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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990 EZ

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

▶ Attach to Form 990 or 990 EZ



Name of the organization	Employer identification in umber
American Chemical Society - PMSE Division	52(6055670
Part V	
	The state of the s
"No" to line 3b This organization does not conduc	rt "unrelated business"
White has 40h. The second of	74 18 18 18 18 18 18 18 18 18 18 18 18 18
"No" to line 13b This organization does not provide health insurance "No" to line 14b This does not apply to this organization, we do not provide tanning services	
Dort \/	
Part VI	
"Yes" to line 6 The organization has members, bu	it no stockholders
"Yes" to line 7b A number of decisions are subject	t to approval, by majority vote, by the organization's members. Whether a particular issue
h	and at the the area at the beautiful property and the state of the sta
is subject to approval by the members or not is de	ecided by the executive board (governing body) unless specifically stated in the organization's bylaws
Line 11b This form is prepared and reviewed by the	he organization's treasurer
Line 19 These documents are available, free of co	ost, upon request to the chair
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AMERICAN CHEMICAL SOCIETY-PMSF DIVISION 950 MAIN ST WORCESTER MA 01610



DECLARATION

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Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. / I understand that this declaration will become a permanent part of that return.

οf officer or trustee

10030104

Title