Other Program Services. These are the other Educational	and Professional Development Programs run by ACSNY:
Chemistry Olympiad	
Young Chemists	
Computers in Chemistry	
National Chemistry Week	
Organic Topical	
Science Café	
······································	
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······	
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

American Chemical Society's New York Section, Inc.

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

Related Organizations and Unrelated Partnerships

Instructions.
See separate
to Form 990.
년

OMB No. 1545-0047 201

Open to Public

Employer identification number 13-1926773 (f)
Direct controlling
entity

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (e) End-of-year assets (d) Total income Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (c) Legal domicile (state or foreign country) (b) Pnmary activity (a) Name, address, and EIN of disregarded entity Part I Part II

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8

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2011 Yes No (f)
Direct controlling (e)
Public charity status
(if section 501(c)(3)) 501(c)(3) (d) Exempt Code section (c)
Legal domicile (state or foreign country) Washington, DC (b) Primary activity **Education** For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN of related organization 1155 Sixteenth Street, NW. Washington, DC 20036 (1) American Chemical Society National 8 9 ල € 9 Ε

Cat. No 50135Y

New address, and BN of related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations fractions of trust during the tax year) New address, and BN of related organizations are comparation or trust during the tax year) New address, and BN of related organizations are related as a Corporation of trust during the tax year) New address, and BN of related organizations are related as a Corporation of trust during the tax year) New address, and BN of related organizations are related as a Corporation of trust during the tax year) New address, and BN of related organizations are related as a Corporation of trust during the tax year) New address, and BN of related organizations are related as a Corporation of trust during the tax year) New address, and BN of related organizations are related as a Corporation of trust during the tax year) New address, and BN of related organizations are related as a Corporation of trust during the tax year) New address, and BN of related organizations are related as a Corporation of trust during the tax year) New address, and BN of related organizations are related as a Corporation of trust during the tax year.
izations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Par re-related organizations treated as a corporation or trust during the tax year.) (a) Primary activity (state or foregin country) (Corp. Sorp.) (Corp
izations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Para prefered organizations treated as a corporation or trust during the tax year.) Primary activity Legal domicie Direct controlling Type of entry Comp. Storp, Income Included In
itations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Par and as a corporation or trust during the tax year.) Complete if the organization answered "Yes" to Form 990, Par and the following the tax year.) Complete if the organization answered "Yes" to Form 990, Par and the following the tax year.) Complete if the organization answered "Yes" to Form 990, Par and the following the tax year.) Complete if the organization answered "Yes" to Form 990, Par and the following the tax year.) Complete if the organization answered "Yes" to Form 990, Par and the following the tax year.) Complete if the organization answered "Yes" to Form 990, Par and the following the tax year.) Complete if the organization and the following the tax year.) Complete if the organization and the tax year.) Complete if the organization and the tax year.) Complete if the organization and the tax year.) Complete if the organization and the tax year.) Complete if the organization and the tax year.) Complete if the organization and the tax year.) Complete if the organization and the tax year.) Complete if the organization and the tax year.) Complete if the organization and the tax year. Complete if t
izations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Par or related organizations treated as a corporation or trust during the tax year.) Primary activity (Complete if the organization answered "Yes" to Form 990, Par organizations treated as a corporation or trust during the tax year.) Primary activity (Complete if the organization answered "Yes" to Form 990, Par organizations treated as a corporation or trust during the tax year.) Complete if the organization answered "Yes" to Form 990, Par organizations treated as a corporation or trust during the tax year.) Complete if the organization answered "Yes" to Form 990, Par organizations treated as a corporation or trust during the tax year.)
izations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Par or related organizations treated as a corporation or trust during the tax year.) Comparizations treated as a corporation or trust during the tax year.) Comparizations treated as a corporation or trust during the tax year.) Comparizations treated as a corporation or trust during the tax year.) Comparizations treated as a corporation or trust during the tax year.) Comparizations treated as a corporation or trust during the tax year.) Comparizations treated as a corporation or trust during the tax year.) Comparizations treated as a corporation or trust during the tax year.) Comparizations treated as a corporation or trust during the tax year.)
izations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Par pre related organizations treated as a corporation or trust during the tax year.) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
Primary activity The related organizations treated as a corporation or trust during the tax year.) Primary activity The related organizations treated as a corporation or trust during the tax year.) Primary activity The related organizations treated as a corporation or trust during the tax year.) The related organizations treated as a corporation or trust during the tax year.) The related organization or trust during the tax year.) The related organization or trust during the tax year.) The related organization or trust during the tax year.) The related organization or trust during the tax year.) The related organization or trust during the tax year.) The related organization or trust during the tax year.) The related organization or trust during the tax year.) The related organization or trust during the tax year.)
Company activity Legal domicile Direct controlling Type of entity Share of total

Schedule R (Form 990) 2011

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

					200	
Note.	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		;		<u> </u>	
-	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	rganizations listed in	Parts II-IV?			
a Re	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			1a		
<u>5</u>	Gift, grant, or capital contribution to related organization(s)			₽ •		
S	Gift, grant, or capital contribution from related organization(s)			ပို	<i>></i>	
₹	loans or loan disrantees to or for related organization(s)			דַ		
	and a constant of the constant		•	? \$	\downarrow	
0 8	Loans or loan guarantees by related organization(s)			<u>₽</u>	1	
,				!		
Sa	Sale of assets to related organization(s)			=		
o Pu	Purchase of assets from related organization(s)			19		
	Exchange of assets with related organization(s)			∓	L	
i Le	Lease of facilities, equipment, or other assets to related organization(s)	•	•	; =		
				<u> </u>	L	
	Lease of facilities, equipment, or other assets from related organization(s)	•	•	=		
. 4	Deformance of conjugation or membership or fundaising collectations for related organization(s)			\≠	L	
- A	Performance of services or membership or fundraising solicitations by related organization(s)			=		
ි ස . E	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			ξ.	L	
5	Sharing of paid employees with related organization(s)	•	•	₽		
					_	
o Re	Reimbursement paid to related organization(s) for expenses			10		
o R	Reimbursement paid by related organization(s) for expenses			1p		
ŏ •	Other transfer of cash or property to related organization(s)			₽		
ة ا	Other transfer of cash or property from related organization(s)			-		
2 If t	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	including covered re	lationships and trans	saction th	resho	ds.
	(a) Name of other organization	(b) Transaction	(c) Amount involved	(d) Method of determining	(d) determ	guiui
		type (a-r)		amonn	amount involved	D.
Ameri (1)	American Chemical Society National		25,550 FMV	FMV		
(2)						
ල						
₹						
(
<u>(c)</u>						
(9)			Scheo	Schedule R (Form 990) 2011	066 m	2011
			,,,,,		?	:

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

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.

בי פונים ליומן אתם יומן	gaintain, oc		Serious Suprassi		300000000000000000000000000000000000000	1000000				
(a) Name, address, and EIN of entrty	(b) Primary activity	(c) Legal domicile	(d) Predominant	(e) Are all partners	(f) Share of	(g) Share of	(h) Disproportionate	(t) Code V—UBI	(i) General or	
		(state or foreign country)	income (related, unrelated, excluded	section 501(c)(3)	total income		allocations	amount in box 20 of Schedule K-1	managing partner?	ownership
	-		from tax under	organizations?						
			一	Yes No			Yes No		Yes No	
(1)	·-•									
(2)										
(6)										
(4)										
(5)										
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ω										
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(15)										
(16)										<u> </u>
								Sche	dule R (For	Schedule R (Form 990) 2011

Part VII	Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
None	
	·